**Section 264.1800 Clinical Care and Service Requirements**

a) Clients shall meet all the requirements of Section 264.1550 before being admitted and receiving services at the birth center.

b) Each birth center shall assure that each pregnant person and their family registering for admission for care at the birth center shall be given an orientation to the birth center, which includes, but is not limited to:

1) The philosophy and goals of the birth center;

2) Services directly available at the birth center;

3) Services provided through consultation and referrals;

4) Policies and procedures;

5) The requirement for signed consent for care and services, attesting to full awareness of care and services to be provided;

6) The involvement of the pregnant person (and support person whenever possible) in the development and assessment of a protocol of care in accordance with this Section;

7) Charges for required care and potential additional charges; and

8) The risk assessment process and risk factors that might preclude admission for care at the birth center.

c) Each birth center shall provide a childbirth education program or make a program available to the center's clients.

1) The childbirth education program shall consist of a course of instruction to the pregnant person and support persons pertaining to prenatal care and its benefits, preparation for participation in the childbirth process, labor and delivery, care of the newborn, and self-care.

2) The education program shall be coordinated with other health care services available in the community.

3) The birth center shall encourage all pregnant persons who have not previously attended a childbirth education program to attend such a program, preferably with a support person.

4) Childbirth education can be provided at any location in the community or through telehealth. The location should meet the needs of the participant by encouraging and supporting attendance.

d) The birth center shall ensure that pregnant persons have adequate prenatal care in accordance with the birth center's written policies and procedures and acceptable standards of practice. The birth center shall comply with the following requirements:

1) Every pregnant person shall be involved in the development and assessment of a plan of care.

2) Every pregnant person shall be evaluated within four weeks after the initial request for admission for care. If the pregnant person is at 32 weeks gestation at the time of their initial request for admission, the birth center shall evaluate the pregnant person as soon as possible, pursuant to Section 264.1550. To establish a database of risk assessment, identify problems and needs, and develop a plan of care, the evaluation shall include:

A) Data from history and physical examination, including documented infectious disease (e.g. HIV, syphilis);

B) Laboratory findings;

C) Social, nutritional and health assessments; and

D) Frequency of prenatal visits.

3) Every pregnant person accepted for care at the birth center shall be evaluated on a regular basis for the presence of any risk factor listed in Section 264.1550(g). If a pregnant person develops problems or conditions considered to be high risk, the clinical director shall review the case to determine whether the birth center can continue to provide care to the pregnant person. Findings shall be entered in the clinical record and signed by the clinical director.

e) Labor and Delivery.

1) A birth attendant shall be present for each pregnant person in labor from admission through the immediate postpartum period.

2) The birth assistant, trained in the common duties associated with birth and postpartum, and emergency policies, procedures, and equipment, shall be present at each birth.

3) The birth attendant shall perform the following minimum duties:

A) Monitor the fetal heartbeat;

B) Monitor the pregnant person's blood pressure, pulse, respirations, and temperature;

C) Perform adult and infant cardiopulmonary resuscitation, if needed;

D) Monitor the infant's heartbeat, respirations, and temperature; and

E) Assess the client's fundus and blood loss.

4) Interventions during labor and delivery shall be limited to those required to accomplish a vaginal delivery in accordance with the birth attendant's or birth assistant's scope of practice.

5) The birth center may not use pharmacologic agents to induce or enhance labor.

f) Consultation and Transfer to Referral Hospital. If a clinical complication occurs during labor or delivery or postpartum, the obstetrician, family physician, certified nurse midwife, or licensed certified professional midwife shall consult with the referral hospital to provide clinical information regarding the potential reason for transfer. If transfer is warranted, the birth center shall have the pregnant or postpartum person and newborn transported immediately. The clinical director shall be notified of all transfers. Records necessary to explain the situation fully shall accompany a pregnant or postpartum person and newborn upon transport to the referral hospital.

g) Post Delivery Care.

1) If a pregnant or postpartum person or newborn is not in satisfactory condition for discharge within 48 hours following birth, the birth center shall transfer the pregnant person or newborn to a hospital that has obstetrical and nursery services.

2) The birth center's clinical director, obstetrician, family physician, certified nurse midwife, or licensed certified professional midwife shall be accessible by telephone, 24 hours per day, to assist postpartum persons as needed during the postpartum period.

3) The birth center's postpartum clinical services shall include the following:

A) assessment of the postpartum person and infant, including healthcare provider examination, laboratory screening tests, newborn genetic, metabolic, and critical congenital heart disease screenings at appropriate times, and birthing person’s postpartum status;

B) guidance relating to care of the infant, including immunizations and referrals to sources of pediatric care;

C) newborn hearing screening in accordance with subsection (h)(1)(J);

D) assessment of postpartum person-child relationship, including breastfeeding and ongoing lactation support or referral to lactation support services;

E) information and referrals for family planning services; and

F) follow-up consultation with the postpartum person 14 days after discharge from the birth center to determine whether the mother or baby has developed a complication or infection.

h) Newborn Infant Care.

1) Clinical care provided to the newborn shall include the following:

A) Resuscitation of the newborn, as necessary;

B) Within two hours after delivery, ophthalmic ointment, or drops containing tetracycline or erythromycin, shall be instilled into the eyes of the newborn infant as a preventive against ophthalmia neonatorum in accordance with the Infant Eye Disease Act;

C) A single parenteral dose of vitamin K-1, water soluble 0.5 milligrams, shall be given to the infant soon after birth as a prophylaxis against hemorrhagic disorder in the first days of life;

D) Conduct and document the physical examination of the newborn performed before discharge;

E) Provide referrals for any abnormalities or problems;

F) Complete newborn heart and blood spot screening and collect blood for newborn screening in accordance with the Newborn Metabolic Screening and Treatment Code;

G) Implement procedures for the detection of Rh and ABO isoimmunization;

H) Conduct HIV testing pursuant to the Perinatal HIV Prevention Code;

I) Prepare and submit birth certificates; and

J) Complete newborn hearing screening in accordance with the Universal Newborn Hearing Screening Program, the Early Hearing Detection and Intervention Act, and Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs.

i) Mandatory Newborn Hearing Screening. *Each* birth center *shall conduct* the initial *bilateral hearing screening of each newborn infant prior to discharge unless medically contraindicated or the infant is transferred to a hospital before the hearing screening can be completed.* (Section 5(a) of the Early Hearing Detection and Intervention Act)

ii) If an infant does not pass the initial inpatient newborn hearing screening prior to discharge, then a second inpatient bilateral newborn hearing screening shall be completed prior to 48 hours of age.

iii) If an infant does not pass either inpatient hearing screening in both ears at the same time the center shall complete an outpatient bilateral newborn hearing screening prior to 30 days of age.

iv) If an infant does not pass the inpatient or outpatient hearing screening(s) in both ears at the same time the center shall refer the infant's parents or guardians to a pediatric audiologist and health care practitioner for follow-up.

v) The facility performing the hearing screening(s) shall report all screenings and document the referral, including the name of the health care practitioner and pediatric audiologist, to the Department’s Office of Health Promotion- Division of Health Assessment & Screening -Newborn Screening Program within 7 days after screening, status change, or care coordination activity.

vi) If the hearing screening is conducted at the birth center, the birth center shall ensure the infant’s postnatal primary care provider receives the final inpatient and outpatient screening results referencing the date of screening, ear-specific screening results, type of screening completed, risk factors for hearing loss, and recommendations for follow-up.

2) Identification of Newborns. The procedures for identification of newborns shall include the following:

A) While the newborn is still in the birth room, the birth assistant, certified nurse midwife, or licensed certified professional midwife in the birth room shall prepare identical identification bands for both the postpartum person and the newborn. Wrist bands alone may be used; however, it is recommended that both wrist and ankle bands be used on the newborn.

B) The birth center shall not use foot printing and fingerprinting alone as methods of client identification.

C) The wrist and ankle bands shall indicate the postpartum person’s admission number, the newborn's gender, the date and time of birth, and any other information required by birth center policy.

D) Birth room personnel shall review the bands prior to securing them on the postpartum person and the newborn to ensure that the information on the bands is identical.

E) The birth attendant or birth assistant in the birth room shall securely fasten the bands on the newborn and the postpartum person without delay as soon as they have verified the information on the identification bands.

F) The birth records and identification bands shall be checked again before the newborn leaves the birth room.

G) If the condition of the newborn does not allow the placement of identification bands, the identification bands shall accompany the newborn and shall be attached as soon as possible.

H) When the newborn is taken to the postpartum person, the birth center staff shall examine the postpartum person’s and the neonate's identification bands to verify the gender of the neonate and to verify that the information on the bands is identical.

I) The umbilical cord shall be identified according to birth center policy. All umbilical cord blood samples shall be labeled correctly with an indication that these are a sample of the newborn's umbilical cord blood and not the blood of the birthing person.

3) Discharge of newborn infants shall be in accordance with the birth center policies (see Section 264.1950).

4) The birth center shall communicate with the pediatric care provider and shall transfer birth and newborn records to the pediatric care provider.

5) In breastfeeding and in the storage and handling of infant formula, the birth center shall comply with the provisions of the Guidelines for Perinatal Care.

i) No general anesthesia, which includes spinal/epidural or regional anesthesia and analgesia, may be administered at the birth center. Local anesthesia for repair of obstetric lacerations may be administered in accordance with written policies and procedures established by the clinical director.

j) Surgical procedures shall be limited to procedures that do not require general anesthesia, including immediate postpartum IUD insertion or contraceptive arm implant and repair of obstetric lacerations performed in accordance with the birth attendant's or birth assistant's scope of practice.