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Title 22@ Social Security

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Division 5@ Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

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Chapter 1@ General Acute Care Hospitals

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Article 6@ Supplemental Services

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Section 70547@ Perinatal Unit General Requirements

70547 Perinatal Unit General Requirements

(a)

A perinatal unit shall provide: (1) Care for the patient during pregnancy, labor, delivery and the postpartum period. (2) Care for the normal infant and the infant with abnormalities which usually do not impair function or threaten life. (3) Care for mothers and infants needing emergency or immediate life support measures to sustain life up to 12 hours or to prevent major disability. (4) Formal arrangements for consultation and/or transfer of an infant to an intensive care newborn nursery, or a mother to a hospital with the necessary services, for problems beyond the capability of the perinatal unit.

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beyond the capability of the perinatal unit.

(b)

There shall be written policies and procedures developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. These policies and procedures shall reflect the standards and recommendations of the American College of Obstetricians and Gynecologists "Standard for Obstetric-Gynecologic Hospital Services," 1969, and the American Academy of Pediatrics "Hospital Care of Newborn Infants," 1971. Policies shall be approved by the governing body. Procedures shall be approved by the medical staff and administration where such is appropriate. Such policies and procedures shall include but not be limited to: (1) Relationships to other services in the hospital. (2) Admission policies, including infants delivered prior to admission and infants transferred from an intensive care newborn nursery. (3) Arrangements for maternity patient overflow. (4) Consultation from an intensive care newborn nursery. (5) Infection control and relationship to the hospital infection committee. (6) Transfer of mothers to appropriate care services and/or infants to and from an intensive care newborn nursery. (7) Provision, where deemed necessary, for family centered perinatal care, including rooming-in and care of infants by parent or surrogate. (8) Prevention and treatment of neonatal hemorrhagic disease. (9) Care of the premature or low birth weight infant. (10) Visiting privileges. (11) Resuscitation of newborn. (12) Administering and monitoring of oxygen and respiratory therapy. (13) Transfusion. (14) PKU screening. (15) Rhesus (Rh) hemolytic disease identification, reporting and prevention. (16) Management of hyperbilirubinemia. (17) Induction of labor and administration of oxytocic drugs. (18) Provision for parent education regarding childbirth, child care and family planning. (19) Discharge and continuity of care with

referral to community supportive services. (20)

Obstetric-pediatric-pathologic-radiologic conferences. (21) Patient identification system. (22) Care routines for the mother and infant. (23) Handwashing technique. (24) Individual bassinet technique. (25) Credo treatment of eyes of newborn. (26) Breast feeding. (27) Gavage feedings. (28) Formula preparation and storage.

(1)

Relationships to other services in the hospital.

(2)

Admission policies, including infants delivered prior to admission and infants transferred from an intensive care newborn nursery.

(3)

Arrangements for maternity patient overflow.

(4)

Consultation from an intensive care newborn nursery.

(5)

Infection control and relationship to the hospital infection committee.

(6)

Transfer of mothers to appropriate care services and/or infants to and from an intensive care newborn nursery.

(7)

Provision, where deemed necessary, for family centered perinatal care, including rooming-in and care of infants by parent or surrogate.

(8)

Prevention and treatment of neonatal hemorrhagic disease.

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Care of the premature or low birth weight infant.

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Visiting privileges.

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Rhesus (Rh) hemolytic disease identification, reporting and prevention.

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Management of hyperbilirubinemia.

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Induction of labor and administration of oxytocic drugs.

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Provision for parent education regarding childbirth, child care and family planning.

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Discharge and continuity of care with referral to community supportive services.

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Obstetric-pediatric-pathologic-radiologic conferences.

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Patient identification system.

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Care routines for the mother and infant.

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Handwashing technique.

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Individual bassinet technique.

(25)

Credo treatment of eyes of newborn.

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Breast feeding.

(27)

Gavage feedings.

(28)

Formula preparation and storage.

(c)

The responsibility and the accountability of the perinatal service to the medical staff and administration shall be defined.

(d)

The hospital laboratory should have the capability of performing blood gas analyses, pH and microtechniques.

(e)

The hospital shall have the capability for operative delivery including caesarean section at all times.

(f)

The Infection Control Committee shall develop and implement policies for the management, including physical separation from other infants, of infants with diarrhea of the newborn or draining lesions.

(g)

All infections shall be reported to the hospital infection control committee promptly.

(h)

All persons in the delivery room shall wear clean gowns, caps and masks during a delivery.

(i)

Oxygen shall be administered to newborn infants only on the written order of a physician. The order shall include the concentration (volume percent) or desired arterial partial pressure of oxygen and be reviewed, modified, or discontinued after 24-hours.

(j)

All patients shall be attended by a physician or licensed nurse when under the effect of anesthesia or regional analgesia, when in active labor, during delivery or in the immediate postpartum period.

(k)

Rooming-in should be permitted if requested by the family.

(l)

Smoking shall be prohibited in delivery rooms and nurseries.

(m)

The delivery room is considered an electrically sensitive area and shall meet the requirements of section 70853 of these regulations.

(n)

Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of medical staff and administration.