**Section 265.1800 Clinical Services**

a) Clients shall meet all the requirements of Section 265.1550 before being admitted and receiving services at the birth center.

b) Each birth center shall assure that each woman and her 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 mother (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 shall arrange with another health care provider to make a program available to the center's clients.

1) The program shall consist of a course of instruction to expectant mothers and support persons pertaining to prenatal care and its outcome; care of the newborn; and an understanding of labor and delivery, self-care, and preparation for participation in the childbirth process.

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

3) The birth center shall require all women 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. The location should meet the needs of the participant by encouraging and supporting attendance.

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

1) Every mother shall be involved in the development and assessment of a protocol of care.

2) Every mother shall be evaluated within four weeks after the initial request for admission for care. If the mother is at 32 weeks gestation when she makes her initial request for admission, the birth center shall evaluate the woman as soon as possible, pursuant to Section 265.1550. To establish a database of risk assessment, identify problems and needs, and develop a protocol of care, the evaluation shall include:

A) Data from history and physical examination, including documented HIV status;

B) Laboratory findings;

C) Social, nutritional and health assessments; and

D) Frequency of prenatal visits.

e) Any risk factor pertaining to labor, delivery or postpartum periods as outlined in Section 265.1550 shall be cause to discontinue care of the mother and/or newborn at the birth center.

1) If a clinical complication occurs in the course of labor or delivery or postpartum, the obstetrician, family physician or certified nurse midwife shall have the mother and newborn transferred promptly to a licensed hospital obstetrical service and shall notify the medical director.

2) Records necessary to explain the situation fully shall accompany a mother and newborn upon transfer to the hospital.

f) *The maximum length of stay in a birth center shall be consistent with existing State laws allowing a 48-hour stay or appropriate post-delivery care, if* the mother and infant are *discharged earlier than 48 hours.* (Section 35(6) of the Act)If a mother or newborn is not in satisfactory condition for discharge within 48 hours following birth, the mother or newborn shall be transferred to a hospital that has obstetrical and nursery services.

g) The written policies and procedures established by the medical director and Director of Nursing and Midwifery Services for a follow-up program of care and postpartum evaluation after discharge from the birth center shall include, but not be limited to, the following:

1) The birth center's medical director, obstetrician, family physician, or certified nurse midwife shall be accessible by telephone, 24 hours per day, to assist mothers in case of need during the postpartum period.

2) The birth center's postpartum program shall include the assessment of mother and infant, including physician examination, laboratory screening tests at appropriate times, and maternal postpartum status; and instructions in child care, including immunization, referral to sources of pediatric care, provisions for family planning services, the importance of newborn hearing screening, pursuant to Section 265.1900, and assessment of mother-child relationship, including breastfeeding.

h) *No general*, which includes spinal/epidural, or regional *anesthesia may be administered at the birth center.* (Section 35(6) of the Act) Local anesthesia for episiotomies and/or repair of lacerations may be administered in accordance with written policies and procedures established by the medical director.

1. No surgical procedures shall be performed except episiotomy, repair of episiotomy or laceration, or circumcision.

(Source: Amended at 43 Ill. Reg. 1633, effective January 18, 2019)