

STATE OF MAINE  
Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
***Board of Complementary Health Care Providers***  
35 State House Station, Augusta, Maine 04333

**ADVISORY RULING**

No. 2021 – 01

**Advisory Ruling Requested by:**

Morgan Miller, CPM  
Soft Corner Midwifery  
48 Front St., Suite #208  
Bath, Maine 04530

**Topic:**

VBAC and prenatal/postpartum services

**REQUEST FOR ADVISORY RULING**

By email communication dated December 5, 2020, Ms. Miller, CPM, requests an opinion on the ability of a certified professional midwife to provide prenatal and postpartum services for pregnant persons when there is a reasonable likelihood that there will be vaginal birth after a cesarean section (VBAC). Pursuant to the authority granted in 5 M.R.S.A. § 9001 and Board of Complementary Health Care Providers rule, Chapter 2, the Board considered Ms. Miller’s request at its December 16, 2020, meeting and now issues the following advisory ruling.

**FACTS**

Ms. Miller stated in her correspondence that she was aware that a CPM is currently prohibited from providing birth services in a home or freestanding birth center for a VBAC client, but was unclear on whether that prohibition extended to offering supplemental or collaborative prenatal and/or postpartum services for pregnant persons planning a VBAC in a hospital setting.

**APPLICABLE LAW**

**32 M.R.S. §12536(1)(C). Limitations on scope of practice for certified professional midwife reads in applicable part as follows:**

“Certified professional midwives must refer clients to a hospital-based perinatal care provider and may not provide birth services to parents in a home or freestanding birth center setting when there is a reasonable likelihood that any of the following conditions exist ... [v]aginal birth after cesarean section...”

**DISCUSSION AND RULING**

The Board wishes to communicate that the statutory prohibition on CPMs providing birth services in a home or freestanding birth center to pregnant persons planning a vaginal birth after a cesarean section does not prohibit a CPM from being part of the pregnant person’s prenatal and/or postpartum hospital-based care team.


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Newly enacted Board Rule, Chapter 6-A, Section 3(5) requires CPMs to perform periodic assessments to, among other things, identify if a pregnant person has had a prior cesarean procedure. A CPM who identifies that a pregnant person has had a prior cesarean procedure must refer the person to a hospital-based perinatal care provider and may not provide them with birth services in a home or freestanding birth center setting. 32 M.R.S. § 12536(1)(C).

The Board believes that a CPM may provide prenatal and postpartum care as part of hospital-based care team for a person who has previously had a cesarean procedure. The Board recognizes that a CPM may not provide intrapartum care to a person who has previously had a cesarean procedure but encourages midwives and hospital-based providers to collaborate on the provision of prenatal and postpartum care to these clients.

**SCOPE OF ADVISORY RULING**

This advisory ruling is not binding upon the Maine Board of Complementary Health Care Providers, but justifiable reliance upon this ruling shall be considered in mitigation of any penalties sought to be assessed in any subsequent enforcement action initiated by the Board.

**SIGNED**  **Dated** 3/19/2021  
Sarah Ackerly, ND, CPM  
Board Chair, Maine Board of Complementary Health Care Providers