

# NEW HAMPSHIRE DRAFTING AND PROCEDURE MANUAL

## APPENDIX II-A

### REQUEST FOR ADVANCE PUBLIC COMMENT ON SUBJECT MATTER OF POSSIBLE RULEMAKING

	Rule Number	<u>Mid 500</u>
1. Agency Name & Address:  <b>Midwifery Council c/o Office of Professional Licensure &amp; Certification 7 Eagle Square Concord, NH 03301</b>	2. RSA Authority: 3. Federal Authority: 4. Type of Action: Adoption Amendment Repeal Readoption Readoption w/amendment	<u><b>RSA 326-D:5(c)</b></u>         <u><b>X</b></u>
5. Short Title: <b>Scope of Midwifery Practice</b>		

IN ACCORDANCE WITH RSA 541-A:11, VIII THIS AGENCY IS SOLICITING PUBLIC COMMENT ON A SUBJECT MATTER OF POSSIBLE RULEMAKING UNDER ACTIVE CONSIDERATION PRIOR TO FORMALLY PROPOSING RULES IN THE RULEMAKING PROCESS. WHERE, WHEN, AND HOW PERSONS MAY PROVIDE COMMENT ARE INDICATED BELOW.

6. (a) Summary of the subject matter, or summary of the rule if drafted, and the effect on those regulated:

**The rules being considered for readoption with amendment are Chapter Mid 500 of the Midwifery Councils administrative rules. The entire Chapter Mid 500 is being reviewed and amendments have been drafted for various sections. Those licensed by the council will be affected if changes are made to the following sections:**

- **Definitions;**
- **Midwifery procedures;**
- **Requirements for prenatal care;**
- **Requirements for care during labor, birth, and the immediate postpartum Period;**
- **Consultation with physician or CNM with hospital privileges;**
- **Consultation to determine setting for care during the immediate postpartum period;**
- **Requirements for care during the extended postpartum period;**
- **Ineligibility for midwifery care;**
- **Obstetrical consultation required to determine eligibility for midwifery care;**
- **Conditions requiring transfer form midwifery care;**
- **Termination of services; and**
- **Midwifery care when previous birth was by cesarean section.**

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6. (b) Brief description of the groups affected:

**The groups affected are licensees and those seeking care from a midwife.**

7. Contact person for copies, questions, and receipt of comment including requests to accommodate persons with disabilities:

Name: **Tina M. Kelley**

Title: **Program Specialist IV**

Address: **Office of Professional  
Licensure and Certification  
7 Eagle Square  
Concord, NH 03301**

Phone #: **(603) 271-5247**

Fax#: **None**

E-mail: **OPLC-Rules@oplcnh.gov**

TTY/TDD Access: Relay NH 1-800-735-2964 or dial 711 (in NH)

8. Deadline for submission of comment in writing or, if practicable for the agency, in the electronic format specified: **June 20, 2022 at 4:00 p.m.**

☐ Fax

☒ E-mail

☐ Other format (specify):

9. Public hearing scheduled for:

Date and Time: **June 10, 2022 at 9:30 am**

Place: **Office of Professional Licensure and Certification  
7 Eagle Square, Concord NH 03301**