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MEMORANDUM

TO: Massachusetts Licensed Hospitals and Licensed Clinics with Birth Center Services
Massachusetts Licensed Ambulance Services
Massachusetts Community Midwifery Practices

FROM: Teryl Smith, Director, Bureau of Health Care Safety and Quality
Susan Lewis, Director, Office of Emergency Medical Services
Elaine Fitzgerald Lewis, Director, Bureau of Family Health and Nutrition
Cristina Alonso, Director, Division of Pregnancy, Infancy, and Early Childhood

DATE: September 11, 2026

RE: **Addressing Delays in Patients Receiving the Appropriate Level and Site of Perinatal Care, When Transfer is Necessary**

The purpose of this memorandum is to provide information on the Massachusetts Department of Public Health's (the Department) implementation of *An Act promoting access to midwifery care and out-of-hospital birth options,* Chapter 186 of the Acts of 2024, as well as to provide helpful reminders and clarifications of current law and policy during this implementation period.

Background:

Effective November 23, 2024, *An Act promoting access to midwifery care and out-of-hospital birth options* (the Act) made several changes to the Massachusetts General Laws, with interdependent impacts on licensed health care facilities, licensed health care providers, and emergency medical services (EMS). Among its many provisions, the Act mandates:

- → reform and revision of perinatal care delivery systems;
- → improved integration between community, pre-hospital, and hospital-based points of care;
- → increased access to midwifery-led perinatal care; and
- → intentional strategies to improve perinatal outcomes for those communities in the Commonwealth who are experiencing disproportionately high rates of morbidity and mortality.

The Department is embarking on a multi-year strategy to define and strengthen statewide systems for transfers of care across the perinatal care continuum, from community health workers to hospitals providing intensive maternity and neonatal care.

As described below, several regulations that strengthen and improve transfers across the networks of care are already in effect and should be universally implemented. Practice and service directors are urged to share the following with all frontline teams and providers.

Immediate Reminders and Clarifications:

1) **Hospital-based labor and delivery units may serve as the receiving and admitting point for Emergency Medical Services (EMS).**
   Pursuant to 105 CMR 170.355, in response to emergency calls, EMS must immediately dispatch, assess, treat, and transport the patient to an "appropriate health care facility." Under 105 CMR 170.020, an "appropriate health care facility" is defined as a hospital emergency department, or, upon approval of a physician in the emergency department, direct transport to a specific unit in the hospital, such as labor and delivery. *See* Statewide Point of Entry Plans, and EMS Statewide Treatment Protocols.

   Whenever transporting or transferring a stable perinatal patient, all effort should be made to speak directly to an emergency department physician to request that the patient be directed straight to the labor and delivery unit without stopping in the emergency department.

2) **Certified professional midwives are credentialed as primary perinatal care providers and deliver full scope midwifery care in out-of-hospital settings, including private homes.**
   Receiving hospitals and EMS personnel responding to planned community birth attended by CPMs should expect that stabilization measures have already been taken in the community setting and be prepared for advanced interventions including intravenous (IV) fluid replacement, instrumental airway placement, and administration of controlled substances to have been provided prior to the arrival of EMS.

3) **Pre-registration of clients at the closest hospital with labor, delivery, and neonatal care services is advised—regardless of the planned site of delivery.**
   The Department of Public Health advises that by 36-weeks gestation, all birthing people have pre-registered at the closest hospital with relevant services. The creation of a patient ID, electronic medical record, and advanced provision of contact information and any health insurance coverage reduces delays in provision of life-saving care upon arrival.

   Any person can register at any hospital, regardless of the primary perinatal care provider, planned site of delivery, or likelihood of ever going to that hospital.

4) **Care and attention are necessary to minimize separation of the birthing person-neonatal dyad. Where separation is necessary to render emergency care, all**

healthcare workers at all points of care should be mindful to reunite the birthing person and baby as quickly as is clinically safe.
Protocol 7.4 of the EMS Statewide Treatment Protocols governs the transport of a birthing person and a newly born patient. The birthing person and newly born patient may be transported together, if the newly born patient is appropriately secured in an approved, EMS marketed neonate restraint system or a size-appropriate child restraint system that meets the injury criteria under federal safety requirements. Section 1.0 clarifies that the neonate/child restraint system must be secured to a rigid structure (e.g., the EMS personnel seat/captain's chair or stretcher), not to another human body.

All efforts should be made to enable safe transport of the newly born patient with the birthing person. This may also include secure attachment of an appropriate infant car seat in the ambulance, or for well newly born patients, following behind ambulance transport in an appropriate infant car seat via a private vehicle by a family member.

6) **Licensed midwives working at a transferring healthcare facility may render care to a patient during the transport of the patient by an ambulance when designated to do so by the transferring facility.**
Pursuant to 105 CMR 170.310, health care professionals may render care to a patient during the transport of a patient by an ambulance from a hospital or other transferring facility when designated to do so by the transferring facility. A licensed certified professional midwife qualifies as a health care professional.