**Section 265.2450 Quality Assurance and Improvement**

a) The birth center shall adopt, implement and enforce a written quality assurance and improvement program that includes all health and safety aspects of client care for both mother and infant.

b) The ongoing monitoring and evaluation of the quality and accessibility of care and services provided by the birth center or under contract shall include, but not be limited to:

1) Admission of clients appropriate to the capabilities of the center;

2) Client satisfaction;

3) Review of the clinical records;

4) Incidences of morbidity and mortality of mother and infant;

5) Postpartum infections;

6) All cases transferred to a hospital for delivery, care of infant, or postpartum care of mother;

7) Incidents, problems and potential problems identified by staff of the center, including infection control;

8) Any issues of unprofessional conduct by any member of the center's staff (including contractual staff);

9) The integrity of surgical instruments, medical equipment and client supplies;

10) Client referrals and consultations;

11) Appropriateness of medications prescribed, dispensed or administered in the birth center;

12) Problems with compliance with any federal or State laws;

13) At least an annual review of protocols, policies and procedures relating to maternal and newborn care;

14) Appropriateness of the risk criteria for determining eligibility for admission to and continuation in the birth center program of care;

15) Appropriateness of diagnostic and screening procedures;

16) Quarterly meetings of clinical practitioners to review the management of care of individual clients and to make recommendations for improving the plan of care;

17) Regular review and evaluation of all problems or complications of pregnancy, labor and postpartum and the appropriateness of the clinical judgment of the clinical practitioner in obtaining consultation and attending to the problem;

18) Evaluation of staff on ability to manage emergency situations by unannounced periodic drills for fire, maternal/newborn emergencies, power failure, etc.

c) The birth center shall identify and address quality assurance issues and implement corrective action plans as necessary. The outcome of any corrective action plans shall be documented. The outcome of the remedial action shall be documented.

d) The quality improvement program for maintaining a safe environment shall include, but not be limited to:

1) Routine testing of the efficiency and effectiveness of all equipment (e.g., sphygmomanometer, doptones, sterilizers, resuscitation equipment, transport equipment, oxygen equipment, communication equipment, heat source for newborn, smoke alarms, and fire extinguishers);

2) Routine review of housekeeping procedures and infection control;

3) Evaluation of maintenance policies and procedures for heat, ventilation, emergency lighting, waste disposal, water supply and laundry and kitchen equipment.

e) The quality improvement program shall monitor and promote quality of care to clients and the community through an effective system for collection and analysis of data, which includes, but is not limited to:

1) Outcomes of care provided:

A) Spontaneous abortions;

B) Neonatal morbidity;

C) Maternal morbidity;

D) Women registered for admission for care;

E) Antepartum transfers;

F) Women admitted to birth center for intrapartum care;

G) Intrapartum transfers;

H) Number of births in the birth center;

I) Percentage of breastfeeding mothers;

J) Births occurring en route to the birth center;

K) Postpartum transfers;

L) Newborns transferred;

M) Type of delivery; normal spontaneous vaginal delivery or other;

N) Episiotomies;

O) Fourth degree lacerations;

P) Infants with birth weight less than 2500 grams or greater than 4500 grams;

Q) Apgar scores 6 and below at five minutes;

R) Neonatal mortality; and

S) Maternal mortality.

2) Reasons for transfer:

A) Antepartum;

B) Intrapartum;

C) Postpartum; and

D) Newborn.