

21 NCAC 33 .0118 BIRTH OUTSIDE HOSPITAL SETTING

- (a) Prior to initiating care for a patient planning a birth outside of a hospital setting, the CNM shall be required to:
- (1) obtain a signed, written informed consent agreement with the patient that details:
 - (A) identifying information of the patient to include name, date of birth, address, phone number, and email address if available;
 - (B) identifying information of the CNM to include the name, RN license number, approval to practice number, practice name, if applicable, and email address;
 - (C) information about the procedures, benefits, and risks of planned births outside of hospital settings;
 - (D) an acknowledgment and understanding of the clear assumption of these risks by the patient;
 - (E) when and if deemed necessary by the CNM, an acknowledgment by the patient to consent to transfer to a health care facility licensed under Chapter 122C or Chapter 131E of the General Statutes that has at least one operating room; and
 - (F) a disclosure that the CNM is not covered under a policy of liability insurance, if applicable.
 - (2) The CNM shall provide a detailed, written plan of care consistent with G.S. 90-178.4(a2).
 - (3) After a decision of non-emergent transfer care has been made, the CNM shall:
 - (A) call the relevant receiving health care facility to notify them of transfer;
 - (B) provide a copy of the patient's medical record to the receiving health care facility; and
 - (C) provide a verbal summary of the care provided by the CNM to the patient and newborn, if applicable, to the receiving health care facility.
 - (4) In an emergent situation, the CNM shall initiate emergency care as indicated by the situation and immediately transfer care by making a reasonable effort, dependent upon the circumstances and nature of the emergency, to contact the health care professional or facility to whom the patient or patients will be transferred and to follow the health care professional's instructions; remain with the patient(s) until transfer of care is completed; and continue emergency care as needed while:
 - (A) transporting the patient(s) by private vehicle; or
 - (B) calling 911 and reporting the need for immediate transfer.
- (b) Copies of the informed consent agreement and emergent and non-emergent transfer of care plans shall be maintained in the patient's record and provided to the Committee upon request.
- (c) A CNM approved to practice may attend and provide midwifery services for a planned home birth outside of a hospital setting for a pregnancy deemed low-risk by the American College of Obstetricians and Gynecologists (ACOG). No CNM shall attend or provide midwifery services to a patient for a planned home birth outside of a hospital setting for known situations contraindicated by ACOG specifically fetal malpresentation, multiple gestation, and prior cesarean.

History Note: *Authority G.S. 90-18.8; 90-178.3; 90-178.4;*
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