**Section 840.210 Newborn Infant Case Reporting**

a) Entities required to report newborn infant cases:

1) The Department requires all hospitals and birth centers licensed by the State of Illinois to report adverse pregnancy outcome information for cases identified during newborn infant hospitalization or care.

2) The Department requests, but does not require, hospitals outside Illinois and hospitals maintained by the federal government or other governmental agencies of the United States to report adverse pregnancy outcome information identified during the newborn hospital stay of infants whose mothers were Illinois residents at the time of delivery.

3) The Department requires clinical laboratories licensed by the State of Illinois to report newborn infants who have positive toxicology for controlled substances or cannabis and its metabolites.

4) The Department requires all hospitals and birth centers that are members of an Illinois Perinatal Network to report adverse pregnancy outcome information for cases identified during newborn infant hospitalization or care.

b) Reporting newborn infant cases by hospitals:

1) Every hospital shall develop procedures and policies for identifying newborn infants who meet an APORS case criterion (see Section 840.200) and shall report these newborn infants to APORS.

2) When a newborn infant meets a case criterion (see Section 840.200) and is transferred to another hospital for a higher level of care, the hospital providing the highest level of care shall report the case.

3) Hospitals are required to report newborn infant cases in the format provided by the Department.

A) The Department will provide the hospitals with written instructions for completing an APORS report.

B) Hospitals shall use the Department's format for APORS reports and shall report the following information:

i) Reporting hospital four-digit facility identification number, name and city and state if not Illinois;

ii) Delivery hospital four-digit facility identification number, name and city and state if not Illinois; for births that do not occur in a hospital, the location should be provided by address or by description;

iii) Infant's patient identification number;

iv) Date the infant was admitted to the reporting hospital;

v) Infant's date of birth;

vi) Infant's discharge date from the reporting hospital;

vii) Infant's first, middle and last names;

viii) Other names by which the infant may be known;

ix) Infant's sex;

x) Infant's race;

xi) Infant's ethnicity;

xii) Whether the infant was admitted to the Intensive Care Unit;

xiii) Whether the infant was exposed to drugs (except drugs administered during labor and delivery) prenatally and, if applicable, what type;

xiv) Birth mother's hepatitis B status;

xv) Dates infant's hepatitis B immunizations were provided, if applicable;

xvi) For infants with exposure to hepatitis B or with unknown maternal hepatitis B status, the times infant's hepatitis B immunizations were provided, and the type of vaccine given;

xvii) Infant's gestational age at delivery in weeks and days;

xviii) Infant's birth weight in grams;

xix) Infant's birth order;

xx) Pregnancy plurality;

xxi) Infant's medical record number;

xxii) Infant's diagnoses made prior to the newborn discharge;

xxiii) Birth mother's first, middle and last names;

xxiv) Birth mother's maiden name;

xxv) Birth mother's address at delivery, including number, direction, street name, type of street, apartment number, city, state and ZIP code;

xxvi) Birth mother's county of residence at delivery;

xxvii) Birth mother's medical record number;

xxviii) Birth mother's social security number;

xxix) Birth mother's date of birth;

xxx) Birth mother's telephone number, including the area code;

xxxi) Father's first, middle and last names;

xxxii) Father's date of birth;

xxxiii) Father's social security number;

xxxiv) Number of the birth mother's pregnancies, including the pregnancy resulting in this infant;

xxxv) Number of pregnancies that produced: full-term infants, premature infants, abortions (spontaneous and induced), currently living children;

xxxvi) Infant's status on discharge: deceased, going home with parents or other family member, transferring to another hospital, transferring to a long-term care facility, being adopted, going to foster care, or in Department of Children and Family Services (DCFS) custody;

xxxviii) Name, city and four-digit facility identification number of facility to which child was discharged, if applicable;

xxxviii) Name, address and telephone number (including area code) of the person to whom the infant was discharged if the infant did not go home with the birth mother;

xxxix) Delivery type, either vaginal or caesarean section;

xl) Feeding type, either breast, bottle or tube;

xli) If applicable, formula type, frequency and amount;

xlii) Infant's discharge weight in grams;

xliii) Infant's head circumference, in centimeters, at the time of birth;

xliv) Infant's head circumference, in centimeters, at the time of discharge, if discharged alive;

xlv) Infant's length, in centimeters, from crown to heel at the time of birth;

xlvi) Treatments prescribed for the infant at discharge;

xlvii) Medication name, dosage and route of administration prescribed for the infant at discharge;

xlviii) Other health, social and developmental concerns;

xlix) Name and telephone number (including area code) of registered nurse who can be contacted by the public health nurse making home visits to the infant;

l) Name, address and telephone number (including area code) of a relative, friend or other person who would know how to contact the infant's parents and the relationship of that person to the birth parents;

li) Whether the infant's family has been informed that a local public health nurse will contact them to offer follow-up services in their home after the infant is discharged from the hospital;

lii) Name and the four-digit identification code of the local health agency that serves families in the county or city where the infant will be located;

liii) Indication of whether the infant or the infant's family is receiving services from a community social service agency, Division of Specialized Care For Children (DSCC), DCFS, or other agency;

liv) Name of the infant's primary health care provider;

lv) Name and title of the person providing the information;

lvi) Date the report is completed.

4) Hospitals are required to fully complete all sections of the report and to send the report to the Department within seven days after the newborn infant's discharge or death.

5) When hospital-submitted reports are incomplete, the Department will contact the hospital within 30 days after receiving the report. The hospital shall supply the missing information to the Department within 30 days after receiving the request.

6) When a newborn infant is discharged, the hospital shall notify the infant's parents or legal guardian that the infant was reported to the Department and that the infant will be referred to health agencies for services.

7) Hospitals shall provide the parents or legal guardian with materials provided by DHS that explain the follow-up services that will be offered to the family.

8) Hospitals shall provide copies of the report submitted to the Department to the parents or legal guardian if requested. All other requests for copies shall be denied.

9) Hospitals shall distribute the original report and one copy in the following manner:

A) The original report shall be sent to the Department's Division of Epidemiologic Studies, 535 West Jefferson, 3rd Floor, Springfield, Illinois 62761; and

B) One copy shall be sent to the infant's primary health care provider.

c) Reporting newborn infant cases by clinical laboratories:

1) Clinical laboratories are required to develop procedures and policies to report newborn infant cases of positive toxicology for controlled substances and cannabis. Negative results are not reported to the Department.

2) Clinical laboratories are required to submit:

A) Infant's name (first, middle and last);

B) Infant's date of birth;

C) Residential address, including street address, city, county, state and ZIP code;

D) Unique identification number assigned by the submitting facility;

E) Name of the facility submitting the test;

F) Address of the facility submitting the test;

G) Test results, including the type of substance found; and

H) Date of the test.

3) The clinical laboratory shall send the test results to the Department within seven days after the laboratory completes testing.

(Source: Amended at 46 Ill. Reg. 2971, effective February 1, 2022)