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**Mark-up Table**:   
Additional amendments needed to birth center regulations in ***105 CMR 140.000*** (and in some cases ***130.000***)

RE: The proposed amended birth center regulations by the Massachusetts Department of Public Health pursuant to the public hearing on October 28, 2024.

These recommended further amendments will ensure consistent integration of CPMs, comply with the new law (H.4999, An Act Promoting Access to Midwifery Care and Out-of-Hospital Birth Options), and align to national standards and best practices for birth center care and patient safety.

| **Section of 105 CMR** | **DPH proposed language** | **Recommended amendments** | ***Rationale*** |
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| 140.020: Definitions | Birth Center. A home-like facility where **births** **expected to be** low risk**~~s~~** **~~births~~** are planned to occur following **~~normal,~~** uncomplicated pregnancy. | Birth Center. A home-like facility, **not maintained. operated by, or located in a**  **hospital**, where **births** **expected to be** low risk**~~s~~** **~~births~~** are planned to occur following **~~normal,~~** uncomplicated pregnancy. | *Clarify that these regulations are for facilities not operated by or inside of a hospital.* |
|  | Birth Center Services. Professional midwifery services provided to low risk **~~childbearing~~** **~~women~~** **pregnant persons** during pregnancy, birth, and **post-partum** **~~puerperium~~**, and to the infant during the immediate newborn period by nurse-midwives or by obstetricians or family practitioners. Birth center services are provided in a free standing facility. | Birth Center Services. Professional midwifery services provided to low risk **~~childbearing~~** **~~women~~** **pregnant persons** during pregnancy, birth, and **post-partum** **~~puerperium~~**, and to the infant during the immediate newborn period by **certified** nurse-midwives **or certified professional midwives,** by obstetricians or family practitioners. **~~Birth center services are provided in a free standing facility.~~** | *Add certified professional midwives consistently.*  *Remove “free standing” as a birth center may be attached to other buildings or offices, as long as not inside of or attached to a hospital; this distinction was added to the definition of birth center above.* |
|  | Certified Nurse Midwife. An individual authorized by the Board of Registration in Nursing under M.G.L. c. 112, § 80C and authorized to practice as a nurse-midwife pursuant to 244 CMR 4.00: *Advanced Practice Registered Nursing*. |  |  |
|  |  | **Certified Professional Midwife. An individual licensed by the Board of Midwifery under M.G.L. c. 112, § 293.** | *Add definition of certified professional midwife.* |
|  | Specific Service. Any one of the following:  …  (8) Birth Center Service. A service providing professional midwifery services to low risk **~~childbearing women~~** **pregnant persons** during pregnancy, birth, and puerperium, and to the infant during the immediate newborn period by nurse-midwives or by obstetricians or family practitioners. | Specific Service. Any one of the following:  …  (8) Birth Center Service. A service providing professional midwifery services to low risk **~~childbearing women~~** **pregnant persons** during pregnancy, birth, and **post-partum** **~~puerperium~~**, and to the infant during the immediate newborn period by **certified** nurse-midwives **or certified professional midwives,** or by obstetricians or family practitioners. | *Mirror language in previous definition and add certified professional midwives consistently.* |
| 140.102 Application for a License |  | **(D) Deemed-by-accreditation Licensure for Birth Centers**  *<Add Deemed-by accreditation Licensure and Renewal if the entity is accredited as a birth center by the* [*Commission for the Accreditation of Birth Centers (CABC)*](https://birthcenteraccreditation.org/) *or any other national accrediting body as determined by the Department.>* | *Establish deemed-by- accreditation licensure and renewal process parallel to that for 105 CMR 140.102 (C) for ambulatory surgery centers; eases cost and paperwork burden for state and birth centers.* |
| 140.108:   Evaluation of Application | The Department shall not approve an application for original or renewal license, unless:  (A)   the Department has conducted an inspection or other investigation of the facility and has determined the applicant complies with all applicable provisions in 105 CMR 140.000;  (B)  the Commissioner has conducted an investigation of the proposed licensee(s) and determined each proposed licensee is suitable and responsible to establish or maintain a clinic; and  (C)   in the case of original licensure or addition of a satellite unit, the Department has determined there is need for the facility at the designated location if the facility is subject to determination of need pursuant to M.G.L. c. 111, § 51. |  |  |
|  |  | **(D) Birth centers licensed under 105 CMR 140 would not be subject to determination of need.** | *Determination of need requirements have been a tremendous barrier to birth center access in many states, and is opposed by the AABC.* |
| 140.205: Handwashing and Toilet Facilities | (A) Each clinic shall provide conveniently located handwashing and toilet facilities adequate for patients and personnel, as appropriate to the services provided by the clinic.  (B) A soap dispenser, disposable towels or electronic hand dryers, and a waste receptacle shall be provided at each handwashing sink. Surgical scrub sink faucets shall be provided with blade type operating handles, knee or foot controls.    (C) The clinic shall provide a handwashing facility with hot and cold water and blade type operating handles or knee or foot controls in each examination and treatment area.    (D) A limited service clinic or mobile/portable unit located on or at the premises of another entity may share toilet facilities with that entity. |  |  |
|  |  | (E) **Birth centers licensed by 105 CMR 140 will not be required to have surgical scrub sink faucets or sinks with blade operating handles or knee/foot controls.** | *Unnecessarily onerous and expensive requirement since surgeries are not performed in birth centers; make consistent with national standards by AABC.* |
| **140.300** |  | **105 CMR 140.310 through 140.317 do not apply to birth centers licensed under 105 CMR 140 which must instead meet staffing requirements in 105 CMR 140.902.** | *Clarify that the clinic staffing requirements of 105 CMR 140.310-317 do not apply to birth centers, which have separate staffing requirements defined in 105 CMR 140.902.* |
| 140.313: Physician Staff and Responsibility for Practice of Medicine | (A) One or more physicians, as necessary, shall provide, or supervise the provision of, all services involving the practice of medicine.    (B) At least one physician shall be present at the clinic whenever medical services are provided, unless these services are provided pursuant to written protocols or guidelines by a physician assistant or a nurse practicing in an expanded role in accordance with the regulations of the appropriate registration board. | (A) One or more physicians, as necessary, shall provide, or supervise the provision of, all services involving the practice of medicine.    (B) At least one physician shall be present at the clinic whenever medical services are provided, unless these services are provided pursuant to written protocols or guidelines by a physician assistant or a nurse practicing in an expanded role in accordance with the regulations of the appropriate registration board.  **(C) This section does not apply to birth centers which must instead meet staffing requirements set forth in 105 CMR 140.902.** | *These would not be applicable to birth centers, which have staffing requirements defined in 105 CMR 140.902 consistent with the authority of the director of medical affairs and birth attendants, roles which can be filled by midwives (certified nurse midwives or certified professional midwives) who are licensed to practice autonomously within their scope.* |
| 140.901: Birth Center Written Policies and Procedures  *(and 130.810)* | An applicant to add **~~a~~** birth center **services** to its license shall develop, through an interdisciplinary team, written policies and procedures to ensure the safe operation of the birth center prior to submitting an application for approval. A birth center shall implement, review and revise, through an interdisciplinary team as needed, but not less than once a year, its written policies and procedures. A birth center shall ensure all staff, including any temporary staff and volunteers, are trained and determined to be competent as needed for their duties under the policies and procedures developed by the facility. A birth center’s policies shall include at a minimum, but not be limited to:  (A) Patient admission criteria including specific information by which a **~~woman’s~~** **pregnant person’s** risk status will be established.  (B) Off-hour coverage.  (C) Consultation and referral for obstetric and pediatric care.  (D) Specific patient transfer criteria. |  |  |
|  | (E) Emergency procedures, including adult and neonatal intubation and resuscitation. | (E) Emergency procedures, including adult **cardiopulmonary resuscitation** and neonatal **~~intubation~~ airway management** and resuscitation. | *Make consistent with current resuscitation procedures and terminologies.* |
|  | (F) Standards for medication procurement, storage and administration.  (G) Protocols for screening newborns for critical congenital heart disease with pulse oximetry or another test approved by the Department in accordance with Department guidelines. |  |  |
| 140.902: Staffing | A birth center shall have adequate, trained staff who are licensed as required **and** are available at all times to meet the needs of its patients including, but not limited to: | A birth center shall have adequate, trained staff who are licensed **or certified** as required **and** are available at all times to meet the needs of its patients including, but not limited to: | *Make consistent with “Birth Assistant” role being filled by staff licensed or certified by the Department in 105 CMR 140.902 C2.* |
|  | (A) **Administrative** Director of the Birth Center.  (1) A birth center shall have a**n** **administrative** director who shall be responsible to the**~~facility~~** **clinic** administrator for the operation and maintenance of the center.  (2) The **administrative** director must be a certified nurse-midwife, or an obstetrician or family practitioner **~~with obstetrical privileges in a nearby hospital licensed in Massachusetts or operated by the Commonwealth~~**. | (A) **Administrative** Director of the Birth Center.  **~~(1)~~**  A birth center shall have a**n** **administrative** director who shall be responsible **~~to the facility clinic administrator~~** for the operation and maintenance of the center.  **~~(2) The administrative director must be a certified nurse-midwife, or an obstetrician or family practitioner with obstetrical privileges in a nearby hospital licensed in Massachusetts or operated by the Commonwealth~~**. | *Remove requirement for a clinical license for this administrative role.*  *Administrative director serves as the clinic administrator, remove reference to an additional administrator role.*  *Make language consistent with MGL Chapter 111 Section 51M (b) (iii), with AABC standard, and with other clinic administrators, e.g. 105 CMR 140.310, which do not require a clinical credential.* |
|  | (B) Director of Medical Affairs.  (1) A birth center shall have a Director of Medical Affairs who shall be an obstetrician**, a certified nurse midwife, certified professional midwife,** **family practitioner** or gynecologist. **The Director of Medical Affairs must be licensed to practice in the commonwealth, and their professional scope of practice must include preconception, prenatal, labor, birth and postpartum care and early care of the newborn and who may be the primary attendants during the perinatal period**; and **~~with full obstetrical privileges at a nearby hospital~~**.  (2) The Director of Medical Affairs shall be responsible for advising and consulting with the medical staff of the birth center on all matters related to medical management of pregnancy, birth, post-partum, newborn and gynecologic health care, including policies, procedures and protocols that are outside the scope of midwifery practice. | (B) Director of **~~Medical~~** **Clinical** Affairs.  (1) A birth center shall have a Director of **~~Medical~~** **Clinical** Affairs who shall be **~~an~~** **a certified nurse midwife, certified professional midwife,** obstetrician**, family practitioner** or gynecologist. **The Director of ~~Medical~~** **Clinical Affairs must be licensed to practice in the commonwealth, and their professional scope of practice must include preconception, prenatal, labor, birth and postpartum care and early care of the newborn and who may be the primary attendants during the perinatal period**; and **~~with full obstetrical privileges at a nearby hospital~~**.  (2) The Director of **~~Medical~~** **Clinical** Affairs shall be responsible for advising and consulting with the medical staff of the birth center on all matters related to **~~medical~~** **clinical** management of pregnancy, birth, post-partum, newborn and gynecologic health care**~~, including policies, procedures and protocols that are outside the scope of midwifery practice~~**. | *Title consistent with midwives in this role and AABC standards; and brings the regulations into alignment with the new law.*  *Further, the new law clarifies that birth centers may be sites of autonomous midwifery model of care, and thus the inclusion of a director for matters outside of midwifery scope of practice is inappropriate as a blanket requirement.*  *Insert midwives before obstetricians in the provider list to align with the definition of birth center services as midwifery care.* |
|  |  | **(3) Dual Appointment**  **One person may serve as both administrative director and director of ~~medical~~ clinical affairs if the individual meets the requirements for both positions and can properly perform the duties of both positions.** | *Allow the same person to serve as administrative director and director of clinical/medical affairs, consistent with 105 CMR 140.312 and AABC standards.* |
|  | (C) Required Staffing at Births.  (1) Birth Attendant. A certified nurse-midwife**~~,~~** **certified professional midwife,** or an obstetrician or family practitioner**.** **The Birth Attendant must be licensed to practice in the commonwealth, and their professional scope of practice must include preconception, prenatal, labor, birth and postpartum care and early care of the newborn. The Birth Attendant ~~with obstetrical privileges in the parent or nearby hospital~~** shall attend each **~~woman~~** **pregnant person** in labor from the time of admission; during labor; during the birth; and through the immediate postpartum period. Such attendance may be delegated only to another certified nurse midwife or physician. | (C) Required Staffing at Births.  (1) Birth Attendant. A certified nurse-midwife**~~,~~** **certified professional midwife,** or an obstetrician or family practitioner**.** **The Birth Attendant must be licensed to practice in the commonwealth, and their professional scope of practice must include preconception, prenatal, labor, birth and postpartum care and early care of the newborn. The Birth Attendant ~~with obstetrical privileges in the parent or nearby hospital~~** shall attend each **~~woman~~** **pregnant person** in labor from the time of admission; during labor; during the birth; and through the immediate postpartum period. Such attendance may be delegated only to another **eligible birth attendant****~~certified nurse midwife or physician~~**. | *Consistently add certified professional midwife by ensuring that providers to which birth attendance can be delegated to are consistent with those who are authorized to be birth attendants. (Alternatively, add “certified professional midwife” to the last sentence.)* |
|  | (2) Birth Assistant. A second staff person shall also be present at each birth. The second staff person must be either a **certified** nurse-midwife**,** or a licensed nurse**, or a provider licensed or certified by the Department as specified in Department guidelines**. | (2) Birth Assistant. A second staff person shall also be present at each birth. The second staff person must be either a**n eligible birth attendant ~~certified nurse-midwife~~,** or a licensed nurse**, or an individual ~~provider~~ licensed or certified by the Department as specified in Department guidelines**. | *Consistently add certified professional midwife by allowing all providers eligible to be birth attendants per 105 CMR 140.901 section C1 to serve as the birth assistant, in addition to others eligible to serve as birth assistants. (Alternatively, add “certified professional midwife”)*  *Per national standards for birth centers, also allow for appropriately trained staff birth assistants, certified by the Department, who are not providers.* |
|  | (3) Licensed nurses functioning as a birth assistant must have labor and delivery experience **~~within the past year~~** that includes **~~through~~** training or experience in:  (a) **~~full~~** adult and infant resuscitation;  (b) assessing the phases and stages of labor;  (c) psychology and physiology of labor and delivery; and  (d) equipment and supplies used for labor and delivery. | (3) **~~Licensed nurses functioning as a b~~ B**irth assistant**s** must have **~~labor and delivery experience~~** **~~within the past year~~** **~~that includes~~** **~~through~~** training or experience in:  (a) **~~full~~** adult and infant resuscitation;  (b) assessing the phases and stages of labor;  (c) psychology and physiology of labor and delivery; and  (d) equipment and supplies used for labor and delivery. | *Make consistent with previous section (2) which allows for non-nurse birth assistants certified by Department.* |
| 140.903: Equipment and Supplies  *(and 130.812)* | Each birth center shall have safe and adequate equipment **~~is~~** available to meet the needs of its patients, including those with disabilities, **~~to~~** **and shall** include at a minimum:    (A) A standard neonatal warming device **~~and a transfer incubator~~**.  (B) A microscope for routine office examination of vaginal smears.  (C) A sufficient number of sphygmomanometers and auscultation equipment**, including a fetoscope or fetal doppler**.  (D) Equipment and supplies for administration of intravenous fluids, and **~~full~~** adult and infant resuscitation as required by procedures outlined in the birth center's protocols.  (E) A supply of oxygen, including portable oxygen available for emergency use.  (F) Portable suction available for both the **~~mother~~** **birthing person** and the infant. |  |  |
| 140.904: Patient Records  *(and 130.813)* | A birth center shall maintain accurate and complete records on all of its patients**.** **~~that include at a minimum the following information with respect to each newborn:~~**  **(A) At a minimum, with respect to each newborn, the following information shall be**  **included:**  (**~~A~~1**) The condition of the infant at birth to include **~~Apgar~~** **APGAR** Score (or its equivalent) at one minute and five minutes, time of sustained respiration, details of physical abnormalities and pathological states.  (**~~B~~2**) Date and hour of birth, birth weight and period of gestation.  (**~~C~~3**) Number of cord vessels and any abnormalities of the placenta.  (**~~D~~4**) Verification of eye prophylaxis.  (**~~E~~5**) Metabolic screening.  (**~~F~~6**) Treatments, medications and special procedures.  (**~~G~~7**) Condition at discharge or transfer. |  |  |
|  | **(B) At a minimum, with respect to each pregnant and birthing person, the following information shall be included:**  **(1) Birth person’s medical and obstetric history including prenatal course.**  **(2) Antenatal blood serology, Rh factor, blood type, HBsAg test, rubella antibody and Group B streptococcal culture results. In addition, results of maternal HIV testing, if applicable.**  **(3) Admission examination including the condition of both the birthing person and fetus.** | **(B) At a minimum, with respect to each pregnant and birthing person, the following information shall be included:**  **(1) Birthing person’s medical and obstetric history including prenatal course.**  **(2) Antenatal blood serology, Rh factor, blood type, HBsAg test, rubella antibody and Group B streptococcal culture results. In addition, results of maternal HIV testing, if applicable.**  **(3) Admission examination including the condition of both the birthing person and fetus.** | *Corrected typo.* |
|  | **(4) Complete description of progress of labor and delivery, signed by the attending physician or certified nurse midwife.**  **(5) Names and credentials of all those present during delivery.**  **(6) Description of postpartum course, including complications and treatments, signed by the attending physician or certified nurse midwife.** | **(4) Complete description of progress of labor and delivery, signed by the ~~attending~~ ~~physician or certified nurse midwife~~ birth attendant.**  **(5) Names and credentials of all those present during delivery.**  **(6) Description of postpartum course, including complications and treatments, signed by the ~~attending~~ ~~physician or certified nurse midwife~~ birth attendant.** | *Consistently add certified professional midwife by using the term “birth attendant” per 105 CMR 140.901 section C1, (alternatively, add “certified professional midwife”)* |
|  | **(7) Medications, including contraceptives, prescribed at discharge.** |  |  |
|  | **(8) Nursing assessment, diagnosis, interventions and teaching.** | **~~(8) Nursing assessment, diagnosis, interventions and teaching.~~** | *In birth centers, birth attendant performs all assessments.* |
|  | **(9) Method of infant feeding and infant feeding plan of care and progress and documentation of lactation care and services provided.**  **(10) If neonatal death occurs, cause of death, assessment of the family’s coping mechanisms and plans for follow-up and/or referral of the family.** |  |  |
| 140.905: Care and Services  *(and 130.814)* | (A) The birth center shall provide a program of care, which includes at least the following:  (1) A personal and family history;  (2) A physical examination and appropriate laboratory tests;  (3) A program of prenatal care that shall include components of self-help, self-care, and fetal assessment; |  |  |
|  | (4) A program of prenatal education that shall include theimportance of nutrition, preparation for birth and breast feeding, and information on adverse effects of smoking, alcohol and other drugs; | (4) A program of prenatal education that shall include theimportance of nutrition, preparation for birth and **infant** **~~breast~~** feeding, and information on adverse effects of smoking, alcohol and other drugs; | *Updated to use inclusive language.* |
|  | (5) Intrapartum and postpartum services that foster parental control and responsibility for the birth experience and infant parental bonding;  (6) Labor support for the **~~mother~~ pregnant person and ~~her~~ their** family;  (7) Immediate postpartum care and newborn assessment;  (8) Required eye prophylaxis;  (9) Postpartum laboratory examination **~~and program for prevention of Rh immunization~~;**  (10) Newborn metabolic screening and other such tests as may be required;  **~~and~~** |  |  |
|  | (11) A postpartum examination, **including depression screening**, and family planning; | (11) A postpartum examination, **including ~~depression~~ screening for perinatal mood disorders**, and family planning; | *Reflect current, inclusive clinical practices.* |
|  | (12) A plan for **~~well woman~~** routine gynecologic health care**~~.~~ and**  **(13) A program for prevention of Rh immunization.** |  |  |
|  | (B) The birth center shall have access to diagnostic services, including clinical laboratory, sonography, radiology, **and** electronic monitoring. | (B) The birth center shall have **referral or** access to diagnostic services, including clinical laboratory, sonography, radiology, **and ~~electronic monitoring~~** **prenatal fetal surveillance**. | *Reflect current clinical practices using all appropriate modalities for monitoring fetal well being. Referral for services not available on site.* |
|  | (C) **~~Mothers~~ Birthing persons** and infants **~~shall~~ may** be discharged or transferred within 24 hours after birth. | (C) **~~Mothers~~ Birthing persons** and infants **~~shall~~ may** be discharged or transferred within 24 hours after birth**, when both are clinically stable and have met the discharge criteria defined by the birth center**. | *Set minimum criteria for discharge for quality assurance and safety, and aligns to AABC standards.* |
|  | (D) Maternal and newborn examinations shall be performed by the birth center professional staff or a physician or certified nurse-midwife of the family's choice within 72 hours of birth. Such examinations shall include required laboratory tests for health screening. | (D) Maternal and newborn examinations shall be performed by the birth center professional staff or a **provider** **~~physician or certified nurse-midwife~~** of the family's choice within 72 hours of birth. Such examinations shall include required laboratory tests for health screening. | *Consistently add certified professional midwife and other eligible licensed providers of newborn care by using the term “provider.”*  *(Alternatively, add “certified professional midwife” or generalize to “midwife”)* |
|  | (E) Each birth center shall develop and implement written policies and procedures for the prompt and safe transfer of the obstetrical patient and of the newborn for emergency treatment beyond that provided in the birth center.    (F) Each birth center shall have **~~a~~** written **policies and procedures ~~agreement~~ for the coordination of ongoing care and transfer of patients to hospitals for treatment beyond that provided by the birth center which must include, at a minimum, the process for providing the patients’ medical records to the hospital at the time of transfer. ~~with an obstetrician with full obstetrical privileges at a nearby or the parent hospital, and a written agreement with a pediatrician with full pediatric privileges at a nearby or the parent hospital for the care and transfer of patients for emergency treatment beyond that provided by the birth center.~~** |  |  |
|  | (G) A birth center must conduct newborn infant hearing screening in accordance with the requirements regarding screening at 105 CMR **~~130.629~~ 130.616(D)(2)(l):** Universal Newborn Hearing Screening Program***~~s~~***. If a birth center does not have the equipment or ability to conduct such a screening, the birth center shall refer the newborn infant to a hospital or **~~birth center~~ clinic** able to conduct such screening. Prior to discharge, a birth center that is not able to conduct a hearing screening shall:  (1) make an appointment for a screening for each newborn infant at a screening site.  (2) provide written information in the language understood by the parent or guardian to the parent or guardian about the importance of the screening, coverage of the costs of the screening by third-party payers, the time of any screening appointment scheduled, and the location and phone number of the hearing screening site. |  |  |
|  | (3) within two weeks of the birth of a child, call **~~to~~** the parent or guardian of the newborn infant to verify the infant has received the hearing screening, and document the conversation about the performance of the screening. | (3) within **~~two~~ six** weeks of the birth of a child, **~~call to the parent or guardian of the newborn infant to verify the infant has received the hearing screening, and document the conversation about the performance of the screening~~** **document parent or guardian report of completion of the screening**. |  |
|  | (4) As part of the annual report submitted to the Department pursuant to 105 CMR **~~130.629(C)(3)(k)~~ 130.616(D)(2)(l),** the birth center shall submit information regarding the follow-up for hearing screening of newborn infants. |  |  |
| 140.906: Prohibited Practices  *(and 130.815)* | (A) Surgical procedures shall be limited to those normally accomplished during uncomplicated childbirth, such as episiotomy and repair. |  |  |
|  | (B) The following practices are prohibited in a birth center:  (1) Surgical procedures **including, but not limited to, ~~such as~~** forceps delivery, tubal ligation, abortion, or Cesarean section. | (B) The following practices are prohibited in a birth center:  (1) Surgical procedures **including, but not limited to, ~~such as~~** forceps delivery, tubal ligation, **~~abortion,~~** or Cesarean section. | *Midwives are well-equipped to provide*  *safe, compassionate, and effective abortion care–both procedural and medical– in alignment*  *with state law and patient needs. Birth centers throughout the nation– including Cambridge Birth Center– have and do provide safe abortion care* |
|  | **~~(2) The use of any analgesics subject to regulation under M.G.L. c. 94C for pain control during labor.~~** |  |  |
|  | **(~~3~~2)**  Inhibition, stimulation or augmentation of the first or second stage of labor with controlled substances. | **(~~3~~2)  ~~Inhibition, stimulation or augmentation of the first or second stage of labor with controlled substances.~~** **Induction or augmentation of labor using pharmacologic uterotonics.** | *More clinically specific and accurate consistent with national standards.* |
|  | **(~~4~~3)** The use of general or regional anesthesia. **~~Local anesthesia for the infiltration of the perineum for episiotomy repair may be administered in accordance with patient specific orders written by the physician or certified nurse-midwife.~~ Local anesthesia as clinically appropriate is allowed.** |  |  |
|  | **(~~5~~4)** The provision of controlled substances for self-administration outside of the birth center. | **~~(54) The provision of controlled substances for self-administration outside of the birth center.~~** | *Remove this restriction as there are already appropriate regulations consistent with birth center care set forth in Section F of 140.347: Pharmacy Services by Clinics without Clinic Pharmacies. Such a restriction would compromise patient safety.* |
| 140.907: Off-hour Coverage | Each birth center shall make arrangements for the provision of services 24 hours per day. These requirements can be met through on call coverage by a certified nurse-midwife or physician on the staff of the birth center. These arrangements shall be reflected in a written policy available to all the birth center's patients. | Each birth center shall make arrangements for the provision of services 24 hours per day. These requirements can be met through on call coverage by a certified nurse-midwife, **certified professional midwife,** or physician on the staff of the birth center. These arrangements shall be reflected in a written policy available to all the birth center's patients. | *Consistently add certified professional midwife. (Alternatively, replace list of provider types here with “birth attendant.”)* |
| 140.908: System for Referral | (A) The **~~free-standing~~** birth center shall **develop** ~~have~~ a written **policy** **~~agreement~~** **~~with a board-certified obstetrician/gynecologist, and a pediatrician or neonatologist~~** for the provision of 24-hour consultation, referral and transfer to appropriate hospital facilities for obstetric/newborn care.    **~~(B) Each hospital-affiliated birth center shall develop written agreements or policies for the provision of 24-hour consultation with an obstetrician/gynecologist and a pediatrician or neonatologist with clinical privileges at the parent hospital. If the parent hospital does not provide obstetrics and newborn services, the birth center must meet the requirements set forth in 105 CMR 142.506(A).~~** |  |  |
| 140.909: Reporting Requirements | (A) Birth centers shall report all births to the Department, and to registrars and city or town clerks, in accordance with M.G.L c. 46.  (B) Birth centers shall report any child with low birth weight, congenital abnormalities, and other high risk infants in accordance with guidelines as may be established by the Department. |  |  |
| 130.020 Definitions |  | **Certified Professional Midwife. An individual licensed by the Board of Midwifery under M.G.L. c. 112, § 293.** | *Add definition of certified professional midwife to regulations for birth centers under 105 CMR 130.* |
| 105 CMR 130.811 Staffing  (A) | (A) Director of the Birth Center.  (1) A birth center shall have a director who shall be responsible to the **~~facility~~** **hospital** administrator for the operation and maintenance of the center.  (2) The director must be a certified nurse-midwife, or an obstetrician or family practitioner **~~with obstetrical privileges in a nearby hospital licensed in Massachusetts or operated by the Commonwealth~~**. | (A) Director of the Birth Center.  **~~(1)~~**  A birth center shall have a director who shall be responsible to the **~~facility~~** **hospital** administrator for the operation and maintenance of the center.  **~~(2) The director must be a certified nurse-midwife, or an obstetrician or family practitioner with obstetrical privileges in a nearby hospital licensed in Massachusetts or operated by the Commonwealth~~**. | *Remove the requirement limiting the Director of the Birth Center, which is an administrative role, to clinicians.* |
| 130.020  130.811  130.814  130.816 |  | Add “**certified professional midwife**” everywhere providers are listed in:   * 130.020 in definition of “Birth Center Services” * 130.811 A, B, C; 130.814 D; 130.816 | *Integrate certified professional midwives into birth center staff roles for birth centers regulated by 105 CMR 130.* |