

Steve Sisolak
Governor



Richard Whitley, MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

April 1, 2022

MEMORANDUM

To: Jon Pennell, DVM, Chair
State Board of Health

From: Lisa Sherych, Secretary
State Board of Health

Re: Consideration and adoption of proposed regulation amendment(s) to Nevada Administrative Code (NAC) 449, "Medical Facilities and Other Related Entities", LCB File No. R062-21.

PURPOSE OF AMENDMENT

The proposed changes to NAC Chapter 449 are being moved forward as a result of Assembly Bill 287 of the 81st (2021) legislative session which voids the obstetric center regulations codified as NAC 449.6113 to 449.61178 and requires the Board of Health to adopt separate regulations governing the licensing and operation of freestanding birthing centers that align with the standards established by the American Association of Birth Centers, the accrediting body of the Commission for the Accreditation of Birth Centers, or another nationally recognized organization for accrediting freestanding birthing centers. In addition, the regulations adopted by the Board of Health must allow for the provision of supervised training to providers of health care, as appropriate, at a freestanding birthing center.

Of note, after consultation with the Board of Pharmacy and Legislative Counsel Bureau (LCB) attorneys, it was determined that non-licensed midwives, such as individuals that are only certified professional midwives, are not authorized to administer medications; therefore, the proposed regulations do not align with the standards adopted by reference, Indicators of Compliance with Standards for Birth Centers, published by the Commission for the Accreditation of Birth Centers in Section 12 of the proposed regulations, which allows certified midwives (CM) or Certified Professional Midwives (CPM) with Midwifery Education Accreditation Council (MEAC) accredited education or a Bridge Certificate to administer certain medications as outlined in the standards. Because of this and in order to ensure public safety, the proposed regulations require at least one of the two required attendants present at each delivery of a newborn at a freestanding birthing center, to be a clinical provider who is authorized under federal and state law to possess and administer dangerous drugs.

SUMMARY OF CHANGES TO NEVADA ADMINISTRATIVE CODE (NAC) 449

The following is a summary of changes being proposed to NAC Chapter 449:

- A freestanding birthing center to be accredited by the Commission for the Accreditation of Birth Centers within a prescribed period after applying for a license from the Division.
- The application submitted for the issuance or renewal of a license to operate a freestanding birthing center to specify the number of beds in the freestanding birthing center.
- Certain construction standards and equipment requirements of a freestanding birthing center be met.
- A freestanding birthing center to submit plans for any new construction or remodeling to the Division for review before the construction or remodeling begins.
- The Division to conduct an on-site inspection of a freestanding birthing center before issuing a license to the freestanding birthing center.
- A freestanding birthing center to maintain a supply of oxygen that is adequate to provide oxygen supplementation to all persons receiving care at the freestanding birthing center and requires the director of a freestanding birthing center to establish policies and procedures for the safe administration and storage of oxygen at the freestanding birthing center.
- A freestanding birthing center to develop and implement written policies and procedures for the control of infection and train certain staff members concerning those policies and procedures and requires members of the staff to follow the manufacturer's guidelines for the use and maintenance of all equipment, devices and supplies.
- A freestanding birthing center to maintain at least a 14-day supply of personal protective equipment to protect staff members from infectious diseases.
- A freestanding birthing center to comply with certain laws and regulations and provide any record maintained by the freestanding birthing center to the Division upon request.
- A freestanding birthing center to comply with and maintain a copy of the Commission for the Accreditation of Birth Centers standards adopted by reference.
- The director of a freestanding birthing center to ensure that the center maintains a personnel file for each member of its staff and each member of the staff of the freestanding birthing center holds the appropriate professional license, certificate or registration where required. It further establishes requirements for the staff who must attend each birth at a freestanding birthing center and certain additional requirements governing the provision of care.
- Certain qualifications for a birth assistant and outlines the activities that can be performed by a birth assistant.
- A program of supervised training for providers of health care offered at a freestanding birthing center to meet the requirements set forth in the proposed regulations.
- The director of a freestanding birthing center to establish criteria for determining whether a pregnant person may give birth at a freestanding birthing center.
- A freestanding birthing center to inform a pregnant person or a person who has given birth at the center of their rights and the health status of the person and the fetus or newborn and allows a pregnant person or person who has given birth to inspect and purchase photocopies of their medical record. It also requires the director of a freestanding birthing center to adopt a procedure by which a person may submit a complaint concerning care provided or not provided by the freestanding birthing center.
- The storage and administration of drugs at a freestanding birthing center meet the requirements set forth in the proposed regulations.

- The director of a freestanding birthing center or his or her designee to notify the Division not later than 24 hours after a death at the freestanding birthing center and requires the director of a freestanding birthing center to establish a procedure to ensure the provision of appropriate counseling to certain persons affected by a death at the freestanding birthing center.

In addition, the proposed regulations:

- Prescribe the fees to apply for the issuance or renewal of a license.
- Provide that episiotomy or repair of lacerations sustained during delivery does not constitute surgery and thus authorizes the performance of those procedures at a freestanding birthing center.

An errata is being proposed that changes the timeframe for which a freestanding birthing center needs to be accredited from 6 months after submitting an application for licensure to 6 months after initial licensure and not later than 12 months after initial licensure when the criteria pursuant to section 6, subsection 2 is met.

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

If the proposed amendments are not approved the Board of Health will not be in compliance with Assembly Bill 287 of the 81st (2021) legislative session. In addition, as the obstetric center regulations have been voided by Assembly Bill 287 of the 81st (2021) legislative session, that would leave minimal regulatory guidance for the one licensed freestanding birthing center.

APPLICABILITY OF PROPOSED AMENDMENT

These regulations will apply statewide to all licensed freestanding birthing centers and applicants to become a freestanding birthing center, as applicable.

PUBLIC COMMENT RECEIVED

An outline of opportunities for public comment follows:

Pursuant to NRS 233B.0608(2)(a), DPBH requested input from the one licensed freestanding birthing center in Nevada with 150 or fewer employees and 5 individuals that have expressed interest in freestanding birthing centers.

A Small Business Impact Questionnaire and a copy of the proposed regulations were emailed to the one licensed freestanding birthing center and the 5 other individuals who have expressed interest in freestanding birthing centers on August 18, 2021.

Below is a summary of the responses to the questionnaire.

Will a specific regulation have an adverse economic effect upon your business?	Will the regulation(s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
Yes – 1 No – 0	Yes – 1 No – 0	Yes – 1 No – 0	Yes – 1 No – 0

<p>Comments – With the proposed changes to birth attendants, our birth center can save an average of \$5,200/month and \$63,000/year on salaries. This is calculated at 30 births/month at \$350 per birth for a total of \$10,500. Estimating a conservative coverage for birth attendant at 50% coverage by student midwife/midwife in training.</p>	<p>Comments – Current plumbing being grandfathered in for already established birth centers could save the cost of adding sink, shower, etc. Being a teaching/training facility gives us the opportunity to house more students which in return gives us cost savings on salaries and a more well-trained staff pool. We are a current licensed birth center all of these new regulations will be a huge cost savings.</p>	<p>Comments – Each renewal year of malpractice puts a potential indirect adverse effect on the business due to national premium increases. The continued rising prices of medical supplies can be costly.</p>	<p>Comments – Our center is currently in the insurance credentialing phase and because of that, we will be able to service more clients.</p>
--	--	---	--

Public Workshop – October 15, 2021

A public workshop was held on October 15, 2021, via a virtual meeting with a call-in option. There were 9 individuals in attendance at the public workshop that were not Division of Public and Behavioral Health staff. In addition, one of those in attendance provided testimony on behalf of another individual. The following is a summary of the testimony provided during the public workshop:

Fred Olmstead (Nevada Board of Nursing)

We are here to help so I'm just intending to learn all I can. We have done some research with our APRN midwives. We don't have objections. We're just happy to be part of the process.

Cheryl Rude (Serenity Birth Center) – Nevada Licensed Freestanding Birthing Center

My name is Cheryl Rude. I'm the practice administrator for Serenity Birth Center in Las Vegas, Nevada. We are currently the first and only state licensed freestanding state license and nationally accredited freestanding birth center in Nevada. I've been employed with Serenity Birth Center for the past 3 years. I'm in favor of the proposal amendments to Nevada NAC 449. The new proposed regulations will have a huge cost savings for our practice and our center and for future birth centers in the state of Nevada. One of our biggest challenges from local, city, and state regulations was being compared to an ambulatory surgical center. Our land is actually zoned for a hospital and with this comparison came overbearing costs and a lot of them could be avoided for the services we provide.

At the birth center, a simple example would be that our life safety equipment used in the center is all battery operated whereas in a surgical center, most safety equipment requires a wall mounted voltage outlet. We also use portable

oxygen. We don't have gases within our walls like an ambulatory surgery center would have. The new regulations are aligned with existing freestanding birth center guidelines.

Our center's Commission for the Accreditation of Birth Centers accreditation became effective September 22, 2021, which is currently a requirement of NAC 449.6113 and assures the highest level of evidence-based care and safety for patients.

Cheryl Rude – Providing testimony on behalf of April Clyde (Serenity Birth Center)

My name is April Clyde. I am a Certified Nurse Midwife, Advanced Practice Registered Nurse, and a Certified Professional Midwife. I am the owner and founder of Serenity Birth Center in Las Vegas, NV. Serenity Birth Center is the first state licensed and nationally accredited facility in NV. My vision for birth centers and more options for women in NV spans back over two decades. A Northern NV Certified Nurse Midwife and I were an integral part of changing legislation to allow birth centers to exist in Nevada. Serenity Birth Center is a healthcare facility for childbirth where care is provided in the midwifery and wellness model. Birth Centers are an integrative part of the health care system and are guided by principles of prevention, sensitivity, safety, appropriate medical intervention and cost-effectiveness. While the practice of midwifery and the support of physiologic birth and newborn transition may occur in other settings, this is the exclusive model of care in a birth center. The birth center respects and facilitates a woman's right to informed choices about her health care and baby's health care based on her values and beliefs. The woman's family, as she defines it, is welcome to participate in the pregnancy, birth, postpartum period and well-woman care. Licensed and accredited birth centers are approved as a safe place of birth for healthy, low-risk women and neonates by the American College of Obstetricians and Gynecologists (ACOG). Additionally, the midwifery model of care improves outcomes for maternal and infant health. Preterm birth rates and cesarian sections are reduced. Infant birth weights are increased. Satisfaction by mothers and families are increased while costs are reduced for families. I support these proposed changes as they will reduce costs at my current center in regard to staff salaries, unnecessary equipment, medical supplies, and building regulations. The proposed amendment will improve daily operations at my Center to continue providing evidence-based care which in turn helps me meet my multi-decade long goal of there being more birthing options for women and families in Nevada.

Tara Raines - (Children's Advocacy Alliance)

This is Tara Rains, and I am excited to support the move to promote a proliferation of freestanding birth centers in Nevada. This is a tremendous move in the direction of promoting equity and access to birthing access and birthing options for all pregnant people in Nevada and I appreciate the work that you have done to pull this together and the support of the folks who worked to make these regulations therefore making beginning, operating, and having a birthing center in Nevada as successful as possible.

Genevieve Burkett - (Serenity Birth Center) – Nevada Licensed Freestanding Birthing Center

I'm in support of the proposed amendment. I'm the director of nursing at Serenity Birth Center. My main role over the last 22 and a half years has been reviewing local, city, state and national birth center laws and regulations and from there, I have worked to implement policies and procedures to ensure compliance. At the physical birth center and for our staff our priority is evidence-based care and safety for the family seeking care with us and the proposed amendments align with national guidelines for scope of care including safety, OSHA, HIPAA, clear staff education, facility equipment and supplies, health record research and quality improvement programs. There are many proposed changes that will have cost savings as a result of this proposed change and improved safety and effectiveness that are in line with freestanding birth centers nationwide. Our center is one of 84 nationally accredited centers in the United States. Only

17% of presenting birth centers are accredited and Nevada should be proud to hold us accountable to these standards. We are excited and in support of these proposed amendments.

Linda Anderson (Nevada Public Health Foundation)

From a public health perspective these regulations serve to really promote public health for pregnant persons and for the community as a whole by providing safe ways for people to have options in the birthing process.

Written Testimony – November 19, 2021

Written testimony was received from a senior counsel representing the Accreditation Association for Ambulatory Health Care, Inc., dated November 19, 2021, which noted: *We recently became aware of the proposed amendments to Chapter 449 of NAC1 and Medicaid Services Manual (MSM) Chapter 2002 to require freestanding birthing center (FSBC) accreditation. We noted that the authorizing statute, NRS 449.0302(12) provided opportunity for review of additional accreditation organizations not specifically listed in the law; however, it does not appear that the same language was included in the regulatory proposal. As such, AAAHC respectfully requests that the Division eliminate the barrier to entry into the Nevada FSBC accreditation market by providing the opportunity for additional organizations to become approved FSBC accreditors. Attached please find our recommendations for updating the language to allow for future competition in the Nevada FSBC accreditation market.*

Subsection 12 of Section 16.5 of AB 287 of the 81st (2021) legislative session reads as follows:

12. The Board shall adopt separate regulations governing the licensing and operation of freestanding birthing centers. Such regulations must: (a) Align with the standards established by the American Association of Birth Centers, or its successor organization, the accrediting body of the Commission for the Accreditation of Birth Centers, or its successor organization, or another nationally recognized organization for accrediting freestanding birthing centers; and (b) Allow the provision of supervised training to providers of health care, as appropriate, at a freestanding birthing center.

Although in most cases we would open up accreditation regulatory requirements to any nationally recognized organization for accrediting freestanding birthing centers, in this case the bill language is clear that the proposed regulations must align with one of the standards listed in subsection 12 of Section 16.5 of the bill and does not require that it be opened up to all accrediting organizations.

In this particular case the use of one accrediting organization's standards to align the proposed regulations is inline with the statutory requirement. It is an evidence-based nationally recognized accrediting standard specifically listed in the bill in which the only licensed freestanding birthing center is accredited by; therefore, removing financial and compliance burdens on freestanding birthing centers that may be created if the proposed regulations attempted to align with multiple accrediting standards. In addition, once the proposed regulations aligned with accrediting standards becomes effective, it would not be possible to realign them to any new accrediting standards without going through the regulatory process. In conclusion, based on how the bill is written, staff have determined that the most effective, efficient, and least burdensome manner for implementation of this component of the proposed regulations, is to align them with one evidence-based nationally recognized birthing center standard.

STAFF RECOMMENDATION

Staff recommends the State Board of Health adopt the proposed regulation amendments to Nevada Administrative Code (NAC) 449, "Medical Facilities and Other Related Entities", LCB File No. R062-21 and the errata.

PRESENTER

Leticia Metherell, RN, Health Program Manager III

Enclosures



**PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R062-21

January 31, 2022

EXPLANATION – Matter in *italics* is new, matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1-21, NRS 439.200 and 449.0302, as amended by section 16.5 of Assembly Bill No. 287, chapter 517, Statutes of Nevada 2021, at page 3437; § 22, NRS 439.150, 439.200, 449.0302, as amended by section 16.5 of Assembly Bill No. 287, chapter 517, Statutes of Nevada 2021, at page 3437, and 449.050.

A REGULATION relating to freestanding birthing centers; requiring a freestanding birthing center to obtain certain accreditation; prescribing requirements relating to the construction, equipment, operation and staffing of a freestanding birthing center; requiring a freestanding birthing center to submit plans for certain construction or remodeling to the Division of Public and Behavioral Health of the Department of Health and Human Services for review; requiring the Division to conduct an on-site inspection before issuing a license to a freestanding birthing center; requiring a freestanding birthing center to develop and implement certain policies and procedures and maintain certain records; establishing requirements governing the provision of supervised training for providers of health care at a freestanding birthing center; clarifying that certain procedures may be performed at a freestanding birthing center; requiring the reporting of certain events that occur at a freestanding birthing center; prescribing the fees to apply for the issuance or renewal of a license as a freestanding birthing center; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Health to adopt regulations governing the licensing and operation of freestanding birthing centers, which are regulated by the Division of Public and Behavioral Health of the Department of Health and Human Services. (NRS 449.0302, as amended by section 16.5 of Assembly Bill No. 287, chapter 517, Statutes of Nevada 2021, at page 3437) **Sections 2-5** of this regulation define terms relating to freestanding birthing centers. **Section 22** of this regulation prescribes the fees to apply for the issuance or renewal of such a license. **Section 22** also removes obsolete references to the licensing of a peer support recovery organization.

Section 6 of this regulation requires a freestanding birthing center to be accredited by the Commission for the Accreditation of Birth Centers within a prescribed period after applying for a license from the Division. **Section 6** also requires an application for the issuance or renewal of a license to operate a freestanding birthing center to specify the number of beds in the freestanding

birthing center. **Section 7** of this regulation prescribes requirements governing the construction and equipment of a freestanding birthing center. **Section 8** of this regulation generally requires a freestanding birthing center to submit plans for any new construction or remodeling to the Division for review before the construction or remodeling begins. **Section 8** also requires the Division to conduct an on-site inspection of a freestanding birthing center before issuing a license to the freestanding birthing center. **Section 9** of this regulation requires a freestanding birthing center to maintain a supply of oxygen that is adequate to provide oxygen supplementation to all persons receiving care at the freestanding birthing center. **Section 9** also requires the director of a freestanding birthing center to establish policies and procedures for the safe administration and storage of oxygen at the freestanding birthing center.

Section 10 of this regulation requires a freestanding birthing center to develop and implement written policies and procedures for the control of infection and train certain staff members concerning those policies and procedures. **Section 10** also requires members of the staff of a freestanding birthing center to follow the manufacturer's guidelines for the use and maintenance of all equipment, devices and supplies. **Section 10** requires a freestanding birthing center to maintain at least a 14-day supply of personal protective equipment to protect staff members from infectious diseases. **Section 11** of this regulation requires a freestanding birthing center to: (1) comply with certain laws and regulations; and (2) provide any record maintained by the freestanding birthing center to the Division upon request. **Section 12** of this regulation: (1) adopts by reference certain standards published by the Commission for the Accreditation of Birth Centers; and (2) requires a freestanding birthing center to comply with and maintain a copy of those standards.

Section 13 of this regulation establishes requirements to serve as a clinical provider at a freestanding birthing center. **Section 13** also requires the director of a freestanding birthing center to ensure that: (1) the freestanding birthing center maintains a personnel file for each member of its staff; and (2) each member of the staff of the freestanding birthing center holds the appropriate professional license, certificate or registration where required. **Section 13** further establishes requirements for the staff who must attend each birth at a freestanding birthing center and certain additional requirements governing the provision of care. **Section 14** of this regulation establishes required qualifications for a birth assistant at a freestanding birthing center, and **section 15** of this regulation prescribes requirements governing the activities of a birth assistant.

Existing law requires the regulations adopted by the Board to allow the provision of supervised training to providers of health care at a freestanding birthing center. (NRS 449.0302, as amended by section 16.5 of Assembly Bill No. 287, chapter 517, Statutes of Nevada 2021, at page 3437) **Section 16** of this regulation establishes requirements governing such a program of supervised training.

Section 17 of this regulation requires the director of a freestanding birthing center to establish criteria for determining whether a pregnant person may give birth at a freestanding birthing center. **Section 18** of this regulation requires a freestanding birthing center to: (1) inform a pregnant person or a person who has given birth who seeks care from the freestanding birthing center concerning the rights of the person and the health status of the person and the fetus or newborn; and (2) allow a pregnant person or person who has given birth to inspect and purchase photocopies of the medical record of the person. **Section 18** also requires the director of a freestanding birthing center to adopt a procedure by which a person may submit a complaint concerning care provided or not provided by the freestanding birthing center.

Existing law prohibits the performance of surgery at a freestanding birthing center. (NRS 449.198, as amended by section 29.5 of Assembly Bill No. 287, chapter 517, Statutes of Nevada 2021, at page 3442) **Section 19** of this regulation provides that episiotomy or repair of lacerations sustained during delivery does not constitute surgery for that purpose and thus authorizes the performance of those procedures at a freestanding birthing center.

Section 20 of this regulation prescribes requirements governing the storage and administration of drugs at a freestanding birthing center. **Section 21** of this regulation requires the director of a freestanding birthing center or his or her designee to notify the Division not later than 24 hours after a death at the freestanding birthing center. **Section 21** also requires the director of a freestanding birthing center to establish a procedure to ensure the provision of appropriate counseling to certain persons affected by a death at the freestanding birthing center.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 21, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 21, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3, 4 and 5 of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Birth assistant” means a member of the staff of a freestanding birthing center who performs nonclinical tasks and routine clinical tasks and procedures under supervision.*

Sec. 4. *“Certified nurse-midwife” has the meaning ascribed to it in NRS 449.198, as amended by section 29.5 of Assembly Bill No. 287, chapter 517, Statutes of Nevada 2021, at page 3442.*

Sec. 5. *“Clinical provider” means a provider on the staff of a freestanding birthing center who is ultimately responsible for the care of a pregnant person, a person who has given birth or a newborn.*

Sec. 6. 1. *Except as otherwise provided in subsection 2, a freestanding birthing center shall, not later than 6 months after submitting an application for licensure pursuant to NRS 449.040, submit to the Division proof that the freestanding birthing center holds accreditation*

as a birth center from the Commission for the Accreditation of Birth Centers, or its successor organization.

2. If the Commission for the Accreditation of Birth Centers, or its successor organization, notifies a freestanding birthing center that the Commission is not able to accredit the freestanding birthing center within the period described in subsection 1, the freestanding birthing center shall:

(a) Immediately notify the Division; and

(b) Submit to the Division proof of such accreditation not later than 12 months after submitting an application for licensure pursuant to NRS 449.040.

3. A freestanding birthing center shall maintain the accreditation described in subsection 1 for the duration of its operations. If a freestanding birthing center ceases to maintain such accreditation, the freestanding birthing center shall immediately notify the Division.

4. A freestanding birthing center shall maintain for the duration of its operations any material submitted or received as part of an application for the issuance or renewal of the accreditation described in subsection 1, including, without limitation:

(a) The application for accreditation;

(b) A report from any self-evaluation;

(c) Any letter from the Commission for the Accreditation of Birth Centers, or its successor organization, announcing a decision on an application for the issuance or renewal of accreditation; and

(d) Any report from the Commission for the Accreditation of Birth Centers, or its successor organization, concerning a site visit.

5. An application for the issuance or renewal of a license as a freestanding birthing center must specify the number of beds in the freestanding birthing center.

Sec. 7. 1. A freestanding birthing center must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the pregnant persons, persons who have given birth and newborns who receive care at the freestanding birthing center, the staff of the freestanding birthing center and members of the general public.

2. A freestanding birthing center must have:

(a) Designated parking for pregnant persons and visitors; and

(b) At least one parking space reserved for emergency vehicles.

3. Each birth room in a freestanding birthing center must have:

(a) An area of at least 100 square feet;

(b) At least one window;

(c) Only one bed;

(d) Sufficient lighting to allow for the safe provision of care; and

(e) Except as otherwise provided in this paragraph, a sink and a toilet. A birth room is not required to have a toilet if there is a sink and a toilet in an adjacent room.

4. Each corridor and door in a freestanding birthing center must allow access by emergency medical personnel. Each corridor in a freestanding birthing center must be:

(a) At least 36 inches wide if the freestanding birthing center has a maximum occupancy of 50 persons or fewer; or

(b) At least 44 inches wide if the freestanding birthing center has a maximum occupancy of greater than 50 persons.

5. A freestanding birthing center must have an automated external defibrillator on the premises.

6. A freestanding birthing center shall procure and maintain batteries sufficient to provide power to operate all emergency lighting and clinical equipment in the freestanding birthing center for at least 2 hours or an electric generator with sufficient fuel to provide such power. The director of the freestanding birthing center shall:

(a) Ensure that the batteries or electric generator, as applicable, are serviced regularly; and

(b) Maintain records of such service for at least 3 years after the service.

7. A freestanding birthing center must have a specific area for the storage of drugs in accordance with section 20 of this regulation, including, without limitation, locked refrigerated storage and locked storage at room temperature.

8. A freestanding birthing center must have:

(a) A dirty work area for cleaning used instruments, equipment and supplies that:

(1) Is equipped with a sink and a storage area; and

(2) Is separate from all clean storage areas.

(b) A clean area for the storage of disinfected or sterile instruments, equipment and supplies.

(c) A sufficient number of handwashing or hand sanitizing stations to comply with the policies and procedures adopted pursuant to section 10 of this regulation.

9. A freestanding birthing center that was licensed as an obstetric center before January 1, 2022, and is deemed to be licensed as a freestanding birthing center pursuant to section 36

of Assembly Bill No. 287, chapter 517, Statutes of Nevada 2021, at page 3444, shall be deemed to be in compliance with the requirements of subparagraph 1 of paragraph (a) of subsection 8.

Sec. 8. 1. Except as otherwise provided in subsection 2, before any new construction of a freestanding birthing center or any remodeling of an existing freestanding birthing center is begun, the freestanding birthing center must submit building plans for the new construction or remodeling to the entity designated by the Division to review such plans pursuant to the provisions of NAC 449.0115. The review of those plans conducted by the entity is advisory only and does not constitute approval for the licensing of the freestanding birthing center. The Division shall not issue a license to the freestanding birthing center or renew the license of the freestanding birthing center, as applicable, until all construction is completed and a survey is conducted at the site of the freestanding birthing center.

2. A freestanding birthing center is not required to submit plans for remodeling to the entity designated by the Division to review such plans pursuant to the provisions of NAC 449.0115 if the remodeling is limited to refurbishing an area within the freestanding birthing center, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area and replacing window or wall coverings in the area.

3. Before issuing an initial license to a freestanding birthing center, the Division shall conduct an on-site inspection of the freestanding birthing center.

Sec. 9. 1. A freestanding birthing center must have a supply of oxygen, which may include, without limitation, portable oxygen, that is adequate to provide oxygen supplementation to all pregnant persons, persons who have given birth and newborns receiving care at the freestanding birthing center.

2. The director of a freestanding birthing center shall establish policies and procedures for the safe administration and storage of oxygen at the freestanding birthing center. Those policies and procedures must include, without limitation, policies and procedures for the safe storage of portable oxygen in accordance with standards for the safe storage of a medical gas prescribed by a nationally recognized fire protection association or another appropriate nationally recognized organization.

Sec. 10. 1. A freestanding birthing center shall develop and implement written policies and procedures to be followed by the members of the staff of the freestanding birthing center for the control of infection that are in accordance with nationally recognized guidelines. Acceptable guidelines include, without limitation, the most recent version of the Guidelines for Environmental Infection Control in Health-Care Facilities published by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

2. The policies and procedures developed pursuant to subsection 1 must prescribe the procedures for:

(a) Hand hygiene;

(b) Cleaning and disinfecting surfaces and substances that pose a risk of infection to pregnant persons, persons who have given birth and newborns;

(c) The proper use of syringes, needles, vials and lancets; and

(d) The proper sterilization and disinfection of all reusable equipment.

3. The director of a freestanding birthing center shall make a copy of the policies and procedures developed by the freestanding birthing center pursuant to subsection 1 available to each member of the staff of the freestanding birthing center.

4. Each member of the staff of a freestanding birthing center shall follow the manufacturer's guidelines for the use and maintenance of equipment, devices and supplies. The director of a freestanding birthing center shall make the manufacturer's guidelines for equipment, devices or supplies available to each member of the staff of the freestanding birthing center who uses or maintains the equipment, devices or supplies.

5. A freestanding birthing center shall:

(a) Train each member of the staff of the freestanding birthing center who has exposure to pregnant persons, persons who have given birth or newborns, or specimens of such persons, or who participates in the disinfection or sterilization of equipment at the freestanding birthing center on the policies and procedures for the control of infection developed pursuant to subsection 1; and

(b) Require a supervisor of each member of the staff described in paragraph (a) to evaluate the member of the staff on his or her knowledge and skills concerning those policies and procedures within 10 working days after beginning his or her service on the staff and at least once each year thereafter.

6. If a freestanding birthing center revises the policies and procedures for the control of infection developed pursuant to subsection 1, the freestanding birthing center shall:

(a) Give notice of the change to each member of the staff of the freestanding birthing center who has exposure to pregnant persons, persons who have given birth or newborns, or specimens of such persons, or who participates in the disinfection or sterilization of equipment at the freestanding birthing center; and

(b) Train each member of the staff described in paragraph (a) concerning the revised policies and procedures within 10 working days after adopting the revised policies and procedures.

7. A freestanding birthing center shall maintain at least a 14-day supply of personal protective equipment to protect members of the staff of the freestanding birthing center from infectious diseases.

Sec. 11. 1. A freestanding birthing center shall comply with all applicable:

(a) Federal and state laws;

(b) Local ordinances, including, without limitation, zoning ordinances;

(c) Environmental, health and local building codes; and

(d) Fire and safety codes, including, without limitation, those codes relating to ingress and egress of occupants, placement of smoke alarms, fire extinguishers or sprinkler systems and fire escape routes,

↪ related to the design, construction and maintenance of the freestanding birthing center. If there is a difference between state and local requirements, the more stringent requirements apply.

2. A freestanding birthing center shall comply with:

(a) The provisions of NAC 444.662 and 444.664 governing the storage and disposal of solid waste.

(b) All applicable federal and state laws and regulations governing the disposal of hazardous waste and nationally recognized guidelines selected by the director of the freestanding birthing center governing the disposal of hazardous waste. Appropriate

guidelines include, without limitation, guidelines prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

(c) The provisions of chapter 440 of NRS and chapter 440 of NAC concerning the registration of births and deaths.

(d) The provisions of chapter 446 of NRS and chapter 446 of NAC concerning the preparation and storage of food.

3. A freestanding birthing center shall participate in the National Healthcare Safety Network, or any successor in interest to the Network, and comply with the provisions of NRS 439.800 to 439.890, inclusive, and any regulations adopted pursuant thereto governing the reporting of sentinel events.

4. The director of a freestanding birthing center shall ensure that any laboratory services provided to pregnant persons, persons who have given birth or newborns who are patients at the freestanding birthing center are performed in compliance with all applicable federal and state laws and regulations, including, without limitation:

(a) The Clinical Laboratory Improvement Amendments of 1988, Public Law No. 100-578, 42 U.S.C. § 263a; and

(b) Chapter 652 of NRS and chapter 652 of NAC.

5. Upon the request of the Division, a freestanding birthing center shall provide to the Division any record maintained by the freestanding birthing center, including, without limitation, any record maintained pursuant to section 6 of this regulation.

Sec. 12. 1. Indicators of Compliance with Standards for Birth Centers is hereby adopted by reference in the form most recently published by the Commission for the Accreditation of Birth Centers, unless the Board gives notice that the most recent revision is

not suitable for this State pursuant to subsection 2. A copy of the publication may be obtained at no cost at the Internet address <https://birthcenteraccreditation.org/go-get-cabc-indicators/> or, if that Internet website ceases to exist, from the Board.

2. The Board will review each revision of the publication adopted by reference in subsection 1 to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 12 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

3. A freestanding birthing center shall:

(a) Provide care during labor and delivery, care for newborns and care during recovery;
(b) Comply with the standards prescribed in the publication adopted by reference in subsection 1 to the extent those standards do not conflict with the provisions of this chapter and chapter 449 of NRS; and

(c) Maintain a copy of the most recent version of the publication adopted by reference in subsection 1 on the premises of the freestanding birthing center and make the copy available to all members of the staff of the freestanding birthing center.

Sec. 13. 1. A clinical provider at a freestanding birthing center must be:

- (a) A physician licensed pursuant to chapter 630 or 633 of NRS;*
- (b) A certified nurse-midwife; or*

(c) A midwife who meets the requirements prescribed in the publication adopted by reference in section 12 of this regulation for serving on the professional midwifery staff of a freestanding birthing center.

2. The director of a freestanding birthing center shall ensure that the freestanding birthing center maintains a personnel file for each member of the staff of the freestanding birthing center. The personnel file must include, without limitation, a statement of whether the member of the staff to whom the personnel file pertains has received an immunization for COVID-19 and, if the person has not received such an immunization, the reason that the person has not received the immunization.

3. The director of a freestanding birthing center shall ensure that each member of the staff of the freestanding birthing center who performs a task for which a license, certificate or registration is required by title 54 of NRS holds the applicable license, certificate or registration.

4. Each delivery of a newborn at a freestanding birthing center must be attended by at least two members of the staff of the freestanding birthing center approved by the director of the freestanding birthing center to attend a delivery. At least one of those attendants must be a clinical provider who is authorized under federal and state law to possess and administer dangerous drugs.

5. Each pregnant person, person who has given birth or newborn at a freestanding birthing center must be assigned a clinical provider who is primarily responsible for the care of the pregnant person, person who has given birth or newborn, as applicable.

6. A member of the staff of a freestanding birthing center may only provide care that he or she is competent to provide. While care is being provided at a freestanding birthing center,

at least one member of the staff of the freestanding birthing center who is competent to provide that care and, except as otherwise provided in subsection 7, is authorized under federal and state law to administer dangerous drugs must be present on the premises of the freestanding birthing center.

7. A member of the staff of a freestanding birthing center who is authorized under federal and state law to administer dangerous drugs is not required to be on the premises of a freestanding birthing center while care is being provided under the circumstances identified in the publication adopted by reference in section 12 of this regulation under which a non-licensed birth assistant may be the only staff member present.

8. As used in this section, "dangerous drug" has the meaning ascribed to it in NRS 454.201.

Sec. 14. A birth assistant in a freestanding birthing center must:

1. Hold a certification in basic life support issued by the American Heart Association, or its successor organization, or hold an equivalent certification, and have successfully completed training in the techniques of administering neonatal resuscitation provided through the Neonatal Resuscitation Program of the American Academy of Pediatrics, or any successor to that program; and

2. Have successfully completed:

(a) A program of training for birth assistants offered by:

(1) A nationally recognized organization for training birth assistants, including, without limitation, the American Association of Birth Centers, or its successor organization; or

(2) An accredited college or university;

(b) Phase 2: Clinicals as Assistant Under Supervision of the entry-level portfolio evaluation process of the North American Registry of Midwives, or its successor organization;

(c) The Clinicals as Assistant Under Supervision component of a program provided by a school accredited by the Midwifery Education Accreditation Council, or its successor organization;

(d) A program of supervised training for providers of health care that meets the requirements of section 16 of this regulation; or

(e) A program of training for birth assistants that:

(1) Issues a certificate to persons who have successfully completed the program;

(2) Is administered by a freestanding birthing center; and

(3) Includes, without limitation, training in accordance with an evidence-based curriculum, an assessment of skills and requirements concerning attendance of births outside of a hospital setting. The evidence-based curriculum must include, without limitation, training concerning:

(I) Medical terminology;

(II) The anatomy and physiology of pregnant persons and newborns;

(III) The ability to find, understand and use information and services to inform decisions concerning pregnant persons, persons who have given birth and newborns;

(IV) Vital signs;

(V) The process of labor and birth;

(VI) Care for a person who has given birth and the newborn after birth;

(VII) Medications relevant to the practice of a birth assistant;

(VIII) Breastfeeding;

(IX) Minor deviations from what is normal during labor, birth and the postpartum period; and

(X) Major complications during labor.

Sec. 15. 1. *A birth assistant at a freestanding birthing center must be supervised at all times by the director of the freestanding birthing center or a clinical provider at the freestanding birthing center.*

2. The supervisor of a birth assistant may only delegate to the birth assistant tasks that the birth assistant has been trained and is competent to perform, as documented in the personnel file of the birth assistant pursuant to subsection 3. Such tasks may include, without limitation:

- (a) Checking vital signs and fetal heart tones;*
- (b) Educating and providing support to pregnant persons and their supporters;*
- (c) Nonclinical tasks including, without limitation, cleaning, laundry, organization, and ordering and stocking supplies;*
- (d) Assisting clinical providers with required documentation, including, without limitation, the documentation of data relating to vital signs;*
- (e) Assisting pregnant persons or persons who have given birth with activities of daily living, including, without limitation, getting dressed, bathing and mobility;*
- (f) Assisting a clinical provider or other member of the staff of the freestanding birthing center in an emergency; and*
- (g) Ensuring that equipment and supplies are cleaned, disinfected or sterilized, as applicable, in the manner prescribed by the policies and procedures developed pursuant to section 10 of this regulation.*

3. The personnel file of a birth assistant who is on the staff of a freestanding birthing center must include, without limitation, a list of the tasks that the birth assistant has been trained and is competent to perform.

4. A birth assistant at a freestanding birthing center shall not render a diagnosis, initiate a treatment, start an intravenous line, perform a pelvic or dilation examination, perform an intravaginal procedure, perform an examination of a newborn, prescribe or administer a drug or perform any other task that a birth assistant is prohibited from performing by the standards prescribed in the publication adopted by reference in section 12 of this regulation.

Sec. 16. 1. A program of supervised training for providers of health care offered at a freestanding birthing center:

(a) Must be supervised by:

(1) A preceptor registered with the North American Registry of Midwives, or its successor organization;

(2) A certified nurse-midwife who has been practicing as a midwife for the immediately preceding 3 years; or

(3) A physician licensed pursuant to chapter 630 or 633 of NRS who has been practicing in the area of obstetrics for the immediately preceding 3 years.

(b) Must include instruction provided in accordance with an evidence-based curriculum concerning:

(1) The process of childbirth;

(2) Care available in the community for a pregnant person, a person who has given birth and a child before and after birth;

(3) Family planning;

(4) Laws and regulations governing midwifery;

(5) Nutrition during pregnancy and lactation;

(6) Breastfeeding; and

(7) Skills for clinical midwifery.

2. The director of a freestanding birthing center that offers a program of supervised training for providers of health care shall:

(a) Develop policies and procedures to carry out the program; and

(b) Review those policies and procedures annually and revise the policies and procedures as necessary.

3. The policies and procedures developed pursuant to subsection 2 must include, without limitation:

(a) The number of births that must be attended by a participant in the program as:

(1) An assistant under supervision; and

(2) The primary clinician under supervision;

(b) The number of prenatal examinations, examinations of a newborn and postpartum examinations that must be successfully performed by a participant in the program;

(c) A requirement that a participant in the program must:

(1) Obtain certification in basic life support issued by the American Heart Association, or its successor organization, or hold an equivalent certification; and

(2) Successfully complete training in the techniques of administering neonatal resuscitation provided through the Neonatal Resuscitation Program of the American Academy of Pediatrics, or any successor to that program; and

(d) Procedures for an assessment of skills and an evaluation of competency.

4. As used in this section, “program of supervised training for providers of health care” does not include a program of training for birth assistants described in paragraph (e) of subsection 2 of section 14 of this regulation.

Sec. 17. 1. The director of a freestanding birthing center shall establish:

(a) Criteria for determining whether the risk of a pregnancy is too high for a person to give birth in the freestanding birthing center. Those criteria must align with the risk factors prescribed in the publication adopted by reference in section 12 of this regulation.

(b) Protocols for determining whether a pregnant person is progressing normally through active labor.

2. A freestanding birthing center may allow a pregnant person to give birth at the freestanding birthing center if:

(a) The pregnant person is eligible to give birth in the freestanding birthing center when evaluated using the criteria established pursuant to paragraph (a) of subsection 1;

(b) Except as otherwise provided in subsection 3, the pregnant person is not less than 15 years of age or greater than 40 years of age;

(c) The gestational age of the pregnancy is not less than 252 days and not greater than 294 days;

(d) There is no medical, obstetric, fetal or neonatal condition that would preclude a safe labor, birth and postpartum period at the freestanding birthing center, including, without limitation:

(1) No previous history of major surgery of the uterine wall or more than one previous cesarean birth; and

(2) No clinically significant signs or symptoms of:

(I) Chronic hypertension with or without medications;
(II) Polyhydramnios or oligohydramnios;
(III) Abruptio placenta;
(IV) Chorioamnionitis;
(V) Multiple gestation;
(VI) Retardation of intrauterine growth;
(VII) Meconium-stained amniotic fluid associated with signs of fetal intolerance of labor;

(VIII) Fetal intolerance of labor;
(IX) Active substance use disorder;
(X) Placenta previa;
(XI) Medication dependent diabetes; or
(XII) Anemia that is not resolved with treatment;

(e) During active labor, the pregnant person does not demonstrate clinically significant signs or symptoms of:

(1) Intrapartum hemorrhage;
(2) Active herpes simplex II of the genitals; or
(3) Malpresentation of the fetus, including, without limitation, breech presentation;

(f) The pregnant person is progressing normally through active labor, as determined by the clinical providers of the freestanding birthing center in accordance with the protocols established pursuant to paragraph (b) of subsection 1;

(g) The membranes of the pregnant person did not rupture more than 48 hours before the admission of the pregnant person to the freestanding birthing center;

(h) The pregnant person shows no evidence of a significant infection for which treatment is beyond the scope of practice of the clinical provider who will be responsible for the care of the pregnant person; and

(i) The pregnancy is appropriate for a setting where anesthesia is limited to a local infiltration of the perineum, a pudental block or the use of nitrous oxide for pain relief during labor.

3. The director of a freestanding birthing center may allow a pregnant person who does not meet the requirements of paragraph (b) of subsection 2 to give birth at the freestanding birthing center if, after reviewing the specific case of the pregnant person, the director determines that it is safe for the pregnant person to give birth at the freestanding birthing center.

Sec. 18. 1. A freestanding birthing center shall inform each pregnant person or person who has given birth who seeks care from the freestanding birthing center orally and in writing in a language understood by the person of:

(a) The rights prescribed in NRS 449A.100, 449A.106 and 449A.112.

(b) The provisions of NRS 449.101 to 449.104, inclusive, and the regulations adopted pursuant thereto.

(c) The right to file a complaint with the Division concerning care provided by the freestanding birthing center, including, without limitation, the address and telephone number for filing such a complaint.

(d) The risks and benefits of care provided by a freestanding birthing center and the alternatives to such care. The information provided pursuant to this paragraph must be evidence based and obtained from a source that is nationally recognized for research relating

to freestanding birthing centers. Acceptable sources include, without limitation, the American Association of Birth Centers, or its successor organization, and the Journal of Midwifery and Women's Health.

2. In addition to the information prescribed by subsection 1, a freestanding birthing center shall fully inform each pregnant person or person who has given birth who seeks care from the freestanding birthing center orally or in writing in a language understood by the person concerning:

(a) The health status of the pregnant person or person who has given birth, as applicable, and the fetus or newborn, including, without limitation, any medical conditions of the pregnant person, person who has given birth, fetus or newborn; and

(b) The existence of any known complications or risks of the pregnancy.

3. A freestanding birthing center shall allow a pregnant person or person who has given birth to:

(a) Inspect the medical record of the pregnant person or person who has given birth, as applicable, or any portion thereof; and

(b) Purchase photocopies of the medical record of the pregnant person or person who has given birth, as applicable, or any portion thereof at a cost of not more than 60 cents per page.

4. The director of a freestanding birthing center shall adopt a procedure by which a person may submit a complaint concerning care provided by the freestanding birthing center or care that was not provided by the freestanding birthing center without discrimination or reprisal.

Sec. 19. For the purposes of NRS 449.198, as amended by section 29.5 of Assembly Bill No. 287, chapter 517, Statutes of Nevada 2021, at page 3442, surgery does not include:

1. Episiotomy; or

2. Repair of lacerations sustained during the delivery of a newborn.

Sec. 20. 1. The director of a freestanding birthing center shall:

(a) Ensure that drugs are administered and stored in the freestanding birthing center in accordance with all applicable federal, state and local laws and regulations;

(b) Ensure that drugs are administered and possessed in a freestanding birthing center only by persons authorized under federal and state law to administer or possess, as applicable, those drugs;

(c) Ensure that drugs and laboratory testing supplies are stored:

(1) In accordance with all applicable federal, state and local laws and regulations; and

(2) At the temperature ranges recommended by the manufacturers;

(d) Establish a policy to ensure the quality of drugs used and dispensed at the freestanding birthing center; and

(e) Establish and maintain a list of drugs that may be administered at the freestanding birthing center and ensure that only drugs on that list are administered in the freestanding birthing center.

2. A patient at a freestanding birthing center may use a drug lawfully prescribed to the patient when the patient is admitted to the freestanding birthing center under the supervision of a clinical provider at the freestanding birthing center who is authorized under federal and state law to possess and administer the drug.

Sec. 21. 1. Not later than 24 hours after the death of a pregnant person, a person who has given birth or a newborn at a freestanding birthing center, the director of the freestanding birthing center or a designee thereof shall notify the Division of the death.

2. The director of a freestanding birthing center shall establish a procedure to ensure the provision of appropriate counseling to a member of the staff of the freestanding birthing center, a pregnant person, a person who has given birth or a member of the family of a pregnant person or person who has given birth who is affected by a death at the freestanding birthing center.

Sec. 22. NAC 449.013 is hereby amended to read as follows:

449.013 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following facilities, programs of hospice care or agencies must pay to the Division of Public and Behavioral Health the following nonrefundable fees:

(a) An ambulatory surgical center.....	\$9,784
(b) A home office or subunit agency of a home health agency	5,168
(c) A branch office of a home health agency	5,358
(d) A rural clinic.....	4,058
(e) {An obstetric} <i>A freestanding birthing</i> center	1,564
(f) A program of hospice care	7,054
(g) An independent center for emergency medical care	4,060
(h) A nursing pool	4,602
(i) A facility for treatment with narcotics	5,046
(j) A medication unit	1,200
(k) A referral agency	2,708
(l) A facility for refractive surgery.....	6,700
(m) A mobile unit.....	2,090
(n) An agency to provide personal care services in the home.....	1,374

(o) A facility for the care of adults during the day allowed to be occupied by not more than 50 clients at one time	1,164
(p) A facility for the care of adults during the day allowed to be occupied by more than 50 clients at one time	1,753
(q) {A peer support recovery organization	1,000
{r} A community health worker pool	1,000
{s} (r) An employment agency to provide nonmedical services.....	1,400

2. An applicant for the renewal of such a license must pay to the Division of Public and Behavioral Health the following nonrefundable fees:

(a) An ambulatory surgical center.....	\$4,892
(b) A home office or subunit agency of a home health agency	2,584
(c) A branch office of a home health agency	2,679
(d) A rural clinic.....	2,029
(e) {An obstetric} <i>A freestanding birthing</i> center	782
(f) A program of hospice care	3,527
(g) An independent center for emergency medical care	2,030
(h) A nursing pool.....	2,301
(i) A facility for treatment with narcotics	2,523
(j) A medication unit.....	600
(k) A referral agency.....	1,354
(l) A facility for refractive surgery.....	3,350
(m) A mobile unit.....	1,045
(n) An agency to provide personal care services in the home.....	687

(o) A facility for the care of adults during the day allowed to be occupied by not more than 50 clients at one time	814
(p) A facility for the care of adults during the day allowed to be occupied by more than 50 clients at one time	1,227
(q) A peer support recovery organization	500
(r) A community health worker pool	500
(s) (r) An employment agency to provide nonmedical services.....	700

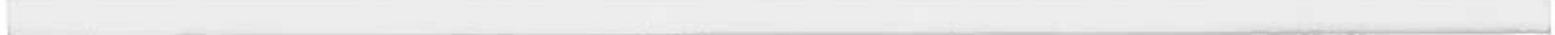
3. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which the applicant submits his or her application, the applicant must submit a new application and pay the required fee to be considered for licensure.

ERRATTA TO R062-21 – FREESTANDING BIRTHING CENTER PROPOSED
REGULATIONS

~~***Red bold italic strikethrough***~~ is language proposed to be omitted from the LCB Draft of R062-21.

Green bold italic is proposed new language to LCB Draft of R062-21.

- Sec. 6. 1. *Except as otherwise provided in subsection 2, a freestanding birthing center shall, not later than 6 months after ~~submitting an application for~~ ***initial*** licensure pursuant to NRS 449.040, submit to the Division proof that the freestanding birthing center holds accreditation as a birth center from the Commission for the Accreditation of Birth Centers, or its successor organization.*
2. *If the Commission for the Accreditation of Birth Centers, or its successor organization, notifies a freestanding birthing center that the Commission is not able to accredit the freestanding birthing center within the period described in subsection 1, the freestanding birthing center shall:*
- (a) Immediately notify the Division; and*
 - (b) Submit to the Division proof of such accreditation not later than 12 months after ~~submitting an application for~~ ***initial*** licensure pursuant to NRS 449.040.*
3. *A freestanding birthing center shall maintain the accreditation described in subsection 1 for the duration of its operations. If a freestanding birthing center ceases to maintain such accreditation, the freestanding birthing center shall immediately notify the Division.*
4. *A freestanding birthing center shall maintain for the duration of its operations any material submitted or received as part of an application for the issuance or renewal of the accreditation described in subsection 1, including, without limitation:*
- (a) The application for accreditation;*
 - (b) A report from any self-evaluation;*
 - (c) Any letter from the Commission for the Accreditation of Birth Centers, or its successor organization, announcing a decision on an application for the issuance or renewal of accreditation; and*
 - (d) Any report from the Commission for the Accreditation of Birth Centers, or its successor organization, concerning a site visit.*
5. *An application for the issuance or renewal of a license as a freestanding birthing center must specify the number of beds in the freestanding birthing center.*





**Commission for the
Accreditation of Birth Centers**
Supporting Standards & Inspiring Excellence through Learning

**Indicators
of Compliance with
Standards for Birth Centers
Reference Edition 2.2**

(effective **04/01/2020**)

This page intentionally left blank

About this document

This document is the sole property of The Commission for the Accreditation of Birth Centers (CABC).
The CABC curates this document for exclusive use as a reference in the CABC accreditation process only.

This edition includes the **AABC Standards for Birth Centers**, as published on **October 7, 2016**, with permission from the American Association of Birth Centers.
The digital version of the AABC Standards without CABC Indicators is available from AABC at <http://www.birthcenters.org/?page=Standards> .

Proper Use and End User License Agreement

These Indicators do not replace professional training or credentials, and serve as a guide in the accreditation process.

Use of this document is only for the purposes outlined in the **End User License Agreement**:
<https://www.birthcenteraccreditation.org/wp-content/uploads/2015/04/CABC-Indicators-EndUserLicenseAgreement.pdf>

Most people, including birth centers seeking CABC accreditation, can legally use this document by **registering for updates and agreeing to the End User License Agreement** at:
<https://www.birthcenteraccreditation.org/go/get-cabc-indicators/>

Would you like to use the CABC Indicators to regulate or accredit birth centers?
To learn more about CABC's Content License Agreement for expanded usage, contact the CABC office:
<https://www.birthcenteraccreditation.org/contact/>

The review of these Indicators is on-going and future versions are modified in response to the best available evidence on maternity and newborn care encompassing the antenatal, intrapartum, postpartum and newborn time frames; as well as best business practices, regulatory changes, questions from birth centers and Accreditation Specialists, and commonly occurring issues identified during accreditation reviews.

How is this document organized?

The following outline demonstrates the hierarchy of the information architecture of this document:

- Each AABC Standard (e.g. Standard 1- Planning)

The text of the Standard

CABC's Interpretation of the role of this Standard.

- **That Standard's Attributes marked by Numbers**

An Attribute describes a Standard. (e.g. 1.2 Demographic data and vital statistics of the community served are assessed periodically.)

- **That Attribute's Sub-attributes marked by the English Alphabet**

(e.g. 1.2.B The birth center periodically assesses its impact on the community and assesses the needs of childbearing families in the population served for purpose of program planning and development.)

- *CABC Indicators* of compliance with that Standard or Attribute are laid out in a table. Indicators list evidence required, recommended or optional, and where it might be found to establish compliance with the corresponding Standard.

- **Tags: Topic 1, Topic 2, Topic 3**

Tags help to cross-index content by topic. Topics are separated by commas. Select a tag or go to the Tag Clusters section to find a list of Standards that are tagged with that topic.

Requirements & Recommendations: Table of CABC Indicators of Compliance
--

This hierarchy is also available in the bookmarks of your PDF. Learn more about ways to [Navigate this document](#).

Operative Words in Standards and Attributes

Operative words in any sentence are pointed out to indicate one of the following:

- Importance in the context of the sentence
- The intended exact truth in a particular situation, from a particular perspective

CABC has marked operative words in the Standards and Attributes with *purple italics*.

- This formatting is added by the CABC to the specific words that set each Standard or Attribute apart from other Standards and Attributes on a similar topic.
- Standards or Attributes *without* words in purple italics have a *history of consistent interpretation* without the need to add operative words.


Glossary & Consistency of Terms in CABC Indicators

Because CABC is dedicated exclusively to the quality of the operation and services of all birth centers (regardless of ownership, primary care provider, location, or population served), umbrella terms are defined in a detailed [Glossary](#) at the end of this document to facilitate conducting accreditation activities in diverse circumstances.

Sample Umbrella Term defined in this Glossary	Related Terms Not Defined in this Glossary and Not in Use in the CABC Indicators
Clinical Provider	Practitioner, Provider (without full phrase)
Administrative Staff	Non-Clinical Staff, Office Staff, Support Staff
Clinical Staff	Medical Staff, Clinical Support Staff, Professional Staff
Collaborative Physician	Physician (without full phrase)
Consulting Clinical Specialist	Consultant (without full phrase), Specialist (without full phrase)
Birth Center	Center (without full phrase)
P&P	Clinical Practice Guidelines, Administrative Policies

Navigating this document

This document has several ways to navigate to find what you need quickly:

- **Contents:** The table of contents at the beginning of this document includes links to all of the Standards and sections.
- **PDF Bookmarks:** When open in a PDF reader, select this icon near the top left corner of the PDF, to open a view of the headings in the left side panel of the PDF reader. (PDF Bookmarks are not accessible in a browser.)
- **Tags and Tag Topic Index:** We have added common topic links, called *Tags*, to the Standards in order to index the Standards by topic.
 - When viewing a Standard, click a tag to see a list of all the Standards that *also have that tag*.
 - When viewing a tag in the Tag Topic Index, click a standard to see the Standard and its Indicators of Compliance.
- **PDF Search feature:** To open the Find or Search, use a key combination:
 - On a PC, use: CTRL+F
 - On a Mac, use: ⌘+F
- **To and From the End Notes:** To navigate to and from End Notes:
 - **Either A)** copy the end note's Roman numeral and then do a PDF Search for it;
 - **Or B)** note both your location *and* the end note's Roman numeral, and then use PDF Bookmarks and scrolling.
- **Linked words to the Glossary of Terms:**
 - **Important:** First note your place in the document!
 - Then select a linked word in the text to go to that term in the Glossary.

Changes from the Last Edition to This Edition

Edits range from fixed typographical errors to additions and deletions.

All edited areas are highlighted in yellow and can be found under these Standards:

- [1C.1.f](#) - Perinatal Care
- [1C.1.g](#) - Laboratory Services
- [1C.1.i](#) - Intrapartum Care
- [1C.1.l](#) - Provision of care postpartum
- [1D.12](#) - Liability Insurance Status
- [2C.9.e](#) - Transport Services
- [3.2](#) - Professional staff licensed to practice
- [3.4](#) - Adequate number of skilled professional and support staff available
- [4A.11](#) - Housekeeping and infection control
- [4B.1.c](#) - Perform evaluation and resuscitation of newborn
- [5.1.h](#) - instruction and education including nutritional counseling
- [5.1.j](#) - ongoing assessment of maternal and fetal status

CRITICAL INDICATORS

CABC has highlighted certain *Indicators* in **red** ink. These issues are paramount to the safety of mothers and babies. If the birth center is not in compliance with an *Indicator* highlighted in **red**, accreditation will be automatically denied or deferred.

All Critical Indicators can be found under these Standards:

- [1C.1.d](#) - (related Indicators [2C.9.f](#), [5.1.f](#), [5.6](#)) Unacceptable column for failure to refer or transfer mom with ineligible risk factors or evidence of client presenting to alternate facility unaccompanied or without report & records)
- [1C.1.e](#) - (related Indicators [1D.3](#), [5.1.f](#), [5.1.g](#), [7A.1](#)) Unacceptable column for failure to risk out standard clinical problem (<36,>42, medication dependent diabetes, Hypertension, breech, TOLAC outside criteria, etc.)
- [1C.1.i](#) - Intrapartum care: Continuous support in labor; Unacceptable practices including IOL/AROM<39, conscious sedation, etc.
- [1C.1.j](#) - (related Indicators [5.1.i](#), [5.1.j](#)) Intrapartum procedures: unacceptable column for use of pharm agents for ripening/augmentation/induction of labor, EFM, ECV, operative vaginal or cesarean deliveries, manual placental removal other than emergency, regional anesthesia.
- [2C.9.c](#) - a pre-planned obstetrical consultant and receiving hospital
- [2C.9.d](#) - a pre-established pediatric consultant and receiving hospital
- [2C.9.e](#) - Transport service: NRP capability
- [3.5.b](#) - there must be two staff at a birth who are fully trained in NRP
- [3.6.b](#) - birth center staff must be licensed where licensure is available
- [4A.1](#) - birth center must be licensed where licensure is available and not optional
- [4B.1.b](#) - readiness for maternal emergency: specifically, postpartum hemorrhage IV & meds
- [4B.1.c](#) - readiness for newborn emergency: NRP supplies and equipment
- [5.6](#) - Provision of health records to receiving provider/hospital in the event of transfer
- [7A.1.g](#) - Review of complications for quality assurance
- [7A.1.h](#) - Review of urgent/emergent transfers
- [7A.5.a](#) - collection and review of outcomes

Contents

About this document	3
Proper Use and End User License Agreement.....	3
How is this document organized?.....	4
<i>Operative Words</i> in Standards and Attributes.....	4
Glossary & Consistency of Terms in CABC Indicators.....	5
Navigating this document	6
Changes from the Last Edition to This Edition	7
CRITICAL INDICATORS	8
Contents	9
Standard 1. Philosophy and Scope of Services	21
1A.1 The birth center is a distinct and separate space based on its location, incorporating signage that identifies the birth center.	21
1B.1 The model of care, as defined by the principles of midwifery, is to:.....	22
1C.1 The birth center provides or demonstrates availability of a mother-centered range of services to meet the physical, emotional, socioeconomic, informational and medical needs of the individual client including, but not limited to:	26
1D.1 Be treated with respect, dignity and consideration.....	48
1D.2 Be assured of confidentiality.	49
1D.3 Be informed of the benefits, risks and eligibility requirements for care.	50
1D.4 Be informed of the services provided by the birth center and the services provided by contract, consultation and referral.	50
1D.5 Be informed of the identity and qualifications of care providers, consultants and related services and institutions.	51
1D.6 Have access to her medical record and all results of screening or diagnostic studies.	51
1D.7 Participate in decisions relating to the plan for management of her care and all changes in that plan once established including referral or transfer to other practitioners or other levels of care.	52
1D.8 Be provided with a written statement of fees for services and responsibilities for payment. (See Standard 7A.5.f)	52
1D.9 Be informed of the birth center's plan for provision of emergency and non-emergency care in the event of complications with mother or newborn.	53
1D.10 Be informed of the client's rights with regard to participation in research or student education programs. (See Standard 6, #6).....	53

1D.11	Be informed of the birth center's plan for hearing grievances.	54
1D.12	Be informed of the liability insurance status of practitioners.	55
Standard 2. Planning, Governance, and Administration		56
2A.1	The general geographical area served is defined.	56
2A.2	Characteristics of the community served are considered <i>periodically</i> including:	57
2B.1	The birth center is, or part of, a legally constituted organization and in good standing.	60
2B.2	The birth center is governed as an organization with its own governing body, or may be part of a larger healthcare organization, in which the birth center leadership has representation in order to maintain its standard of care and quality of services	61
2B.3	The birth center leadership includes midwives and engages in the following tasks, including but not limited to:.....	62
2B.4	The governing body meets regularly to execute responsibilities for the operation of the birth center and maintains a record demonstrating discussion and decisions. Governing body responsibilities, direct or delegated, include but are not limited to:.....	65
2C.1	There is a plan for the operation of the birth center in the absence of the administrator and/or clinical director.	72
2C.2	There are protocols for maintenance of equipment, building and grounds, as well as control of the use of the facility.	72
2C.3	The birth center carries general liability insurance.	73
2C.4	All written contracts, agreements, policies and procedures are reviewed annually and updated as needed.....	74
2C.5	There is orderly maintenance and secure storage of official documents of the birth center including network security.	74
2C.6	The birth center complies with applicable local, state and federal regulations for protection of client privacy and safety. (see Standard 1D.2)	76
2C.7	Personnel policies and procedures are maintained (See section on Human Resources).....	76
2C.8	Contracts for student education or field experience are approved by the governing body or its designee.....	77
2C.9	There are agreements and/or written policies and procedures for collaboration with other agencies, institutions or individuals for services to clients including, but not limited to:	78
2C.10	Practice guidelines and protocols are provided to the consulting specialists and available to the hospital receiving transfers, upon request.	85
2C.11	There is a plan for informing the community of the services of the birth center.	86
2C.12	There is adherence to ethical billing practices.....	88
2C.13	There is evidence of adherence to generally accepted accounting principles and reporting is compliant with state and federal regulations.	89
2C.14	There is a plan to ensure fiscal sustainability.	90
2C.15	Capital expenditures, as may be required for the continued effective operation of the birth center, are anticipated.....	90

2C.16	Quality assurance and utilization data are collected, analyzed, reviewed by the governing body and included in planning (<i>refer to Standard 7</i>).....	91
Standard 3. Human Resources		92
3.1	Professional staff provide evidence of the knowledge, training and skills required to provide the services offered by the birth center, including promoting physiologic birth and breastfeeding.	92
3.2	Professional staff are licensed to practice their profession in the jurisdiction of the birth center, where available.....	94
3.3	Professional staff show evidence of malpractice insurance or demonstrate that clients are informed of the absence of coverage.	95
3.4	There are adequate numbers of skilled professional and support staff scheduled to be available to:	96
3.5	At each birth there shall be two staff currently trained in:	98
3.6	Records are maintained for all employed, credentialed or contracted staff, trainees and volunteers participating in birth center care including as applicable: 99	
3.7	The birth center performs annual written performance evaluations for all staff.	104
3.8	There are written personnel policies available to all personnel that include but are not limited to:	104
3.9	The birth center facilitates professional and non-professional staff development including, but not limited to:	108
3.10	All birth center staff shall have documentation of immunization status for vaccine-preventable diseases in pregnancy.....	114
3.11	Birth center personnel shall have training that meets state and federal law including, but not limited to OSHA, Patient Safety, HIPAA and CLIA regulations. 115	
Standard 4. Facility, Equipment and Supplies		117
A. FACILITY		117
4A.1	Complies with regulations for licensure of birth centers if established for its jurisdiction.	117
4A.2	Complies with applicable local, state and federal codes, regulations and ordinances for construction, fire prevention, public safety and access for birth centers.	118
4A.3	Provides an entrance/exit, a waiting area and a bathroom to those who require accommodations for mobility.....	119
4A.4	Maintains a record of routine periodic inspections by health department, fire department, building inspectors and other officials concerned with public safety, as required by the birth center's local jurisdiction.....	119
4A.5	Provides instruction for all personnel on public safety and conducts at least semiannual emergency evacuation drills.	120
4A.6	Prohibits smoking in the birth center.	120
4A.7	Guards against environmental factors that may cause injury with particular attention to hazards to children.....	121

4A.8	Provides adequate heat, ventilation, emergency lighting, waste disposal and water supply.....	122
4A.9	Provides adequate administrative space for:	122
4A.10	Provides appropriate space to provide the following services for women and families including, but not limited to:.....	125
4A.11	Maintains adequate housekeeping and infection control.....	128
4A.12	Provides adequate trash storage and removal.....	129
4A.13	Provides adequate hand washing facilities for families and personnel.....	130
4A.14	Provides adequate biomedical waste handling and removal in compliance with local, state and federal regulations.	130
4A.15	Has an appropriate disaster plan in place relevant to regional needs.	131
4A.16	Has appropriate facility security measures for staff and families.....	132
4B.1	The birth center has readily accessible equipment and supplies, including medications, necessary to:.....	133
4B.2	There is a system to monitor all equipment, medications, intravenous fluids and supplies.	138
4B.3	The birth center has properly maintained accessory equipment which includes but is not limited to:	141
Standard 5. The Health Record.....		144
Attributes Required for Compliance with Standard		145
5.1	The health record on each client is maintained and includes, but is not limited to, written documentation of:.....	145
5.2	Birth center clients have access to their health information.....	164
5.3	The birth center utilizes a transport record documenting information required for transfer to the acute care maternal and newborn hospital service.....	164
5.4	There is a system in place for appropriate tracking of maternal and newborn screenings and diagnostic test(s) including documentation of results and follow-up.	165
5.5	There is a mechanism for providing the birth center with a current health record prior to and on admission in labor.	165
5.6	There is a mechanism for providing the health record of the mother and/or newborn to receiving provider and/or facility on referral or transfer to other levels of care.	166
5.7	Health information is protected to ensure confidentiality, retention and availability to practitioners on a 24-hour basis.	166
5.8	Disclosure of protected health information is in compliance with federal and state regulations.	167
Standard 6. Research.....		168
6.1	Protocols for conducting research are approved and/or waived by an accredited Institutional Review Board.....	168

6.2	Research activities and protocols for conducting research are approved by the governing body of the birth center.	169
6.3	Any research that may be incompatible with the Standards for Birth Centers must be approved by the AABC Research Committee.	170
6.4	Any research-related activities within the birth center are appropriate to the expertise of staff and the resources of the birth center.	170
6.5	Birth center staff or practitioners who are involved in research are trained in the conduct of human subject research and the research protocol.	171
6.6	The client has the right to opt out of research and remain enrolled in the birth center's usual program of care.	172
6.7	Research activity is monitored and reported periodically to the governing board.	173
6.8	There is a plan for dissemination of research findings to AABC and relevant stakeholders.	174
Standard 7. Quality Evaluation and Improvement		175
Attributes Required for Compliance with Standard		175
A. EVALUATION OF QUALITY CARE		175
7A.1	Policies, protocols and clinical practice guidelines are evaluated to ensure that they are consistent with current national standards and best available scientific evidence including, but not limited to:.....	175
7A.2	The formulary and protocols for medications used at the birth center are consistent with national standards for maternity and neonatal care.	180
7A.3	Chart reviews are performed regularly to review the management of care of individual clients during their course of care and to make recommendations for improving the plan for care.	181
7A.4	Birth center conducts simulation drills to evaluate staff competency and appropriateness of policies and identifies areas for improvement.....	182
7A.5	There is an effective system for collection and analysis of data which includes, but is not limited to:.....	184
B. QUALITY IMPROVEMENT		194
7B.1	There is an effective quality improvement program that utilizes root cause analysis in order to identify issues, develop corrective actions plans and monitor quality improvement.	194
7B.2	Quality improvement plans are implemented to address issues identified and may include, but are not limited to:.....	194
7B.3	The quality improvement program includes re-evaluation to determine if the action taken has resolved the identified problem.	199
7B.4	The birth center participates in a recognized national perinatal data registry which regularly reports on birth center outcomes to the public and stakeholder groups.	200
Glossary & Comparisons		201
Terms.....		201
AABC.....		201

AAP.....	201
ACNM.....	201
ACOG.....	201
Administrative Director.....	201
Administrative Staff	201
All Staff.....	201
Antepartum Care	201
AWHONN	201
Baby Friendly USA.....	201
Birth Center.....	202
Birth Log.....	202
Birth Trauma	202
CABC.....	202
CDC.....	202
CIMS.....	202
CLIA.....	202
CLIA Certificate of Waiver (COW)	203
CLIA Waived Tests.....	203
CLIA Certificate for Provider Performed Microscopy (PPM) Procedures	203
Clinical Director.....	203
Clinical Providers.....	203
Clinical Staff	203
Closed Staff Model.....	203
CM.....	203
CNM.....	203
Collaborative Physician	203

Consulting Clinical Specialist	203
Contracted Staff	204
CPM.....	204
CQI.....	204
CQI Review Log	204
Credentialed Providers	204
CV.....	204
DEM.....	204
EFM.....	204
HER.....	204
Employees	204
Equipment logs	204
Executive Director	204
FHR.....	204
FHT.....	204
FOB.....	205
Fundus.....	205
Governing body.....	205
Governing body's decision logs/meeting minutes.....	205
HIPAA.....	205
Intrapartum Care	205
Inventory Log	205
IRB.....	205
LM.....	206
Lochia.....	206
Medical Director	206

Medication Security Log	206
MFCI.....	206
Midwives.....	206
Morbidity	206
Multi-gravida.....	206
Multi-para	206
NACPM.....	206
National midwifery data registries	206
Neonatal Care	206
NRP.....	206
Open Staff Model.....	206
OPPE.....	207
OSHA.....	207
P&P.....	207
PPE.....	207
Primagravida	207
Primipara.....	207
Postpartum Care.....	207
Risk criteria.....	207
Risk factors.....	207
Safety Logs	207
Sentinel Event	208
Staff Meeting Minutes	208
Students	208
TOLAC.....	208
Training Logs	208

VBAC.....	208
Comparisons.....	209
Evidence Sources	209
Stages of Care	210
Describing a Woman in Relation to Her Pregnancy History	210
Staff Models in Birth Centers.....	211
Role Subsets of <i>All Staff</i> in the CABC Indicators	211
Professional Roles Not Included in <i>All Staff</i>	211
Tag Topic Index.....	212
Alcohol and Drug Use.....	212
Augmentation.....	212
Biohazardous Waste.....	212
Birth Center Regulations (Federal, State, or Local).....	212
Body Mass Index	213
Breastfeeding	213
CCHD Screening (Critical Congenital Heart Defect).....	213
CLIA (Clinical Laboratory Improvement Amendments).....	213
Certifications	213
Cleaning.....	214
Client Awareness and Communication	214
Client Education	214
Client Satisfaction.....	215
Community Involvement.....	215
Conflict of Interest.....	215
Consent Forms	215
Consultation or Referral.....	216

Continuous Quality Improvement Program	216
Contracts and Agreements.....	217
CPR (Cardiopulmonary Resuscitation)	217
Credentialing and Licensure.....	218
Document Maintenance and Storage	218
Domestic Violence.....	218
Electronic Fetal Monitor.....	218
Embezzlement.....	218
Emergency Preparedness and Drills.....	218
Equality and Antidiscrimination	219
Facility Maintenance Policies	219
Facility Space	219
Family Planning	220
Federal Regulations.....	220
Finance and Budget.....	220
Fire and Disaster Safety.....	221
General Safety Practices.....	221
Glossary of Terms.....	221
Group B Strep.....	221
Health Record Documentation and Storage	221
HIPAA and Patient Privacy.....	222
Housekeeping and Infection Control.....	223
Hydrotherapy and Water Birth	223
Immunizations.....	223
Induction	223
Insurance	224

Intermittent Auscultation.....	224
Intrapartum Care.....	224
Intubation.....	224
Job Descriptions	224
Laboratory and Diagnostic Services	224
Leadership	224
Legal Issues.....	225
Liability and Malpractice Insurance	225
Marketing	225
Medical Equipment and Maintenance Policies.....	225
Medical Supply Inventory and Monitoring.....	226
Mission	226
Multiple Gestation	226
Newborn Hypoglycemia Testing	226
Newborn Procedures and Testing.....	226
Nitrous Oxide.....	226
Nutrition	226
Occupational Safety and Health.....	227
Open Model Staffing	227
Personnel Policies.....	227
Pitocin.....	228
Planning.....	228
Policies and Procedures	228
Postpartum Maternal Care.....	229
Postpartum Mood Disorders.....	229
Postpartum Newborn Care	229

Postpartum Programs and Services	230
Prenatal Care.....	230
Referral for Counseling and Care	230
Research.....	230
Respect.....	231
Risk Criteria and Screening.....	231
Safety.....	231
Sexual Harassment.....	231
Smoking.....	231
Staff Orientation and Education.....	232
Staffing	232
Statistics	232
Students	233
TOLAC and VBAC	233
Transfer Practices.....	233
Twins	233
VBAC.....	233
Vacuum Extractor.....	233
Water Birth.....	234
Workplace Violence	234
Endnotes	235

Standard 1. Philosophy and Scope of Services

The birth center is a place for childbirth where care is provided in the midwifery and wellness model. The birth center is freestanding or distinctly separate from acute care services within a hospital. While the practice of midwifery and the support of physiologic birth and newborn transition may occur in other settings, this is the exclusive model of care in a birth center. Birth centers are guided by principles of prevention, sensitivity, safety, appropriate medical intervention and cost-effectiveness.

The birth center respects and facilitates a woman's right to make informed choices about her health care and her baby's health care based on her values and beliefs. The woman's family, as she defines it, is welcome-to participate in the pregnancy, birth, and the postpartum period.

Attributes Required for Compliance with Standard

A. PHYSICAL LOCATION

1A.1 The birth center is a distinct and separate space based on its location, incorporating signage that identifies the birth center.

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Birth center facility is clearly identifiable as a distinct and separate space • Birth center is clearly identified by signage <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • Site visit • Floor plan <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

B. MODEL OF CARE

1B.1 The model of care, as defined by the principles of midwifery, is to:

1B.1.a) Support birth as a normal life event

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • The birth center's policies support physiologic birth^{i ii iii iv} • Governing body approves non-intervention P&P such as but not limited to: <ul style="list-style-type: none"> ○ Non-separation of mother/baby ○ Freedom of movement in labor^v ○ Non-"tethering" practices ○ Freedom of oral intake <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Mission and or philosophy statement of the birth center • Statements in client handouts or consent for care document • Interviews • Chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1B.1.b) Promote self-care, family engagement and the mother-baby dyad

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation/policy that birth center encourages clients to be active participants in maintaining their health • Birth center provides opportunities for education and involvement of families • Documentation that demonstrates the birth center’s recognition of the mother-baby dyad <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Client handouts • Social media/Website • Chart Review • Mission and philosophy • Outlines for client classes • Birth center analysis of client feedback <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1B.1.c) Respect the human dignity of each mother and each baby

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Birth center policies and processes that indicate support for a client’s physical integrity, self-determination, privacy, family life and spiritual freedom. Refer to Standard 1 Part C (Rights of the Client)^{vi} <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Mission Statement • Philosophy Statement • Consent and refusal of care documents • Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1B.1.d) Respect cultural diversity

Indicators of Compliance:

Tags: [Client Satisfaction](#) | [Community Involvement](#) | [Planning](#) | [Statistics](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Awareness for community by: <ul style="list-style-type: none"> ○ Considering cultural diversity in initial or ongoing needs assessment ○ Involvement of community representatives in program planning ○ Providing opportunity for formal and informal feedback^{vii} <p>Evidence of this attribute will be found in any of the following:</p> <ul style="list-style-type: none"> • P&P • Staff files • client orientation/client handouts • staff training in cultural competence^{viii} • meeting minutes • interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Review of published perinatal data on the population served. Items of note should include changes in the perinatal data that may be attributed to the existence of the birth center or changes in birth center operations. • Track social media trends in this community with online tools that provide metrics regarding searches and social media posts by geography. This kind of tracking is often supported by dedicated staff or consultants who are familiar with these tools. • Participating in perinatal care coalitions that assess the community’s needs, such as March of Dimes, Department of Health, Strong Start, Medicaid, consumer coalitions, and others. <p>Evidence of these recommendations in action may be found in:</p> <ul style="list-style-type: none"> • administrative files regarding community assessment • birth center impact • personnel and outreach campaigns

1B.1.e) Focus on education, health promotion and disease prevention

Indicators of Compliance:

Tags: [Alcohol and Drug Use](#) | [Breastfeeding](#) | [Client Education](#) | [Prenatal Care](#) | [Referral for Counseling and Care](#) | [Smoking](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Information and discussion to aid in family evidence-based decision-making regarding plans for: <ul style="list-style-type: none"> ○ Pregnancy ○ Labor and birth ○ Pain relief options for labor, including risks/benefits of each ○ Interventions that may be indicated (epidural, cesarean birth, instrument-assisted vaginal birth) to inform later decision-making ○ Breastfeeding and benefits ○ Newborn assessment and care ○ Early discharge ○ Parenting ○ Self-care/self-help ○ Sibling preparation ○ Smoking cessation ○ Restriction of alcohol and drug use ○ Nutrition • Provide or refer clients to programs of education as needed <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Client Handouts • Site Visit Chart Review <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

C. SERVICES PROVIDED

1C.1 The birth center provides or demonstrates availability of a mother-centered range of services to meet the physical, emotional, socioeconomic, informational and medical needs of the individual client including, but not limited to:

1C.1.a) A shared decision-making process for all services related to pregnancy, birth and newborn care

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | Health Record Documentation and Storage

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Shared decision making^{xi xii xiii} throughout the entire course of maternity care. • If birth center's EHR provides a platform for client engagement, birth center: <ul style="list-style-type: none"> ○ has implemented use of this platform ○ is actively evaluating client use and satisfaction with the platform^{xiv xv} • Charting reflects a process containing: <ul style="list-style-type: none"> ○ An explanation of the diagnosis or condition ○ A review of all the options, including doing nothing ○ Documentation of the option the provider recommends, when applicable ○ The client's choice, and the provider's evaluation of this choice, when applicable ○ Signed informed refusal, when applicable. • Provision of evidence-based information to inform their decision making. <ul style="list-style-type: none"> ○ Books, movies, websites offered to clients to provide evidence-based information ○ Resource list available to clients for information and community resources ○ Culturally competent care <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Site Visit chart review • Specific Consent/Refusal Forms • Staff interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1C.1.b) Orientation to the birth center and its model of care

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A formal, required orientation to the birth center that includes the range of services and fees • May be group session or one-to-one session with Clinical Providers or other staff member • Staff giving orientation are prepared to handle the diverse clientele that present for services at this birth center, as defined in Self-Evaluation Report (e.g., bi-lingual employees, contracts with interpreters, relationships with outside agencies for social support services as needed) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Client handouts • Client informed consent materials • Chart review • Orientation log <p>And may be found in:</p> <ul style="list-style-type: none"> • Personnel files • Contracts or agreements with social support agencies • Training logs for cultural competency and issues relevant to the community that this birth center serves <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1C.1.c) Written information on the established criteria for admission to, and continuation in, the birth center program of care that is appropriate for the demographics of the birth center's client population

Indicators of Compliance:

Tags: [Client Education](#) | [Consent Forms](#) | [Glossary of Terms](#) | [Risk Criteria and Screening](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Glossary of terms used in client education and informed consent materials. • Glossary is reviewed with each client • Informed consent process includes review of risk criteria with clear identification of criteria for transfer of care • A plan to assure an informed consent process is in place regarding the birth center with every client and pregnancy. • IF the birth center is offering Trial of Labor After Cesarean (TOLAC): <ul style="list-style-type: none"> ○ Birth center uses an informed consent process with the client that includes a complete verbal discussion of the specific risks associated with TOLAC in <i>an out-of-hospital setting^{xvi}</i>, including: <ul style="list-style-type: none"> ▪ Birth center's resources for managing emergencies that can occur during TOLAC, ▪ Resources at area hospital(s) to which the client would be transferred for managing emergencies that may result during TOLAC, ▪ Time considerations for emergency transport from the time of diagnosis to the time of receiving needed care at the area hospital(s). ▪ This consent process with the client is documented with a signed consent form for birth center TOLAC/VBAC. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Client informed consent materials • Client education materials • P&P • General Consent form • Specific Consent/Refusal Forms • Chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1C.1.d) An established consultation, collaboration or referral system to meet the needs of a mother or baby outside the scope of birth center practice in both emergency and non-emergency circumstances

Indicators of Compliance:

Tags: [CCHD Screening](#) | [Client Awareness and Communication](#) | [Consent Forms](#) | [Consultation or Referral](#) | [Contracts and Agreements](#)

[Birth Center Regulations](#) | [Referral for Counseling and Care](#) | [Risk Criteria and Screening](#) | [Transfer Practices](#) | [Emergency Preparedness and Drills](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Informing the client of those services provided by the birth center and those services provided by contract, consultation and referral, including but not limited to: <ul style="list-style-type: none"> ○ Midwifery services ○ Laboratory and imaging services ○ Obstetric and pediatric consult or referral ○ Childbirth education ○ Doula services (if available) ○ Newborn screening, including metabolic, CCHD and hearing screening • Referrals to meet the needs of each mother and/or newborn that fall outside the scope of birth center resources and risk criteria at any point during the course of care • Birth center’s prenatal, intrapartum, postpartum and neonatal transfer criteria are consistent with generally accepted birth center transfer criteria • Prearranged plan for access to acute care services that meets the following criteria (NOTE: A written agreement is not <i>required</i> between birth center and receiving facility^{xvii}): <ul style="list-style-type: none"> ○ Birth center notifies the receiving provider or hospital of the impending transfer, reason for transfer, brief relevant clinical history, planned mode of transport, and expected time of arrival. ○ Upon arrival at the hospital, the birth center Clinical Provider gives a verbal report and provides a legible copy of relevant prenatal and labor health records. ○ If possible, client is offered the option of the birth center Clinical Provider remaining to provide support. ○ Whenever possible, the mother and her newborn are kept together during the transfer and after admission to the hospital 	<ul style="list-style-type: none"> • Birth center Clinical Provider continues to provide routine or urgent care enroute in coordination with any EMS personnel. • Transfer mechanism includes direct admission to the labor and delivery or pediatric unit (rather than via ECU) since this provides the most timely access to maternity and newborn care providers. 	<ul style="list-style-type: none"> • Failure to refer or transfer mother or newborn who develops a problem that makes them inappropriate for midwifery (if applicable) and birth center care according to national standards and birth center’s own risk criteria. • Presenting with client, or having client present unaccompanied by birth center Clinical Provider, to emergency room without providing for notification and continuity of care by verbal report and records from birth center.

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<ul style="list-style-type: none"> ○ P&P's provide for some level of follow-up by birth center for the client who has experienced a transfer of herself or her newborn. This may range from phone call(s) to resuming full responsibility for follow-up care. ○ Birth center has a mechanism to make reasonable effort to obtain hospital records for all mothers and newborns who are transferred during labor or after birth. ○ May involve transferring client to care of covering OB Attending or OB Resident. In this situation, communication is still required prior to and during transfer as described above. <ul style="list-style-type: none"> ● Clients being informed of the birth center's plan for provision of emergency and non-emergency care in the event of complications with mother and newborn ● Referral or transfer of care antepartum, intrapartum, postpartum and newborn that is consistent with: <ul style="list-style-type: none"> ○ Birth center's P&P's ○ Generally accepted standards for midwifery care out-of-hospital birth ○ CABC Indicators <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> ● P&P ● Chart Review ● General Consent form ● Specific Consent/Refusal Forms ● Interviews with Clinical Staff, hospital personnel and collaborative physicians. <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>		

1C.1.e) Ongoing risk assessment with adherence to eligibility criteria that includes, but is not limited to:

- 1) Compliance with regulatory restrictions on eligibility
- 2) Gestational age limited to 36 0/7-42 0/7 weeks
- 3) Singleton pregnancy
- 4) Cephalic presentation
- 5) No medical, obstetric, fetal and/or neonatal condition precluding a safe labor, birth and postpartum period in a birth center

Indicators of Compliance:

Tags: [Open Model Staffing](#) | [Prenatal Care](#) | [Risk Criteria and Screening](#) | [TOLAC and VBAC](#) | [Birth Center Regulations](#) | [Referral for Counseling and Care](#) | [Transfer Practices](#) | [Consultation or Referral](#) | [Emergency Preparedness and Drills](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Prenatal care that includes a process of continuous risk screening and evaluation regarding appropriateness for birth center birth at least at the following intervals: <ul style="list-style-type: none"> ○ initial visit, ○ each trimester, ○ upon admission in labor. • If an open staff model, there is a mechanism for review of prenatal records and risk status assessment by the birth center at some point prior to admission in labor. • Manual removal of placenta or uterine exploration in the birth center is only permitted in the presence of retained products of conception with postpartum hemorrhage that cannot be controlled sufficiently to stabilize the mother for transport. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit Chart Review • Interviews with Clinical Staff, Director, hospital personnel and collaborative physician <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time 	<p>Evidence of:</p> <p>Pre-planned births to take place at the birth center in any of the following situations:</p> <ul style="list-style-type: none"> • TOLAC when client does not meet required criteria • Breech or non-vertex at labor and delivery • Multiple gestation (more than one baby, such as twins) • Gestation < 36 0/7 weeks or > 42 0/7 weeks • Medication dependent diabetic, including GDM A-2 • Risk criteria allowing intrapartum admission of client with hypertensive disorder even if characterized as "mild", "under control" or "controlled with meds" • Risk criteria that are inconsistent with risk criteria as defined in midwifery and/or birth center regulations in birth center's jurisdiction <p>Evidence of:</p> <ul style="list-style-type: none"> • Manual removal of placenta or uterine exploration in the birth center without evidence of postpartum hemorrhage.

1C.1.f) Program of comprehensive perinatal care with evidence-based protocols

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [Body Mass Index](#) | [Breastfeeding](#) | [Client Education](#) | [Group B Strep](#) | [Nutrition](#) | [Prenatal care](#) | [Postpartum Mood Disorders](#) | [Referral for Counseling and Care](#) | [Risk Criteria and Screening](#) | [Smoking](#) | [Domestic Violence](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Prenatal care at the birth center or at a related Clinical Provider’s clinic site • Prenatal care that is based upon the best-available evidence and consistent with generally accepted national standards for perinatal care^{xviii}, birth center care and midwifery care.^{xix xx} • Prenatal care that includes a process of continuous risk screening regarding appropriateness for birth center birth. • Information and education in regards to nutrition and providing nutritional counseling as needed. <p>Note: If birth center accepts women with pregravid BMI >30 or <19 for care, P&P’s are in place that include specific evidence-based antepartum management of care, nutritional assessment and counseling, exercise recommendations, education regarding preterm labor, recommended weight gain guidelines, and in the case of high BMI, a plan for the ongoing evaluation of fetal well-being (i.e., third trimester ultrasound for growth if fundal height is not reliable)</p> <ul style="list-style-type: none"> • Obtaining a complete social, family, medical, reproductive, and behavioral history. • Documentation of complete physical exam. If any component is excluded/deferred, there must be documentation as to why, or there must be informed client refusal. <p>Note: The specific mention of a pelvic exam as a component of a complete physical exam has been removed from the updated indicators, as we felt this placed undue emphasis on this one component. It is expected that birth centers will address pelvic exam, along with all the other components of a complete physical exam. This could be done by performing and charting the complete exam, charting the provider’s reason for deferring the exam or any portion of it, charting the client’s waiver of the exam or any portion of it, or addressing in protocol when any portion of the complete physical exam that is not routinely done at the onset of care will be recommended or offered based on the presenting risk factors and current research.</p> <p>Note: If client has had care with a previous provider during current pregnancy, a copy of those records may substitute.</p>	<p>Prenatal referral sources include the following services:</p> <ul style="list-style-type: none"> • Smoking cessation counseling • Mental health counseling and services • Substance abuse counseling and services • Social services • WIC • Medicaid • Nutrition counseling and education for special situations (e.g., gestational diabetes, low or excessive weight gain, BMI <19 or >30) • Program of care for women with pregravid BMI >30 includes a mechanism for specialized counseling and support specifically aimed at evidence-based care for these women. <p>Domestic Violence screening:</p> <ul style="list-style-type: none"> • At least once every trimester and postpartum. • Use of a validated screening tool (e.g., HITS, Nursing Research Consortium on Violence and Abuse and 	<p>UNACCEPTABLE:</p> <ul style="list-style-type: none"> • P&P and/or evidence of providing for external cephalic version in the birth center • Any evidence that the birth center has initiated prophylaxis for the prevention of perinatal GBS infection that is not supported by current research and national guidelines.

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<p>Note: If physical exam by physician or CNM is required by regulation for licensed midwives in birth center’s jurisdiction, copy of this PE, or refusal form signed by client, must be on file.</p> <ul style="list-style-type: none"> • Evidence-based education and care regarding breastfeeding consistent with the World Health Organization <i>Ten Steps for Successful Breastfeeding</i>^{xxi}. • P&P’s for the diagnosis and management including, but not limited to, the following: <ul style="list-style-type: none"> ○ Substance use disorder screening and referral^{xxii,xxiii,xxiv,xxv} ○ Hypertensive disorders^{xxvi} (prenatal, intrapartum, and post-partum) ○ Diabetes ○ BMI <19 or >30 (per established indicators) ○ Intrauterine growth retardation, Small for gestational age, Large for gestational age ○ TOLAC (per established indicators) ○ Polyhydramnios, oligohydramnios ○ Non-vertex presentation at term ○ 3rd trimester bleeding/placenta previa or abruption ○ GBS (prenatal screening, intrapartum, post-partum follow up for mother/newborn) ○ Pre-term labor/Premature rupture of membranes ○ Artificial rupture of membranes (per established indicators) ○ Prohibition of pharmacological agents for cervical ripening/induction of labor/augmentation (per established indicators) ○ Use of any non-pharmacological methods for cervical ripening/induction of labor/augmentation; i.e. foley bulb, homeopathic, breast pump, etc. (per established indicators) ○ Prohibition of use of electronic fetal monitoring after admission to the birth center (per established indicators) ○ Prohibition of use of forceps or vacuum extractor (per established indicators) ○ Failure to progress/failure to descend ○ Water immersion during labor/birth (per established indicators) ○ Late pre-term (36 week) newborn management (if applicable) ○ Post-dates ○ Retained placenta ○ Newborn glucose assessment 	<p>DANGER assessment, WAST, PVS, and AAS).</p> <ul style="list-style-type: none"> • If client population served does not generally have available Internet access, birth center should make access to recommended sites available for client use while in the facility. 	

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<ul style="list-style-type: none"> ○ Temperature management of the newborn; <ul style="list-style-type: none"> ▪ If birth center uses a heating pad or other heating device, must have a written policy prohibiting contact between heating pad or other heating device and newborn (even with blankets or towels) ○ Well baby care (if the birth center provides newborn care past the initial 48 hours) ○ CCHD, metabolic, and hearing screening of the newborn ● Referrals to meet the needs of each client that fall outside the scope of birth center ● Prenatal screening for depression and risk factors for postpartum mood disorder^{xxvii xxviii} ● Active client participation in a program of self-care (e.g., access to health record) ● Instruction and education including changes in pregnancy, self-care in pregnancy, orientation to health record and understanding of findings on examinations and laboratory tests ● Directly querying clients regarding domestic violence ● Domestic violence screening documented for all clients at least during prenatal course and again in postpartum ● Referral sources available to mental health practitioners with expertise in counseling domestic violence victims ● Materials regarding domestic violence available to clients ● Means of safely documenting and communicating domestic violence for an individual client among all Birth Center staff ● P&P about domestic violence screening of clients and training of staff ● Library resources accessible to clients. May include on-site materials and/or electronic access to education materials and evidence-based online sources. Referral to online resources may be provided in lieu of providing direct access in the birth center <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> ● Nutritional tool ● P&P ● Site Visit Chart Review ● Client handouts 		

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<ul style="list-style-type: none"> • Staff Orientation Curriculum • Site Visit Interviews of birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>		

1C.1.g) Laboratory services

Indicators of Compliance:

Tags: [CLIA](#) | [Laboratory and Diagnostic Services](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A system for tracking laboratory and diagnostic tests sent or ordered from the point test is requisitioned through informing client of results and obtaining any needed follow-up, including date and name/initials of individual taking action • Lab tests are done (or deferred with clear evidence/documentation) and lab results are documented in client health record <ul style="list-style-type: none"> ○ Initial lab tests include: <ul style="list-style-type: none"> ▪ Complete blood count ▪ Type and Rh ▪ Antibody screen ▪ Hepatitis B screen ▪ VDRL or RPR (rapid plasma reagin) screen for syphilis ▪ Rubella titer ▪ Urinalysis and culture ▪ Pap smear if indicated ▪ HIV, with signed refusal form if declined ○ Other tests as indicated: <ul style="list-style-type: none"> ▪ Gonorrhea, chlamydia, hepatitis C ○ Other appropriate screens based upon client/family risk factors and ethnic background ○ Discussion and referral for genetic screening, carrier testing, and genetic counseling consistent with current national standards ○ Subsequent lab tests <ul style="list-style-type: none"> ▪ Gestational diabetes screening at 24-28 weeks gestation 	<ul style="list-style-type: none"> • Written agreement with one or more medical laboratories either for collecting lab specimens on-site or at location(s) remote from birth center

- Repeat blood count at 24-32 weeks gestation
- Repeat antibody testing and offering anti-D immune globulin at 28 weeks gestation
- Group B Strep screening
- Repeat STI screening at 36 weeks, if indicated (previous positive screen, life style risk factors)
- Newborn screens consistent with state regulations: metabolic and hearing screens. This includes documentation of follow-up by birth center if family was referred elsewhere for the screens.
- Point of Care Testing is performed with the following conditions:
 - Current Clinical Laboratory Improvement Amendments (CLIA) waiver or certificate as appropriate for level of testing performed in the birth center
 - Staff competency and proficiency testing
 - Quality control testing

Evidence of this attribute will be found in the:

- Site Visit interviews of birth center staff and Director
- Site Visit chart reviews
- Administrative files (if written agreement with laboratory is available)
- Quality control logs
- Personnel files

OR Birth Center has *Other Way* to demonstrate compliance with the standard and documentation is provided.

1.C.1.h) 24-hour telephone consultation and provider availability to the clients of the birth center

Indicators of Compliance:

Tags: [Client Awareness and Communication](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none">• 24-hour telephone consultation and Clinical Provider availability• Information provided to client regarding how to contact Clinical Provider when office is closed, during labor, and in an emergency <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none">• Call schedule• P&P <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none">• None at this time

1.C.1.i) Intrapartum care that promotes physiologic birth including, but not limited to:

- 1) Supportive care during labor
- 2) Minimization of stress-inducing stimuli
- 3) Freedom of movement
- 4) Oral intake as appropriate
- 5) Availability of non-pharmacologic pain relief methods
- 6) Regular and appropriate assessment of the mother and fetus throughout labor

Indicators of Compliance:

Tags: [Group B Strep](#) | [Hydrotherapy and Water Birth](#) | [Intrapartum Care](#) | [Risk Criteria and Screening](#) | [Staff Orientation and Education](#) | [Induction](#) | [Nutrition](#) | [Postpartum Maternal Care](#) | [Intermittent Auscultation](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of:</p> <ul style="list-style-type: none"> • Management of normal labor, birth and continuous risk screening that is consistent with the best-available evidence for normal physiologic labor and birth, and with national standards for prenatal care, midwifery care and birth center care^{i ii iii iv} • Admission of clients into the birth center for intrapartum care is consistent with the birth center's risk criteria • Continuous support by Clinical Provider or other maternity care professional during labor • Laboring mothers are supported to move freely during labor and birth • If client is being admitted for nonpharmacologic induction of labor by amniotomy, clinical indication and informed consent will be documented • Vital signs will be taken as per P&P or at a minimum of: <ul style="list-style-type: none"> ○ On admission, documentation of a full set of vital signs, including blood pressure, pulse, and temperature ○ At a minimum there should be documentation of repeat vital signs at every four hours ○ Increased frequency of vital signs in the presence of risk factors (ROM, borderline BP, maternal fever, etc.) • Monitoring of fetal heart tones (FHT's) consistent with the following at a minimum: <ul style="list-style-type: none"> ○ On admission to the birth center in labor; 	<ul style="list-style-type: none"> • Practice of encouraging doula participation in care, including providing doula support OR referral to area doula services • 2 birth attendants shall be present for AROM for IOL 	<ul style="list-style-type: none"> • Nonpharmacologic or mechanical induction or augmentation of labor without an evidence-based clinical indication • P&P limiting movement during labor or birth • AROM for IOL prior to 39 weeks gestation • AROM for IOL with unengaged fetal head • Evidence of use of medications that are not considered appropriate for use in out-of-hospital setting. • P&P and Evidence of use of Valium (diazepam) or other medications for IV administration for conscious sedation • Routine suctioning at any time, as it does not improve outcomes and may actually

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<ul style="list-style-type: none"> ○ Ongoing FHTs should be taken and documented at a minimum to conform to ACNM & AWHONN guidelines for intermittent auscultation:^{xxxix xxx} <ul style="list-style-type: none"> ▪ Active labor – every 30 minutes ▪ Second stage with pushing – every 5-15 minutes ○ If the birth center’s P&P on FHT mandates more frequent FHTs, charting complies with P&P ○ Increased frequency of FHR in the presence of risk factors [concerning FHR patterns (such as bradycardia, tachycardia, decelerations), prolonged 1st or 2nd stage] ○ Documentation is present on admission and periodically during active labor describing: <ul style="list-style-type: none"> ▪ FHR baseline ▪ Presence or absence of FHT accelerations or decelerations during or after uterine contractions ▪ Maternal pulse documented every time FHR baseline is assessed and with any variation/abnormality of FHT (decelerations, bradycardia, tachycardia) ● P&P’s include guidelines for management of prolonged first and second stage labor that are consistent with best-available evidence^{xxxix xxxii xxxiii} ● Group B Strep intrapartum treatment according to current CDC guidelines or signed refusal form ● If birth center uses immersion in water during labor and/or attends water births, P&P’s are in place that address:^{xxxiv xxxv} <ul style="list-style-type: none"> ○ water temperature guidelines, measurement and documentation ○ maternal temperature monitoring during immersion ○ criteria for exclusion during each stage of labor ● P&P exists that encourages laboring mothers to eat and drink as desired ● Mechanism in the facility to support the mother getting or bringing her own nourishment ● Kitchen equipped to provide for family and mother’s storage, heating and intake of food that they supply. ● Availability of liquids for mother’s use during labor. 		<p>be detrimental. Suctioning on the perineum is no longer recommended for newborns born through meconium-stained amniotic fluid, and does not lower the incidence of meconium aspiration syndrome^{xxxvi}</p> <ul style="list-style-type: none"> ● P&P and/or evidence of providing for external cephalic version in the birth center ● Any evidence that the birth center has initiated prophylaxis for the prevention of perinatal GBS infection that is not supported by current research and national guidelines. ● P&P limiting the laboring mother’s ability to eat or drink.

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit Facility Check • Site Visit chart reviews • Site Visit interviews of birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>		

1C.1.j) Clients requiring intrapartum interventions not appropriate in a birth center should be transferred to the appropriate level of care in a timely manner. These include but are not limited to:

- 1) Pharmacologic agents for cervical ripening, induction, and augmentation of labor
- 2) Fetal monitoring beyond intermittent auscultation
- 3) Regional spinal or epidural anesthesia
- 4) Operative vaginal birth
- 5) Cesarean birth

Indicators of Compliance:

Tags: [Staff Orientation and Education](#) | [Induction](#) | [Augmentation](#) | [Vacuum Extractor](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of:</p> <ul style="list-style-type: none"> • P&P specifically prohibiting the use of pharmacologic induction or augmentation of labor, including drugs for cervical ripening in the birth center. • Oxytocin used only postpartum in the birth center with: <ul style="list-style-type: none"> ○ Clearly identified postpartum indicators. (e.g., uterine atony not responsive to massage or nursing. Excessive bleeding requiring immediate medical treatment.) ○ Intramuscular administration in general, as intravenous line should not be routine. Intravenous use is not a violation of this standard if protocol addresses use of intravenous line as part of treatment of postpartum hemorrhage ○ Prophylactic use of IM oxytocin for active 3rd stage management of mother with or without risk factors for postpartum hemorrhage or 3rd stage complications is also appropriate • Prostaglandins used only postpartum in the management of postpartum hemorrhage with: 	<ul style="list-style-type: none"> • None at this time 	<p>Evidence of:</p> <ul style="list-style-type: none"> • Use of pharmacologic agents for cervical ripening, or induction or augmentation of labor. This includes administration of these agents in the office with subsequent admission to the birth center for labor. It does not preclude use of these agents in the hospital under an out-patient cervical ripening protocol with

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<ul style="list-style-type: none"> ○ Clearly identified postpartum indicators. (e.g., Uterine atony not responsive to massage or nursing. Excessive bleeding requiring immediate medical treatment. Bleeding not responsive to oxytocin.) ○ Intramuscular, rectal or vaginal administration, as intravenous line should not be routine ● This does not prohibit the use of nonpharmacologic or mechanical methods of induction or cervical ripening such as Foley bulbs, breast pumps or herbal or homeopathic preparations. The birth center must have a P&P in place if any of these nonpharmacologic or mechanical methods are used. ● P&P specifically prohibiting the use of the following interventions in the birth center: <ul style="list-style-type: none"> ○ Electronic fetal monitoring after admission to the birth center in labor, except handheld Doppler for intermittent auscultation. May do an EFM tracing prior to admission^{xxxvii} ○ Assisted vaginal birth with vacuum or forceps for any indication. This includes birth centers in which the Clinical Provider is an obstetrician or a CNM with advanced training in vacuum-assisted delivery. ○ Pharmacologic induction or augmentation of labor, including drugs for cervical ripening. ● This does not prohibit the use of nonpharmacologic or mechanical methods of augmentation such as breast pumps or herbal or homeopathic preparations. The birth center must have a P&P in place if any of these nonpharmacologic or mechanical methods are used. ● Absence of these instruments in the birth center’s equipment <ul style="list-style-type: none"> ○ Vacuum Extractors ○ Forceps ○ Electronic fetal monitor in birth center – acceptable in office area <p>Evidence of:</p> <ul style="list-style-type: none"> ● Referral or transfer of care antepartum, intrapartum, postpartum and newborn that is consistent with: <ul style="list-style-type: none"> ○ Birth center’s P&P’s ○ Generally accepted standards for midwifery care out-of-hospital birth ○ CABC Indicators ● Manual removal of placenta or uterine exploration in the birth center is only permitted in the presence of retained products of conception with postpartum hemorrhage that cannot be controlled sufficiently to stabilize the mother for transport. 		<p>subsequent admission to the birth center in labor.</p> <ul style="list-style-type: none"> ● Routine intravenous use of oxytocin for a reason other than postpartum hemorrhage. <p>Evidence of:</p> <ul style="list-style-type: none"> ● P&P allowing continuous electronic fetal monitoring for any reason after admission to the birth center in labor^{xxix xxx xxxviii} ● Use of electronic fetal monitor (EFM) other than hand-held doptone, after client has been admitted to birth center in labor, including, but not limited to: <ul style="list-style-type: none"> ○ moving client from birth room to office in labor in order to use EFM ○ or use of EFM in the presence of FHR abnormalities heard on intermittent auscultation in order to assist in decision-making regarding need for transfer ○ Use of these instruments in the birth center, regardless of the Clinical Provider: <ul style="list-style-type: none"> ▪ forceps ▪ vacuum extractors

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Staff Orientation Curriculum • Site Visit chart reviews • Interviews with Clinical Staff, Director, hospital personnel and collaborative physician • Site Visit facility inspection <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>		<p>Evidence of:</p> <ul style="list-style-type: none"> • Manual removal of placenta or uterine exploration in the birth center without evidence of postpartum hemorrhage. • Caesarean section or regional anesthesia

1C.1.k) Family-centered postpartum and newborn care, with non-separation of the mother and baby for routine care

Indicators of Compliance:

Tags: [Breastfeeding](#) | [Client Education](#) | [Newborn Hypoglycemia Testing](#) | [Newborn Procedures and Testing](#) | [Postpartum Maternal Care](#) | [Postpartum Newborn Care](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Immediate postpartum and newborn care that is consistent with the best available evidence for maternity and neonatal care and with national standards for birth center care. • Maternal postpartum assessment, with the monitoring of vital signs done in a manner that does not interfere with bonding while still maintaining safety. At a minimum: <ul style="list-style-type: none"> ○ 3 sets of vital signs including blood pressure, pulse, and temperature: <ul style="list-style-type: none"> ▪ One set within the first hour postpartum ▪ One continuing set ▪ One set prior to discharge from the birth center ○ Assessment of fundus and lochia ○ Encouraging oral intake, ambulation and voiding ○ Assessment of maternal-infant interaction and bonding behaviors ○ Increase in frequency of assessment and vital signs in the presence of risk factors (postpartum hemorrhage, maternal fever, syncope, etc.) ○ Documentation of voiding before discharge from the birth center or sooner if bladder distention or excess bleeding • Newborn assessment, with the monitoring of vital signs done in a manner that does not interfere with bonding while still maintaining safety. At a minimum: <ul style="list-style-type: none"> ○ Apical pulse, respiratory rate, temperature, color, muscle tone, quality of respirations, and breastfeeding assessment: <ul style="list-style-type: none"> ▪ One set within the first hour after birth ▪ One continuing set ▪ One set prior to discharge from the birth center ○ All vital signs more frequently if indicated by abnormal findings, increased risk conditions, or extended stay ○ If RR is >60 then documentation should be found indicating presence or absence of grunting, retractions, nasal flaring, quality of breath sounds and pulse oximeter reading. When vital signs are outside the range of normal there should be a documented expanded assessment and plan for follow up. ○ Treatment of newborn hypothermia should include provision of heat source, increased monitoring of temperature and exclusion of pathological reason for hypothermia. ○ Apgar scores 	<ul style="list-style-type: none"> • None at this time 	<ul style="list-style-type: none"> • Use of any heated object directly on newborn. For example: heating pad, rice socks etc. Note: heating pad may not be used even if used on top of blankets over baby. <p>Note: the preferred heat source is skin to skin.</p>

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<ul style="list-style-type: none"> ○ Additional newborn assessment to include color, muscle tone and quality of respirations (i.e., absence of grunting, nasal flaring, and retractions) ○ Gestational age/gender/complete physical exam^{xxxix} ○ Color, anthropometric measurements (weight, head, chest circumference and length) ○ Documentation of nursing/latch/sucking. ○ Monitoring of newborn blood glucose and managing neonatal hypoglycemia consistent with national guidelines^{xi xli xlii xliii} ○ Increased frequency of assessment and vital signs in the presence of risk factors (e.g., abnormal vital signs or behavior, poor color or tone, poor breastfeeding) ○ Newborn care includes: <ul style="list-style-type: none"> ▪ Vitamin K^{xliv xlv xlvi} ▪ Eye prophylaxis ● Evidence-based information provided to parents in discussion of newborn procedures, including risks/benefits of single dose intramuscular vitamin K-1 versus oral vitamin K in prevention of Vitamin K Deficiency Bleeding (VKDB), circumcision ● Signed waiver(s) if parents decline either eye prophylaxis or vitamin K-1 injection ● No separation of mother and newborn unless medically indicated, and then only as needed for completion of appropriate treatment. ● Evidence-based maternal-infant care practices^{iii xlvii}, including skin-to-skin contact and unrestricted breastfeeding ● P&P's in place to assure evidence-based education and care regarding breastfeeding consistent with the World Health Organization <i>Ten Steps for Successful Breastfeeding</i>^{xlviii xlix}. ● Support and education as needed for client's chosen feeding method. ● P&P's indicate criteria that must be met by mother and newborn in order to be eligible for discharge to home ● Mother and baby show readiness for early discharge as documented by behavior, physical assessment and vital signs, with at least two stable sets of vital signs prior to discharge. ● Newborn discharged in infant car seat for transport home ● Early home care instructions reviewed verbally and written instructions provided. ● Documentation of maternal/newborn postpartum follow-up by birth center (home, office and/or phone) that is consistent with birth center P&P's <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> ● P&P <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>		

1C.1.I) Coordination and/or provision of care and support during the immediate and early postpartum periods including, but not limited to:

- 1) Maternal and newborn assessments and follow-up plans
- 2) Current recommended newborn screenings
- 3) Breastfeeding support and referral
- 4) Screening for postpartum depression
- 5) Psycho social assessment
- 6) Family planning services or referral

Indicators of Compliance:

Tags: [Breastfeeding](#) | [CCHD Screening](#) | [Family Planning](#) | [Group B Strep](#) | [Newborn Procedures and Testing](#) | [Prenatal Care](#) | [Postpartum Maternal Care](#) | [Postpartum Mood Disorders](#) | [Postpartum Newborn Care](#) | [Postpartum Programs and Services](#) | [Referral for Counseling and Care](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of:</p> <ul style="list-style-type: none"> • P&P's indicate whether or not home visits are done/offered by the birth center. This care may be provided by contract or referral, but results must be communicated back to the birth center for review and follow up as needed. • Provision of care in the first 48-72 hours for a mother and newborn with early discharge, including <ul style="list-style-type: none"> ○ Assessment by a licensed Clinical Provider whose scope of practice includes care of the newborn ○ Assessment and support for breastfeeding ○ Newborn screening, as appropriate: metabolic, hearing, and critical congenital heart disease (CCHD) screening must be completed or planned ○ CABC-accredited birth centers are expected to have a protocol in place that promotes immediate referral or transfer of a baby to a hospital setting for assessment and potential intervention if the baby does not pass CCHD screeningⁱ ⁱⁱ. ○ Infants born to Group B strep positive mothers and mothers with unknown status will be evaluated over the course of 48 hours after the birth (and subsequent discharge from the birth center) by a Clinical Provider, pediatric provider or registered nurse according to a written P&P developed by the birth center. • Mechanism in place for referral to ongoing well-child care if it is not provided by the birth center, including: <ul style="list-style-type: none"> ○ Confirming plan for well-child care with family during prenatal care ○ Providing pediatric care provider(s) with information about birth center P&P's for newborn care and testing 	<ul style="list-style-type: none"> • A program of care that includes postpartum home visits done by birth center staff is strongly encouraged. • Breastfeeding peer counselor programⁱⁱⁱ 	<ul style="list-style-type: none"> • No follow-up in home or office or by phone for mother within first 24-72 hours after discharge from birth center.

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<ul style="list-style-type: none"> ○ Assuring that copy of mother’s prenatal records, labor and birth summary and newborn records are available to pediatric care provider for newborn’s initial visit. ● A Program of Well Baby Care past the initial 48-hour immediate newborn timeframe shall include but not be limited to: <ul style="list-style-type: none"> ○ P&P’s identifying <ul style="list-style-type: none"> ▪ The intervals of assessment ▪ The expected parameters of physical assessment at each visit ▪ Continued newborn screening, as appropriate ▪ Documentation of education, provision, or referral for immunizations in accord with CDC and/or AAP guidelines ▪ Guidelines for the assessment, management and/or referral of newborns secondary to deviations from normal including, but not limited to, bilirubin assessment, weight gain assessment, maternal/paternal attachment, breast or formula feeding parameters, achievement of developmental milestones, circumcision. ● Strong support for breastfeeding <ul style="list-style-type: none"> ○ Prenatal education on benefits and breastfeeding basics ○ Birth center has: <ul style="list-style-type: none"> ▪ EITHER staff member(s) with specialized training and certification in breastfeeding support (e.g., IBCLC) ▪ OR a mechanism for referral of mothers needing extra breastfeeding support to local individual or group support resources. ● Late postpartum care to include: <ul style="list-style-type: none"> ○ Physical exam to document normal involution, absence of delayed postpartum complications, and healing of any lacerations ○ Assessment of breastfeeding <ul style="list-style-type: none"> ▪ Nursing mother support program at the birth center ▪ Data collection with analysis of efficacy of program ○ Assessment of family adjustment ○ Screening for postpartum mood disorders <ul style="list-style-type: none"> ▪ Screening for postpartum mood disorders during postpartum phone calls, and home and office visits. ▪ Use of validated screening tool such as Edinburgh Postnatal Depression Scale (EPDS) ▪ Birth center has resources for referral to mental health practitioners with expertise in postpartum mood disorders. ▪ All clients are educated about postpartum mood disorders and given information about sources of support and intervention. 		

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Materials regarding depression and postpartum mood disorders are available to clients <ul style="list-style-type: none"> ○ Provision of family planning education and services or referral for family planning services • Family planning services are included in the birth center’s program of care • Staff sensitivity to medical concerns and cultural issues related to family planning issues in the community served <p>OR</p> <ul style="list-style-type: none"> • There is a clear mechanism in place to refer clients for family planning services (NOTE: prescriptive services are not required for accreditation) <ul style="list-style-type: none"> ○ Confirmation of plan for ongoing preventative health care, including both general and well-woman care <p>AND EITHER</p> <ul style="list-style-type: none"> • Home visits for follow-up with postpartum mothers and newborns. <ul style="list-style-type: none"> ○ the schedule by which these are done, ○ specific criteria for doing or not doing a home visit (e.g., only for primiparas or only for clients who gave birth at the birth center or only at the discretion of birth center <u>Clinical Staff</u>, etc.) ○ when postpartum office visits will be done and any criteria for deviation from this schedule. • A plan for assuring that families have information and access to all newborn screenings as required by state law (e.g., metabolic and hearing): <ul style="list-style-type: none"> ○ Evidence-based information regarding rationale, risks/benefits, and procedure on all screens provided prenatally and reinforced prior to discharge from birth center ○ Specific referral information on how families should obtain the testing if it is not done by the birth center <p>OR</p> <ul style="list-style-type: none"> • A referral system in place for home visits to be conducted by an outside agency that includes: <ul style="list-style-type: none"> ○ Agency utilizes staff experienced in postpartum, newborn and breastfeeding assessment and support ○ Mechanism for birth center to receive a copy of the agency's home visit documentation ○ Plan for agency to contact birth center if any abnormalities or concerns are identified during home visit. • Plan for follow-up regarding whether screen(s) have been done and that parents know results. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit interviews of birth center staff • Site Visit chart reviews 		

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<ul style="list-style-type: none"> • Training logs • Client feedback reports • Links on birth center website • Client Handouts: resource list available to clients • Site Visit Facility Check: advertising material displayed in birth center <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>		

D. CLIENT RIGHTS

1D.1 Be treated with respect, dignity and consideration.

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | [Respect](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Respect client's dignity and consideration in all client communications and interactions <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Specific Consent/Refusal Forms • Health record • Client feedback • Staff and Director interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1D.2 Be assured of confidentiality.

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Client Education](#) | [Consent Forms](#) | [Federal Regulations](#) | [HIPAA and Patient Privacy](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • HIPAA guidelines are followed. <ul style="list-style-type: none"> ○ Notice of privacy practices ○ Posted in client area ○ Copy available for client ○ Reasonable effort is made to obtain client signature that HIPAA notice was given ○ Birth Center staff member is identified as the person responsible to oversee that privacy procedures are implemented and followed (notation in job description or staff meeting minutes are acceptable) ○ Business associate agreements are available as needed for associates that are provided with protected information (i.e., transcription services, nutritional counseling services that review client charts, accrediting bodies that review client charts, answering service) ○ Agreements are not needed for other providers treating the client, to process billing, or for parties that are not provided with protected information (i.e., cleaning services, maintenance personnel) ○ P&P include measures to protect private confidentiality and comply with HIPAA regulations, including a procedure for confirming patient identity when handling phone calls. <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Specific Consent/Refusal Forms • Training logs • Site Visit facility inspection • Staff meeting minutes • Administrative files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1D.3 Be informed of the benefits, risks and eligibility requirements for care.

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | [Health Record Documentation and Storage](#) | [Risk Criteria and Screening](#) | [TOLAC and VBAC](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A mechanism to inform clients of benefits, risks, and eligibility requirements for care according to 1C.1.a. and 1C.1.c. <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Specific consent/refusal forms • Site Visit Chart reviews • Quality Assurance meeting minutes <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>• None at this time</p>

1D.4 Be informed of the services provided by the birth center and the services provided by contract, consultation and referral.

Indicators of Compliance:

Tags: [CCHD Screening](#) | [Client Awareness and Communication](#) | [Consent Forms](#) | [Consultation or Referral](#) | [Contracts and Agreements](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A mechanism to inform clients of services provided by the birth center and the services provided by contract, consultation, and referral according to 1C.1.d. <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Specific Consent/Refusal Forms • Site Visit Chart Reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>• None at this time</p>

1D.5 Be informed of the identity and qualifications of care providers, consultants and related services and institutions.

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | [Consultation or Referral](#) | [Credentialing and Licensure](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Informing the client of the identity and qualifications of Clinical Staff, Collaborative Physician, Consulting Clinical Specialists • Professional licenses and certification(s) (if applicable) displayed or available to clients • Informing client of name(s), location(s), and services available at hospital(s) to which mother and/or newborn would be transferred if needed <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Specific Consent/Refusal Forms • Facility inspection • Website <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1D.6 Have access to her medical record and all results of screening or diagnostic studies.

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • The Birth Center has mechanism(s) for the client to access her medical record and all results of screening or diagnostic studiesⁱⁱⁱ. • The mechanism(s) is (are) appropriate for the client's available technology/education. <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • Health record <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1D.7 Participate in decisions relating to the plan for management of her care and all changes in that plan once established including referral or transfer to other practitioners or other levels of care.

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Client Education](#) | [Consent Forms](#) | [Group B Strep](#) | [Laboratory and Diagnostic Services](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Client participation in decisions relating to the plan for management of her care according to 1C.1.a. <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Specific Consent/Refusal Forms • Site Visit Chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1D.8 Be provided with a written statement of fees for services and responsibilities for payment. (See Standard [7A.5.f](#))

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | [Contracts and Agreements](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Clients being provided with a written statement of fees for services and responsibilities for payment <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Specific Consent/Refusal Forms <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1D.9 Be informed of the birth center's plan for provision of emergency and non-emergency care in the event of complications with mother or newborn.

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | [Emergency Preparedness and Drills](#) | [Transfer Practices](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Clients being informed of the birth center's plan for provision of emergency and non-emergency care in the event of complications with mother and newborn according to Standard 1C.1.d. <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Specific Consent/Refusal Forms <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>• None at this time</p>

1D.10 Be informed of the client's rights with regard to participation in research or student education programs. (See [Standard 6, #6](#))

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | [Research](#) | [Students](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Clients being informed of their rights with regards to participation in research or student education programs <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Specific Consent/Refusal Forms <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>• None at this time</p>

1D.11 Be informed of the birth center's plan for hearing grievances.

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | [Equality and Antidiscrimination](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A formal grievance system for clients • A plan to assure that clients are informed regarding how to initiate a grievance • A mechanism to assure availability of a meaningful grievance process in birth center in which there is only one owner/ Clinical Provider (i.e. providing information on outside entities such as CABC, state regulatory bodies, professional organization) <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • General Consent form • Specific Consent/Refusal Forms <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

1D.12 Be informed of the liability insurance status of practitioners.

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | [Liability and Malpractice Insurance](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • If birth center carries a policy that covers all Employees and Contracted Staff: <ul style="list-style-type: none"> ○ That policy is provided or available to review during the site visit for CABC representatives and is current ○ A copy does not have to be in every employee's personnel file. • Proof of malpractice coverage for the following (must cover that professional's behavior at the birth center): <ul style="list-style-type: none"> ○ Any employed or contracted Clinical Provider or Credentialed Clinical Provider ○ Any Collaborative Physician (e.g., evidence of current medical liability coverage for collaborative obstetrician or pediatrician is required if the physician provides or directs client care at the birth center.) • If birth center and/or Clinical Providers or Clinical Staff are not covered by medical liability insurance, clients are notified of this fact. • Evidence of medical liability coverage is not required for Collaborative Physician(s) if they do not provide or direct care at the birth center. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Birth Center malpractice insurance policy (if birth center policy covers all staff) • Personnel files (for copy of individual policies if individual staff members carry own insurance) • General consent (if malpractice insurance not obtainable) <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • If staff member working in a nonclinical position has maintained her/his professional clinical license, then birth center continue coverage of this person under their malpractice policy. (e.g. office administrator who is also nurse and does not provide nursing care).

Standard 2. Planning, Governance, and Administration

The birth center considers the needs of the childbearing community including regulatory requirements and available resources, in developing services and programs.

The birth center is, or is part of, a legally constituted organization with a **governing body** that establishes policy, lines of responsibility and accountability. The governing body, either directly or by delegated authority to qualified individuals, is responsible for fiscal management and operation of the birth center.

The birth center is administered by the governing body according to the organization's mission, goals and policies in an ethical manner that provides high quality of services while promoting financial sustainability.

Attributes required for compliance with Standard

A. PLANNING

2A.1 The general geographical area served is defined.

Indicators of Compliance:

Tags: [Community Involvement](#) | [Emergency Preparedness and Drills](#) | [Planning](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the birth center:</p> <ul style="list-style-type: none"> • Has submitted a map in the Self Evaluation Report (SER) showing the location of the birth center, receiving hospital(s) and emergency transport services, including travel time(s) between facilities • And Geographic area served by birth center is described in one of the following ways: <ul style="list-style-type: none"> ○ On the map ○ Designated by a list of zip codes or municipalities and counties <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Self-Evaluation Report (SER) <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2A.2 Characteristics of the community served are considered *periodically* including:

2A.2.a) Availability of and access to maternal and newborn services including practitioners, hospital obstetrical and newborn services, midwifery services, family centered maternity care programs, birth rooms/suites, clinics for vulnerable families, laboratory services, supplementary social and welfare services, childbirth education, lactation services and parent support programs.

Indicators of Compliance:

Tags: [Finance and Budget](#) | [Marketing](#) | [Planning](#) | [Statistics](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the birth center:</p> <ul style="list-style-type: none"> • Records the services listed in the standard in the SER, including: <ul style="list-style-type: none"> ○ Other perinatal and pediatric services available ○ Mothers/parents/consumer groups active in maternity care/parenting advocacy • Tracks availability of and access to services listed in relation to the following, <i>as much as is feasible</i>: <ul style="list-style-type: none"> ○ Range of services in order that the birth center can: <ul style="list-style-type: none"> ▪ Have a complete picture of its competition ▪ Find possible referral partners ▪ Assess the optimum marketing position for the birth center in the health care system in this community ○ Pricing of services so that the birth center can be knowledgeable about how its own prices compare to other prices in the same community ○ Threats to sustainability of these services to help the birth center forecast opportunities and threats to itself and partners in the community ○ Location of services in relation to this community to determine if other services are more or less accessible than the birth center is to the community <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Self-Evaluation Report <p>And may also be in:</p> <ul style="list-style-type: none"> • Site visit interview with birth center Director • Business plan and/or market analysis report <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2A.2.b) The birth center impact on the community and the needs of childbearing families for the purpose of program planning and development.

Indicators of Compliance:

Tags: [Client Satisfaction](#) | [Community Involvement](#) | [Planning](#) | [Statistics](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the birth center:</p> <ul style="list-style-type: none"> • Has submitted a summary of the demographics and vital statistics of the population served in the SER, including: <ul style="list-style-type: none"> ○ Race, ethnicity, cultural and religious background, socioeconomic status, education, immigration ○ Birth rate, perinatal outcome data • Is listening to the needs of childbearing families in the community served with on-going documentation of evaluation of: <ul style="list-style-type: none"> ○ Client feedback, questions, or participation in surveys ○ Changes in demographics of this community ○ Analysis of consumer input and client satisfaction, including tracking return rates on surveys and distribution to clients who leave the service or are not seen postpartum ○ Presenting consumer input results to the Governing Body and All Staff <p>Evidence of this attribute will be found in any of the following:</p> <ul style="list-style-type: none"> • SER <p>And may also be in:</p> <ul style="list-style-type: none"> • Administrative files such as: <ul style="list-style-type: none"> ○ Online or mailed surveys to: <ul style="list-style-type: none"> ▪ clients ▪ community members who are not registered clients (e.g., women’s groups, church groups, health fair attendees, etc.) ○ Documentation of Focus Group feedback ○ Facebook page insights or other social media graphs and statistics ○ Marketing campaign plans, metrics and reports ○ Outreach campaigns • Personnel files listing staff participation on relevant local community boards • Site Visit interviews of birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>RECOMMENDED:</p> <ul style="list-style-type: none"> • Review of published perinatal data on the population served. Items of note should include changes in the perinatal data that may be attributed to the existence of the birth center or changes in birth center operations. • Track social media trends in this community with online tools that provide metrics regarding searches and social media posts by geography. This kind of tracking is often supported by dedicated staff or consultants who are familiar with these tools. • Participating in perinatal care coalitions that assess the community’s needs, such as March of Dimes, Department of Health, Strong Start, Medicaid, consumer coalitions, and others. <p>Evidence of these recommendations in action may be found in administrative files regarding community assessment, birth center impact, personnel and outreach campaigns.</p>

2A.2.c) Changes in the population, environment, regulations, legislation, reimbursement, and their effect on the birth center's operation.

Indicators of Compliance:

Tag: Planning

REQUIRED:	RECOMMENDED:
<p>Evidence that the birth center:</p> <ul style="list-style-type: none"> • Monitors for changes that affect clientele or birth center operations • Responds to changes by updating birth center operations, programs or P&P appropriately <p>Evidence of this attribute may be found in any of the following:</p> <ul style="list-style-type: none"> • Site Visit Interviews of birth center staff indicating: <ul style="list-style-type: none"> ○ Adjustments the birth center has made to meet the needs of the community ○ Advocacy role of the birth center in an active relationship with the birth center's legislators, regulators, and other important policy makers relevant to the birth center • Business plan, and/or strategic plan <p>And may also be in:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • Staff meeting minutes <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

B. GOVERNANCE

2B.1 The birth center is, or part of, a legally constituted organization and in good standing.

Indicators of Compliance:

Tags: [Finance and Budget](#) | [Leadership](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the birth center has:</p> <ul style="list-style-type: none"> • Legal documents of organization • A governing body as defined below (and in Glossary of CABC Indicators): <ul style="list-style-type: none"> ○ If the birth center is a <i>Sole Proprietorship</i>, the owner is the governing body. ○ If the birth center is a <i>Partnership</i>, together the owners are the governing body. ○ If the birth center is a <i>LLC or PLLC</i>, the governing body might be a single owner, or a partnership, or a board. ○ If the birth center is a <i>Professional Corporation (PC) or S-Corporation</i>, the governing body is a board, which can be quite small, comprised of the owner and 1 advisor. ○ If birth center is a <i>C-Corporation</i> it is governed by a board. This birth center may be part of a larger legally constituted healthcare organization. <p>Evidence of this attribute will be found in the following:</p> <ul style="list-style-type: none"> • Reporting as required to the state • Articles of Incorporation and/or Partnership Agreement • By-Laws • SER • Site visit interviews with the following individuals should reveal the communication pathway between people in the chain of command and the governing body: <ul style="list-style-type: none"> ○ Individuals representing the governing body of the birth center ○ Upper level management personnel, when there is a management structure above the birth center in the organizational chart ○ Birth center director and staff <p>And may also be found in:</p> <ul style="list-style-type: none"> • Administrative files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.2 The birth center is governed as an organization with its own governing body, or may be part of a larger healthcare organization, in which the birth center leadership has representation in order to maintain its standard of care and quality of services.

Indicators of Compliance:

Tags: [Finance and Budget](#) | [Leadership](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the birth center has:</p> <ul style="list-style-type: none"> • A detailed organizational chart submitted in the SER <ul style="list-style-type: none"> ○ When the birth center is part of a larger legally constituted healthcare organization and organizational chart does not include the birth center directors, documents submitted with the SER show the communication pathway between people in the chain of command and the Governing Body <p>Evidence of this attribute may be found in the following:</p> <ul style="list-style-type: none"> • P&P • Administrative Manual • Documents submitted with SER <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.3 The birth center leadership includes midwives and engages in the following tasks, including but not limited to:

2B.3.a) Monitors daily operations of the birth center, including relevant aspects of administration, human resources, facility, equipment and supplies, clinical care and health records, and client experience

Indicators of Compliance:

Tags: [Leadership](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Representation to the governing board (this representation may occur through a chain of command with administrative liaison to the board) • Regular meetings of the Governing Body or its delegates to execute governance responsibilities for operation of the birth center • When the birth center is part of a larger legally constituted healthcare organization, governing body delegates report board decisions and actions affecting the birth center to birth center Administrative Staff. • Clear evidence of midwifery input and representation to the governing body, through chain of command or in leadership positions. <p>Evidence of this attribute may be found in the following:</p> <ul style="list-style-type: none"> • Governing body’s decision logs/meeting minutes (as defined in the Glossary) • Birth center administrative files • Interviews with Birth Center staff and representatives of governing body <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>RECOMMENDED:</p> <ul style="list-style-type: none"> • None at this time

2B.3.b) Regularly reviews finances and contributes to budget planning and implementation

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Administrative and/or clinical input in birth center specific budget(s) • Ability to monitor accounts receivable and payable, particularly in relation to monitoring insurance billing and collection <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Separate cost revenue center when the birth center is part of a larger legally constituted organization • Minutes of Governing Body • Interviews • Administrative Files • Meeting minutes of Financial Group • Financial Statement <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.3.c) Regularly reviews clinical guidelines and/or policies and procedures (refer to Standard 7) with clinical staff to assure adherence to current evidence

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Control over birth center specific policies and procedures • Ability to orient, supervise, evaluate, discipline, and control access to clinical privileges of individuals practicing within the birth center <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Minutes of Governing Body • Interviews • Personnel Files • Review of Job Descriptions <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.3.d) Implements a quality evaluation and improvement program with clear and consistent engagement by all staff (refer to Standard 7)

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Governing body is approving and reviewing Quality Assurance program as described in <u>Standard 7</u> <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Minutes of Governing Body • Staff Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.3.e) Establishes a mechanism for staff and clients to provide input to the leadership

Indicators of Compliance:

Tags: Community Involvement

REQUIRED:	RECOMMENDED:
<p>Evidence that the <u>Governing Body</u> directly or by delegation:</p> <ul style="list-style-type: none"> • Establishes an effective mechanism for gathering advice from the community to the governing body • Analyzes consumer input and is able to demonstrate ways in which consumer feedback influenced a change or process at the birth center <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Bylaws • Interviews • Staff meetings <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Add an Advisory Board with a clear purpose, governing structures and accountability to the birth center. • Have at least one birth center client/mother/parent/ consumer member on your Advisory Board.

2B.4 The governing body meets regularly to execute responsibilities for the operation of the birth center and maintains a record demonstrating discussion and decisions. Governing body responsibilities, direct or delegated, include but are not limited to:

Indicators of Compliance:

Tags: [Leadership](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Regular meetings of the Governing Body or its delegates to execute governance responsibilities for operation of the birth center • When the birth center is part of a larger legally constituted healthcare organization, governing body delegates report board decisions and actions affecting the birth center to birth center Administrative Staff. <p>Evidence of this attribute may be found in the following:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes (as defined in the Glossary) • Birth center administrative files • Interviews with Birth Center staff and representatives of governing body <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.4.a) Formulation of mission and a long-range plan for the birth center

Indicators of Compliance:

Tags: [Finance and Budget](#) | [Leadership](#) | [Mission](#) | [Planning](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of the Governing Body's role in creating:</p> <ul style="list-style-type: none"> • A written mission statement and philosophy • Goal development and long-range planning for the birth center <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.4.b) Development of organizational structure and/or bylaws which clearly delineate lines of authority and responsibility

Indicators of Compliance:

Tags: [Leadership](#) | [Open Model Staffing](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of the Governing Body's role in developing:</p> <ul style="list-style-type: none"> • Organizational structure • Lines of authority and responsibility • Declaration as to whether the birth center is open or closed staff model • When there is a management structure above the birth center in the organizational chart, confirmation from upper level management personnel showing responsibilities of the governing body. • Chain of command clearly articulated to all staff <ul style="list-style-type: none"> ○ Individuals in chain of command have readily available contact information <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Interviews • Administrative files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.4.c) Appointment of a qualified administrator with authority, responsibility and accountability for birth center administration

Indicators of Compliance:

Tags: [Job Descriptions](#) | [Leadership](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the Governing Body:</p> <ul style="list-style-type: none"> • Has approved an Administrative Director job description • Has appointed a qualified individual to assume responsibility for administrative operations. • Reviews Administrative Director's performance annually • Approves a written plan for operation of the birth center in the absence of the Administrative Director <p>Note: It is possible for one person to be appointed as both clinical and administrative director.</p> <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Administrative director's personnel file <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.4.d) Appointment of a qualified clinical director with authority, responsibility and accountability for clinical services

Indicators of Compliance:

Tags: [Leadership](#) | [Open Model Staffing](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the Governing Body or its delegates, regardless of open or closed staff model:</p> <ul style="list-style-type: none"> • Has approved a Clinical Director job description • Has appointed a qualified individual to assume responsibility for clinical operations • Reviews Clinical Director's performance annually • Approves a written plan for operation of the birth center in the absence of the Clinical Director <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Clinical Director's personnel file <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.4.e) Approval of policies and procedures for the operation of the birth center

Indicators of Compliance:

Tags: [Equality and Antidiscrimination](#) | [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the Governing Body has, directly or by delegation:</p> <ul style="list-style-type: none"> • Annually approved the P&P • Specifically delegated the development of P&P to birth center administrative and clinical staff • Prohibits discrimination in operation and provision of services • Annually reviews policies and procedures for this prohibition, including grievance proceedings for clients or staff related to discrimination <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body’s decision logs/meeting minutes • P&P • Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.4.f) Approval of a quality improvement program for the operation of the birth center and regular review of quality assurance and utilization data

Indicators of Compliance:

Tags: Continuous Quality Improvement Program

REQUIRED:	RECOMMENDED:
<p>Evidence that the Governing Body has, directly or by delegation:</p> <ul style="list-style-type: none"> • Current knowledge of the definition of a continuous quality improvement (CQI) program and all that is required for CABC accreditation • Reviewed and approved <ul style="list-style-type: none"> ○ the birth center’s complete CQI program ○ a plan for ongoing review of CQI activities by the governing body 	<ul style="list-style-type: none"> • None at this time

REQUIRED:	RECOMMENDED:
<p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Site Visit interviews of members of the governing body or its delegates (if possible) <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

2B.4.g) Monitor fiscal, legal and administrative management and accountability

Indicators of Compliance:

Tags: [Legal Issues](#) | [Embezzlement](#) | [Finance and Budget](#) | [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the Governing Body directly or by delegation:</p> <ul style="list-style-type: none"> • Reviews and acts on all legal matters relating to the operation of the birth center • Reviews the finances at least every six months • Reviews and approves financial management and accountability policies and any implementation that addresses billing, collections and deposits • Holds the birth center accountable regarding: <ul style="list-style-type: none"> ○ Any staff in sensitive positions related to finance, by requiring that: <ul style="list-style-type: none"> ▪ Pre-employment background checks are performed to identify previous dishonest or unethical behavior (e.g., criminal records and convictions, Social Security number verification, credit history, previous employment and employment references, civil records and judgments). ▪ Annual vacations to facilitate review of this person's work in their absence ○ Access to financial records, by requiring that: <ul style="list-style-type: none"> ▪ Doors, desks, and file cabinets containing sensitive data are kept locked with keys secured. ▪ Formal procedures exist for granting and terminating access to birth center facilities, including computer system, and such procedures are followed. ▪ Access to computer system is restricted via passwords, required employee ID, or other means. ○ Policies and Procedures that inhibit embezzlement, by requiring that: <ul style="list-style-type: none"> ▪ Periodic tests are performed to ensure that services rendered are billed. ▪ Periodic tests are performed to ensure that billed amounts have either been collected and appear on the receipt copy of a deposit slip or are still in billed receivables, and have been followed up on if greater than sixty days old. ▪ Customers or third party payers are instructed to make payment directly to the birth center's bank account. ▪ Checks are restrictively endorsed on receipt. 	<ul style="list-style-type: none"> • None at this time

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> ▪ Cash is independently controlled on receipt. ▪ A person who does not receive cash or checks for deposit does produce a record of daily/weekly cash receipts itemizing the receipts for the period. ▪ The daily/weekly cash receipts records are matched to the receipt copy of deposit slips. ▪ The deposits per bank statements are matched to the receipt copy of the deposit slips. <ul style="list-style-type: none"> • Establishes charges for services • Has access to and the ability to retrieve all revenue and expense information specific to the birth center <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Bylaws • Site Visit interviews of birth center staff • Site Visit interviews of members of the governing body or its delegates (if possible) • Interview with birth center director • Site Visit facility inspection • Personnel files • Administrative memos or other records <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

2B.4.h) Approval of contractual agreements

Indicators of Compliance:

Tags: [Contracts and Agreements](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the Governing Body directly or by delegation:</p> <ul style="list-style-type: none"> • Approves of all contracts and agreements with individuals or service agencies <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P review log <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2B.4.i) Approval of a conflict of interest policy

Indicators of Compliance:

Tags: [Conflict of Interest](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Names and addresses of all owners, directors, officers and controlling parties of the birth center are maintained • Policies regarding conflict of interest for any Governing Body members • When there is a management structure above the birth center in the organizational chart, confirmation memo from upper level management personnel showing that names and addresses are maintained and that there is a policy for conflict of interest disclosure. <p>Evidence of this attribute may be found in the:</p> <ul style="list-style-type: none"> • P&P • Bylaws of the governing body • Governing body's decision logs/meeting minutes • Birth center administrative files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

C. ADMINISTRATION

2C.1 There is a plan for the operation of the birth center in the absence of the administrator and/or clinical director.

Indicators of Compliance:

Tags: [Job Descriptions](#) | [Leadership](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the Governing Body :</p> <ul style="list-style-type: none"> • Has approved an Administrative Director job description • Has appointed a qualified individual to assume responsibility for administrative operations. • Reviews Administrative Director's performance annually • Approves a written plan for operation of the birth center in the absence of the Administrative Director <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Administrative director's personnel file <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2C.2 There are protocols for maintenance of equipment, building and grounds, as well as control of the use of the facility.

Indicators of Compliance:

Tags: [Contracts and Agreements](#) | [Facility Maintenance Policies](#) | [General Safety Practices](#) | [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of policies and procedures for:</p> <ul style="list-style-type: none"> • Maintenance of equipment • Maintenance of building and grounds • Use of the facility by birth center staff • Use of the facility by individuals and groups who are not birth center staff • If the birth center allows outside individuals /or groups to use the birth center, P&P or written agreement must clearly describe: <ul style="list-style-type: none"> ○ Who is responsible for the service(s) provided by this individual or group ○ Instruction of the group leader or individual regarding fire/disaster plan (may include attendance at fire drills) 	<ul style="list-style-type: none"> • None at this time

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> ○ Orientation of group leader or individual to appropriate securing of the center during and after use with attention to preventing unauthorized access to sensitive client data. ○ Agreement with this group and or individual is reviewed annually ● Lease/rental agreements <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> ● P&P ● Administrative files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

2C.3 The birth center carries general liability insurance.

Indicators of Compliance:

Tags: [Liability and Malpractice Insurance](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> ● Current declarations page for general property liability coverage available at time of site visit ● Birth center's policies regarding student participation in the practice meet the requirements and expectations of the birth center's liability insurance <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> ● General property liability policy declarations page ● P&P ● General Consent form <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> ● None at this time

2C.4 All written contracts, agreements, policies and procedures are reviewed annually and updated as needed.

Indicators of Compliance:

Tags: [Contracts and Agreements](#) | [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation and timeline for each relationship • Annual review of each relationship, including all contracts/agreements <ul style="list-style-type: none"> ○ Only contracts/agreements with expiration dates must be <i>renewed</i>. ○ Contracts/agreements without an expiration date are deemed to be in place in perpetuity. <p>Evidence of this attribute may be found in any of the following ways:</p> <ul style="list-style-type: none"> • In a list of contracts/agreements • or initials and dates on the contract/agreement <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2C.5 There is orderly maintenance and secure storage of official documents of the birth center including network security.

Indicators of Compliance:

Tags: [Document Maintenance and Storage](#) | [HIPAA and Patient Privacy](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Orderly maintenance of official documents of the birth center • Secure storage of official documents of the birth center, including adequate security in place to prevent access to client and administrative records by unauthorized individuals. Including, but not limited to the following: <ul style="list-style-type: none"> ○ Each user has own user name and password ○ User name is inactivated during leave of absence and upon termination of employment ○ New user name and password is created for each new hire ○ Users do not have administrative access ○ Passwords are strong and are not shared or written down near workstation 	<ul style="list-style-type: none"> • None at this time

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> ○ Files and applications shared on network are restricted by user or group security permission levels ○ Firewall equipped router is in place on all internet connections ○ All workstations have antivirus/antimalware installed that is updated at least every 30 days and has automatic scans scheduled at least weekly. ○ Any Wi-Fi “hotspot” access available for clients is isolated to a separate subnetwork ○ Each e-mail user has their own separate email account ○ If using an external email host service, email logins should not be the same as computer logins ○ No personal email should be sent or received using birth center’s email address ○ An “Acceptable Computer/Network Use” policy should be in place with signed/dated documentation that All Staff members have read and understood terms of the policy <ul style="list-style-type: none"> ▪ Includes prohibition of accessing social media sites, downloading or uploading files, personal communications (email, blog posts, instant messaging, social media) ▪ Anything transmitted by, received from or stored in the email system is the property of the birth center and All Staff should have no expectation of privacy in connection with the use of the e-mail system or the Internet, or the transmission, receipt, or storage of information in that system. ▪ Use of company and personal mobile devices on network ○ Physical access to computers should be restricted to authorized personal only and computer screens should not be viewable by public ○ Computers should not auto login at boot up and should automatically lock or logout when idle ○ Computer systems should be backed up regularly – at least daily – with backups tested periodically for data integrity <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Document Maintenance logs • Site Visit facility inspection <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

2C.6 The birth center complies with applicable local, state and federal regulations for protection of client privacy and safety.
 (see [Standard 1D.2](#))

Indicators of Compliance:

Tags: [Federal Regulations](#) | [HIPAA and Patient Privacy](#) | Staff Orientation and Education

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • HIPAA Compliance as required by Federal law: <ul style="list-style-type: none"> ○ A plan for annual HIPAA training ○ Documentation that all Birth Center staff have completed HIPAA training <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • IT plan • P&P for computer use by All Staff • Personnel files • Administrative files (e.g., staff development, in-services logs) <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2C.7 Personnel policies and procedures are maintained (See section on [Human Resources](#)).

Indicators of Compliance:

Tags: [Document Maintenance and Storage](#) | [Personnel Policies](#) | [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Maintenance of personnel policies and procedures <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Document Maintenance logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2C.8 Contracts for student education or field experience are approved by the governing body or its designee.

Indicators of Compliance:

Tags: [Contracts and Agreements](#) | [Liability and Malpractice Insurance](#) | [Students](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Educational program objectives for clinical experience • Review of educational program objectives by birth center’s Governing Body or delegate • For each student: <ul style="list-style-type: none"> ○ Signed contract with educational program ○ Malpractice insurance in each student’s file (if coverage is in place) • A process to ensure these documents are obtained or reviewed with each new student prior to the student beginning their clinical experience. • For an apprentice midwife who is not enrolled in a formal educational institution, there is a written agreement between the apprentice and the birth center or the midwife who serves as her preceptor <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P for student participation • Governing body’s decision logs/meeting minutes • Student personnel files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2C.9 There are agreements and/or written policies and procedures for collaboration with other agencies, institutions or individuals for services to clients including, but not limited to:

2C.9.a) Laboratory and diagnostic services

Indicators of Compliance:

Tags: [Contracts and Agreements](#) | [Laboratory and Diagnostic Services](#)

REQUIRED:	RECOMMENDED:	WHEN CIRCUMSTANCES ALLOW:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Evidence of a pre-arranged plan for access to laboratory and diagnostic services for clients of the birth center • Standard laboratory or diagnostic services are done with permission by the client <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • Site Visit chart reviews • P&P • Site Visit observations • Site Visit interview of birth center director • Chart review <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p><i>These indicators are recommended and not required because the birth center cannot control the behavior of the laboratory and diagnostic services.</i></p> <ul style="list-style-type: none"> • General congeniality when birth center staff and/or laboratory and diagnostic services speak of the other 	<p>WHEN CIRCUMSTANCES ALLOW:</p> <ul style="list-style-type: none"> • A formal signed agreement between the birth center and a laboratory and diagnostic service

2C.9.b) Childbirth education/parent education support services

Indicators of Compliance:

Tags: [Client Education](#) | [Contracts and Agreements](#)

REQUIRED:	RECOMMENDED:	WHEN CIRCUMSTANCES ALLOW:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A pre-arranged plan for access to childbirth education/parent education support services for clients of the birth center (This may simply be a list of these services available in the area that is distributed to clients.) <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • Client handouts • Site Visit interviews of birth center staff • Site Visit observations: Is there general congeniality when birth center staff and/or education support services speak of the other? <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • For any classes offered at the birth center, documentation of a mechanism for evaluation of the classes by the birth center clients 	<ul style="list-style-type: none"> • A formal signed agreement between the birth center and a childbirth education/parent education support service

2C.9.c) Obstetric consultation services (see Standard 1C.1.d)

Indicators of Compliance:

Tags: [Consultation or Referral](#) | [Contracts and Agreements](#)

REQUIRED:	RECOMMENDED:	WHEN CIRCUMSTANCES ALLOW:
<p>Evidence of: The birth center’s ability to provide access to obstetrical and acute care services for the mother and fetus, including:</p> <ul style="list-style-type: none"> • A pre-arranged plan for ready access to obstetrical and acute care services for the mother and fetus in the event of a transfer, including transfer of health records and care • Consultation with an obstetric consultant, which may include phone calls, other electronic communication, or a visit to the Consulting Clinical Specialist’s office • General congeniality when birth center staff and/or obstetric Consulting Clinical Specialist speak of the other <p>Evidence of this attribute may be found in:</p> <ul style="list-style-type: none"> • Site Visit chart reviews: Take note of any evidence of successful collaboration at work. (e.g., copies of records sent when the obstetric Consulting Clinical Specialist has seen a client in their own office, or indications of the obstetric Consulting Clinical Specialist responding quickly to a request for consult) • P&P • Site Visit interview of Obstetric Consulting Clinical Specialist • Site Visit interviews of birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p><i>These indicators are recommended and not required because the birth center cannot control the behavior of the collaborative physician(s).</i></p> <p>Evidence of:</p> <ul style="list-style-type: none"> • Collaborative review of transfers and complications between the birth center Clinical Providers and their Collaborative Physicians • Collaborative Physician has reviewed the clinical practice guidelines. <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • CQI review logs of transfers • P&P Review logs 	<p>• A formal signed agreement between the birth center and an obstetric consultant</p>

2C.9.d) Pediatric consultation services (see Standard 1C.1.d)

Indicators of Compliance:

Tags: [Consultation or Referral](#) | [Contracts and Agreements](#)

REQUIRED:	RECOMMENDED:	WHEN CIRCUMSTANCES ALLOW:
<p>Evidence of:</p> <p>The birth center’s ability to provide access to pediatric/neonatology and acute care services for the newborn, including:</p> <ul style="list-style-type: none"> • A pre-arranged plan for ready access to pediatric/neonatology and acute care services for the mother and fetus in the event of a transfer, including transfer of health records and care • Consultation or identifying newborn problems and referring to a pediatrician or neonatologist, which may include phone calls, other electronic communication, or a visit to the Consulting Clinical Specialist’s office • Because birth center clients must have access to full NRP algorithm, <i>IF the birth center and its practitioners have regulatory or statutory restriction from providing vascular access or medication administration for neonatal resuscitation according to NRP</i>, the birth center: <ul style="list-style-type: none"> ○ has a written plan to provide access to these specific skills and procedures, that includes: <ul style="list-style-type: none"> ▪ steps the birth center staff must take to communicate with the pediatric/neonatology Consulting Clinical Specialist; and ▪ confirmation that the pediatric/neonatology Consulting Clinical Specialist is prepared to receive such a transfer, and <i>If the Pediatric Consultant is identified as the emergency responder in the plan</i>, the plan also includes: <ul style="list-style-type: none"> • estimated time of arrival of emergency responder, and • who provides supplies and medication, the birth center or the emergency responder <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • Site Visit chart reviews: Take note of any evidence of successful collaboration at work (e.g., copies of records sent when the pediatric Consulting Clinical Specialist has seen a client in their own office, or indications of the pediatric Consulting Clinical Specialist responding quickly to a request for consult) • P&P • Site Visit observations 	<p><i>These indicators are recommended and not required because the birth center cannot control the behavior of the Collaborative Physician(s).</i></p> <p>Evidence of:</p> <ul style="list-style-type: none"> • General congeniality when birth center staff and/or pediatric Consulting Clinical Specialist speak of the other • Collaborative review of transfers and complications between the birth center Clinical Providers and their collaborative physicians. • Collaborative Physician has reviewed the <i>neonatal</i> clinical practice guidelines <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • CQI Review Logs for transfers • P&P Review logs 	<p>WHEN CIRCUMSTANCES ALLOW:</p> <ul style="list-style-type: none"> • A formal signed agreement between the birth center and a pediatrician or neonatology service • An agreement with a neonatal transport team

REQUIRED:	RECOMMENDED:	WHEN CIRCUMSTANCES ALLOW:
<ul style="list-style-type: none"> • Site Visit interview of pediatric Consulting Clinical Specialist (if possible) • Site Visit interviews of birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>		

2C.9.e) Transport services

Indicators of Compliance:

Tags: [Contracts and Agreements](#) | [Emergency Preparedness and Drills](#) | [Transfer Practices](#)

REQUIRED:	RECOMMENDED:	WHEN CIRCUMSTANCES ALLOW:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Smooth transfers without delay in arrival to or departure from the birth center • All birth center staff knowing the resources of EMS in the community, including: <ul style="list-style-type: none"> ○ Response time for EMS to the birth center ○ Whether EMS organizational structure includes paid or volunteer staff ○ Credentials of people likely to respond to a call from the birth center, such as fire, police, EMTs or Paramedics • All birth center staff has and follows birth center P&P for when to do the transport via private vehicle vs. when to call EMS. • General congeniality when birth center staff and/or EMS speak of the other • Because birth center clients must have access to full NRP algorithm, IF the birth center and its practitioners have a regulatory or statutory restriction from providing vascular access or medication administration for neonatal resuscitation according to NRP, the birth center: <ul style="list-style-type: none"> ○ has a written plan to provide access to these specific skills and procedures, that includes: <ul style="list-style-type: none"> ▪ steps the birth center staff must take to communicate with the EMS; and ▪ confirmation that the EMS is prepared to receive such a transfer. 	<p>Documentation shows evidence of <i>any</i> of the following:</p> <ul style="list-style-type: none"> • Teaching classes on normal birth for EMS personnel. • Open houses or tours for EMS personnel, including opportunities to meet the birth center Clinical Providers. • Drills conducted with EMS • Informed consent for transfer document, including risks and benefits of transfer, mode of transport, client signature, and signature of clinical staff member who has performed assessment and determined need for transfer. <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • Training logs • Attendance log for open houses/tours 	<ul style="list-style-type: none"> • A formal signed agreement between the birth center and EMS <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • Administrative Files

REQUIRED:	RECOMMENDED:	WHEN CIRCUMSTANCES ALLOW:
<ul style="list-style-type: none"> ▪ <i>If the EMS is identified as the emergency responder in the plan, the plan also includes:</i> <ul style="list-style-type: none"> • <i>estimated time of arrival of emergency responder, and</i> • <i>who provides supplies and medication, the birth center or the emergency responder</i> <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • Training logs • Site Visit chart reviews • CQI documentation • Site Visit observations and interviews (if possible) with EMS <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Interviews 	

2C.9.f) Obstetric/newborn acute care in licensed hospitals

Indicators of Compliance:

Tags: [Contracts and Agreements](#) | [Emergency Preparedness and Drills](#) | [Transfer Practices](#)

REQUIRED:	RECOMMENDED:	WHEN CIRCUMSTANCES ALLOW:	UNACCEPTABLE:
<p><i>Regardless of how transport to the hospital occurs, Evidence of the birth center providing:</i></p> <ul style="list-style-type: none"> • Smooth transfers, relative to the time and urgency of the diagnosis, without delay in departure from the birth center or arrival to the hospital • Documentation of communication with the hospital about a transfer, which may include phone calls and/or other electronic communication • Because birth center clients must have access to full NRP algorithm, <i>IF the birth center and its practitioners have a regulatory or statutory restriction from providing vascular access or medication administration for neonatal resuscitation according to NRP, the birth center:</i> <ul style="list-style-type: none"> ○ has a written plan to provide access to these specific skills and procedures, that includes: 	<p><i>Any of the following:</i></p> <ul style="list-style-type: none"> • Providing in-service education programs for nursing and medical hospital personnel • Open houses or tours for hospital personnel, including opportunities to meet the birth center Clinical Providers 	<ul style="list-style-type: none"> • A formal signed agreement between the birth center and hospital • Drills conducted with hospital personnel <p>Evidence may be found in:</p> <ul style="list-style-type: none"> • Training logs • Administrative files 	<ul style="list-style-type: none"> • Any evidence in birth center staff interviews and chart reviews of birth center staff dropping mother and/or newborn at or sending them to the emergency room with no communication

REQUIRED:	RECOMMENDED:	WHEN CIRCUMSTANCES ALLOW:	UNACCEPTABLE:
<ul style="list-style-type: none"> ▪ steps the birth center staff must take to communicate with the hospital; and ▪ confirmation that the hospital is prepared to receive such a transfer. ▪ <i>If the hospital is identified as the emergency responder in the plan, the plan also includes:</i> <ul style="list-style-type: none"> • estimated time of arrival of emergency responder, and • who provides supplies and medication, the birth center or the emergency responder <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • Site Visit chart reviews: Take note of any evidence of successful collaboration at work • P&P • Site Visit interview with collaborating hospital staff (if possible) • Site Visit interviews of birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>Evidence may be found in:</p> <ul style="list-style-type: none"> • Training logs • Administrative files 		<p>or planned collaboration to transfer care</p>

2C.9.g) Home health care services

Indicators of Compliance:

Tags: [Breastfeeding](#) | [Contracts and Agreements](#) | [Postpartum Programs and Services](#)

REQUIRED:	RECOMMENDED:	WHEN CIRCUMSTANCES ALLOW:
<p>Evidence of:</p> <ul style="list-style-type: none"> In addition to any services offered at the birth center, documentation of home health care services available in the area, such as visiting nurse services, post-partum doulas, breastfeeding peer counselors, and other peer support. <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> P&P Client handouts <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> None at this time 	<ul style="list-style-type: none"> A formal signed agreement between the birth center and a home health care service Documentation of a mechanism for sending necessary chart information to the home health service and a report back to the birth center

2C.10 Practice guidelines and protocols are provided to the consulting specialists and available to the hospital receiving transfers, upon request.

Indicators of Compliance:

Tags: [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> If requested, the birth center provides practice protocols to their Collaborative Physician and transfer hospital. (NOTE: Birth center is not required to give to Collaborative Physician, Consulting Clinical Specialist and transfer hospital, however, must do so if requested.) <p>AND EITHER</p>	<ul style="list-style-type: none"> Offer the transfer hospital a copy of the Birth Center's P&P, to open up lines of communication and diminish unfounded speculation at hospital about practices in the birth center.

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> • Practice protocols signed by Collaborative Physician (NOTE: the birth center is not required to have practice protocols signed by the Collaborative Physician, Consulting Clinical Specialist or the hospital unless such a signature is required by state regulations, such as for midwifery or birth centers.) <p>OR</p> <ul style="list-style-type: none"> • Other method for birth center providing their protocols to their Collaborative Physician, Consulting Clinical Specialist and transfer hospital. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit interviews of Birth Center Director, and if possible, Collaborative Physician(s) and transfer hospital <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Offer the Collaborative Physician an opportunity to review P&P, and/or provide input in developing protocols.

2C.11 **There is a plan for informing the community of the services of the birth center.**

Indicators of Compliance:

Tags: [Community Involvement](#) | [Marketing](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • An ongoing program to provide information to and interact with the community, including: <ul style="list-style-type: none"> ○ A plan (e.g., loose outline, list, or detailed strategy are all acceptable) ○ Birth center staff assigned to carry out the plan (who is responsible?) ○ Tracking of results in marketing metrics and anecdotes (e.g., log of contacts and how they heard about the birth center, online tracking tools) ○ Reporting effectiveness to the Governing Body or its delegate <p>The plan and execution must include:</p> <ul style="list-style-type: none"> • Consistent use of marketing or branding materials for the birth center in (e.g., logo, brochure(s), flyers, websites, advertising, billboards) <p>Consider the following:</p> <ul style="list-style-type: none"> • Use of social media to convey announcements, as well as receive and respond to messages (e.g., blog comments, Facebook, Twitter, Google Plus, Pinterest) • Participation at area events for women and childbearing families (e.g., health fairs and other events) 	<ul style="list-style-type: none"> • None at this time

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> • Newsletter to voluntary subscribers - paper or electronic • Documentation of media exposure (e.g., newspaper and magazine articles, interviews, radio, TV) • Events and activities organized and implemented by birth center parent advisory groups • Participation in hospital events and meetings (e.g., Grand Rounds, health fairs, Nurses' Day events) • Utilization of the birth center facility by outside groups (e.g., La Leche League, doula groups, parent groups, outside childbirth educators) • Interaction with area health care professional students (e.g., nurses, physicians, medical technicians, EMS students) • Serving as guest speaker in the community (e.g., education programs and other school events, career days, birth center or maternity care services presentations for cultural groups) • Hosting open house or other informational events at the birth center for students • Public education at the birth center – may include open houses, tours, participation in health fairs and other community events, speaking engagements in schools and mother/parent/consumer or community organizations <p>Evidence of this attribute may be found in:</p> <ul style="list-style-type: none"> • Birth center website • Client Handouts: resource list available to clients • Administrative files • Marketing and public relations plan • Social media metrics reports • Forms used by Administrative Staff to track communications with prospects and clients (e.g., log of contacts and how they heard about the birth center) • Site Visit Facility Check: advertising material displayed in birth center • P&P <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

2C.12 **There is adherence to ethical billing practices.**

Indicators of Compliance:

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Use of a certified coder, billing expert, or documentation of staff training for billing • Regular contract review • Services billed under name of provider rendering services or clinical services agreement stipulating how services are compensated <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Financial agreement signed by all clients seeking birth center services • P&P • Governing body minutes • Billing contract • Personnel files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time 	<p>Evidence that birth center is:</p> <ul style="list-style-type: none"> • "balance billing", • charging for services not rendered unless service agreement in place, • is charging under name or identification number of a provider who was not providing the direct service.

2C.13 There is evidence of adherence to generally accepted accounting principles and reporting is compliant with state and federal regulations.

Indicators of Compliance:

Tags: [Embezzlement](#) | [Finance and Budget](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • An annual budget <ul style="list-style-type: none"> ○ The annual budget has been approved by the Governing Body. ○ The budget is one of the following: <ul style="list-style-type: none"> ▪ Balanced (i.e., projected revenues = projected expenditures) ▪ In the black, (i.e., projected revenues exceed projected expenditures) ▪ In the red (projected expenditures exceed projected revenues), with a plan to cover the shortfall • Financial statements (budget vs. actual revenues and expenditures) are generated <i>at least every six months</i>. <ul style="list-style-type: none"> ○ If the birth center has audited financial statements, the report should include an assessment of the adequacy of internal accounting controls. • A plan in place to cover short-term cash shortfalls • Financial controls in place to inhibit embezzlement or diversion of funds from the birth center, <i>such as</i>: <ul style="list-style-type: none"> ○ Person(s) authorized to sign checks is not the same as the person authorized to balance bank statements. ○ A mandated counter-signature on checks that exceed a certain amount. ○ A reliable system for recording all receipts, including cash receipts, which involves matching each receipt to the service provided and the specific client who received that service. ○ A petty cash policy and a system for tracking petty cash expenditures. ○ Person(s) ordering and receiving supplies and equipment is not the same as the person who pays the bills. ○ Regular review of all Clinical Providers and practice numbers to confirm potential insurance fraud is not happening. ○ Regular review of these practices at all locations, if more than one location involved. <p>Evidence of this attribute will be found in the</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Site Visit interviews of birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2C.14 There is a plan to ensure fiscal sustainability.

Indicators of Compliance:

Tags: [Embezzlement](#) | [Finance and Budget](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Financial statements (budget vs. actual revenues and expenditures) are generated <i>at least every six months</i>. <ul style="list-style-type: none"> ○ If the birth center has audited financial statements, the report should include an assessment of the adequacy of internal accounting controls. • A plan for capital expenditures • A plan for variation in cash flow • A plan to evaluate overall financial health of the birth center <p>Evidence of this attribute will be found in the</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Site Visit interviews of birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2C.15 Capital expenditures, as may be required for the continued effective operation of the birth center, are anticipated.

Indicators of Compliance:

Tag: [Finance and Budget](#) | [Planning](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of plans for:</p> <ul style="list-style-type: none"> • Handling capital expenditures as needed • Investment of funds beyond those required for current operations, when available <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • P&P • Financial Statements showing expenditures, if the plan has been implemented <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

2C.16 Quality assurance and utilization data are collected, analyzed, reviewed by the governing body and included in planning (refer to Standard 7)

Indicators of Compliance:

Tags: Continuous Quality Improvement Program

REQUIRED:	RECOMMENDED:
<p>Evidence that the <u>Governing Body</u> has, directly or by delegation:</p> <ul style="list-style-type: none"> • Current knowledge of the definition of a continuous quality improvement (CQI) program and all that is required for CABC accreditation • Reviewed and approved <ul style="list-style-type: none"> ○ the birth center’s complete CQI program ○ a plan for ongoing review of CQI activities by the governing body <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body’s decision logs/meeting minutes • P&P • Site Visit interviews of members of the governing body or its delegates (if possible) <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

Standard 3. Human Resources

The birth center has a human resources program for hiring, credentialing and training staff to successfully support its services.

Attributes Required for Compliance with Standard

3.1 Professional staff provide evidence of the knowledge, training and skills required to provide the services offered by the birth center, including promoting physiologic birth and breastfeeding.

Indicators of Compliance:

Tags: [Credentialing and Licensure](#) | [Job Descriptions](#) | [Open Model Staffing](#) | [Personnel Policies](#) | [Students](#) | [Policies and Procedures](#) | [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Written job descriptions for all classifications of Clinical Staff that include: <ul style="list-style-type: none"> ○ Job qualifications ○ Job definition ○ Lines of authority ○ Duties and responsibilities • Curriculum Vitae or resume on file for each Clinical Provider, newly hired employee or Contracted Staff who provide direct care at the Birth Center, including physicians and students, as defined in the Glossary. • If there is a job description for Clinical Staff person who is not a Clinical Provider that lists performance of return prenatal visits as a potential job task, then: <ul style="list-style-type: none"> ○ The Clinical Staff person who is not a Clinical Provider communicates the prenatal data obtained to the responsible Clinical Provider in a timely manner. ○ The Clinical Provider retains primary responsibility for: <ul style="list-style-type: none"> ▪ Being readily available if needed during the prenatal or postpartum visit. ▪ Reviewing the details of the visit in a timely manner. ▪ Making and communicating the prenatal assessment and the plan of care for the client. • IF birth center is using Open Staff Model: <ul style="list-style-type: none"> ○ Adequate and appropriate credentialing process, including: <ul style="list-style-type: none"> ▪ Staff membership qualifications for each category ▪ Definition of responsibilities ▪ Delineation of privileges 	<ul style="list-style-type: none"> • If there is a job description for Clinical Staff person who is not a Clinical Provider that lists performance of return prenatal visits as a potential job task, then it is recommended for the birth center to conduct periodic chart audits to identify how often the Clinical Staff person who is not a Clinical Provider is utilized to perform return prenatal visits.

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> ▪ Mechanism for processing new member applications ▪ Emergency and temporary privileges ▪ Orientation mechanism ▪ Reappointment intervals and process ▪ Peer review and performance evaluation mechanism ▪ Disciplinary action procedures, including suspension or reduction of privileges ▪ Appeals procedure ▪ Standing committees and CQI responsibilities ▪ Management of amendments or changes to the process <ul style="list-style-type: none"> • <u>Contracted, per diem</u> and <u>credentialed professional staff</u> must have all above documentation, as required for Clinical Staff/Clinical Provider. • Credentialing Process is in use for all current <u>Credentialed Providers</u>. Any individuals who provide clinical care at the birth center must be fully credentialed, regardless of how often or infrequent. <ul style="list-style-type: none"> ○ A Medical Director is a Clinical Provider and must be credentialed. If she/he directs care, but does not actually provide care, some credentialing requirements may be waived. • A Privileging Process is in place to assure clinician's training and competency for procedures not included in primary education, such as direct access testing, ultrasound, device implantation/insertion/removal, or circumcision • Documentation of the following for students who provide direct clinical care: <ul style="list-style-type: none"> ○ CV or resume ○ Licensure as an RN if required for midwifery practice in the jurisdiction ○ CPR and evidence of completion of current NRP training ○ Immunizations/immunity/refusal forms ○ HIPAA training ○ OSHA training • P&P's consistent with best available evidence for perinatal care • P&P being readily available to <u>All Staff</u> • Review of P&P by students • Documentation of review of P&P's by All Staff on hire or upon joining birth center staff <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • P&P review logs • Site Visit Facility check • Personnel files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

3.2 Professional staff are licensed to practice their profession in the jurisdiction of the birth center, where available.

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [Credentialing and Licensure](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>For each Clinical Provider, Collaborative Physician, and Consulting Clinical Specialist, evidence of:</p> <ul style="list-style-type: none"> • Professional midwifery staff must have certification as CNM, CM, or CPM with MEAC accredited education or Bridge Certificate. • If licensure is available in the state where the birth center is located: <ul style="list-style-type: none"> ○ If available in this state, direct verification of license on file • If licensure is not available to direct entry midwives and the birth center uses direct entry midwives, then: <ul style="list-style-type: none"> ○ Birth Center must provide copy of regulations pertaining to midwifery practice in that state <i>and</i> these regulations must not prohibit practice by non-licensed midwives. ○ Midwives for whom licensure is not available must show proof of CPM credentials with MEAC accredited education or Bridge Certificate. <p><i>NOTE: All other attributes of Standard 3 apply to all midwives practicing in the birth center, including those for whom licensure is unavailable.</i></p> • A Medical Director is a Clinical Provider and must be licensed. If she/he directs care, but does not actually provide care, some licensing requirements may be waived. • Evidence of license is not required for Collaborative Physician(s) if they do not provide or direct care at the birth center. (All states require physicians to be licensed.) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel files • Administrative files • Midwifery regulations for jurisdiction in which birth center is located <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.3 Professional staff show evidence of malpractice insurance or demonstrate that clients are informed of the absence of coverage.

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | [Liability and Malpractice Insurance](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • If birth center carries a policy that covers all Employees and Contracted Staff: <ul style="list-style-type: none"> ○ That policy is provided or available to review during the site visit for CABC representatives and is current ○ A copy does not have to be in every employee’s personnel file. • Proof of malpractice coverage for the following (must cover that professional’s behavior at the birth center): <ul style="list-style-type: none"> ○ Any employed or contracted Clinical Provider or Credentialed Clinical Provider ○ Any Collaborative Physician (e.g., evidence of current medical liability coverage for collaborative obstetrician or pediatrician is required if the physician provides or directs client care at the birth center.) • If birth center and/or Clinical Providers or Clinical Staff are not covered by medical liability insurance, clients are notified of this fact. • Evidence of medical liability coverage is not required for Collaborative Physician(s) if they do not provide or direct care at the birth center. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Birth Center malpractice insurance policy (if birth center policy covers all staff) • Personnel files (for copy of individual policies if individual staff members carry own insurance) • General consent (if malpractice insurance not obtainable) <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.4 There are adequate numbers of skilled professional and support staff scheduled to be available to:

- a) Meet demands for services routinely provided
- b) Provide coverage during periods of high demand or emergency
- c) Assure client safety
- d) Promote and support physiologic birth

Indicators of Compliance:

Tags: [Consultation or Referral](#) | [Emergency Preparedness and Drills](#) | [HIPAA and Patient Privacy](#) | [Staffing](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of:</p> <ul style="list-style-type: none"> • Plan to ensure continuity of routine care for one client, or when more than one client needs care simultaneously. • Adequate personnel available to manage unexpected emergencies • Plan to ensure continuity of routine care in event of referral and transfer • If the number of Clinical Providers is very small (1 or 2), there is a plan for coverage in the event of illness or vacation. • If birth center Clinical Providers attend birth in other locations (i.e. hospital and/or mothers' homes), there is a plan for coverage in the event mothers are in labor in more than one location. • Any non-licensed Clinical Staff are subject to the same requirements as Clinical Staff and must also: <ul style="list-style-type: none"> ○ Have documentation of Training and orientation, including skill checklist, for all skills necessary for job performance, including adult CPR and NRP. ○ Function under the supervision of a Clinical Provider <ul style="list-style-type: none"> ▪ A Clinical Staff member who is licensed to assess must do the initial evaluation, care, and triage upon client's arrival at the birth center ▪ A Clinical Provider must be in-house at all times during the intrapartum course ▪ A Clinical Staff member who is licensed to assess must remain in-house after birth until both mother and newborn are stable and have met all discharge criteria ▪ If family desires to remain in the birth center after discharge criteria are met, a non-licensed birth assistant who has completed a formal training course meeting CABC criteria may remain with them without the Clinical Provider ▪ If the non-licensed birth assistant is the only staff member present, the following criteria must be met: <ul style="list-style-type: none"> • Mother and newborn meet all discharge criteria at the time of final assessment by the Clinical Provider • Family leaves the facility within 4-hours of the last assessment by the Clinical Provider • The client must be capable of the independent care of self and baby and be expected to contact the licensed provider just as if she were at home 	<ul style="list-style-type: none"> • When planning to add staff in the future, create those job descriptions as part of the initial planning process. 	<ul style="list-style-type: none"> • Fewer than 2 scheduled staff who are privileged, oriented and trained, at each birth. The training must include complete NRP training as well as emergency readiness specific to that facility.

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<ul style="list-style-type: none"> • There should be evidence of full disclosure and informed consent regarding the level of care available from unlicensed assistive personnel • State laws must not include any requirement for licensed personnel to remain in the facility at all times when a family is in-house • The birth center must provide evidence that its medical liability carrier has been consulted <ul style="list-style-type: none"> • Schedule on paper or online for <u>Clinical Staff</u> and any <u>Collaborative Physician</u>. <ul style="list-style-type: none"> ○ May not be needed if number of <u>Clinical Providers</u> and/or Collaborative Physicians is very small (i.e. 1 or 2) ○ Do not need if physician who receives transfers is the Attending or Resident who is on-call for obstetrical coverage at receiving hospital. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Training logs • Interviews with birth center staff and Clinical Providers • Clinical Providers and birth assistant call schedules • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>		

3.5 At each birth there shall be two staff currently trained in:

3.5.a. Adult cardiopulmonary resuscitation equivalent to American Heart Association Class C basic life support

Indicators of Compliance:

Tags: [Staff Orientation and Education](#) | [Emergency Preparedness and Drills](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of current:</p> <ul style="list-style-type: none"> • CPR card or other evidence of current training as recognized by American Heart Association <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.5.b. Neonatal resuscitation endorsed by American Academy of Pediatrics/American Heart Association

Indicators of Compliance:

Tags: [Staff Orientation and Education](#) | [Emergency Preparedness and Drills](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • <i>At each birth there shall be two <u>Clinical Staff</u> currently trained in Neonatal resuscitation endorsed by American Academy of Pediatrics/American Heart Association, including <i>all</i> NRP modules in order to provide, or assist in providing, NRP services and promote a smoother transition of care during transfer.</i> <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Personnel files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.6 Records are maintained for all employed, credentialed or contracted staff, trainees and volunteers participating in birth center care including as applicable:

Indicators of Compliance:

Tags: [Document Maintenance and Storage](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Personnel files, including health information, are accessible to other staff only <i>as necessary in their administrative or supervisory capacity</i>. • Personnel files are well-organized and there is a mechanism for regular review to assure all required documents are present and current. • Assigned responsibility for personnel file maintenance to a specific position or individual • Personnel files for All Staff who provide care at the Birth Center, including contracted and credentialed Clinical Providers <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Personnel files • Interview with birth center Administrative Director or office manager <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.6.a. Qualifications

Indicators of Compliance:

Tags: [Federal Regulations](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Employment Eligibility Verification (IRS form I-9) on file and plan to assure I-9 forms are completed for all new hires. • Criminal background check verification: All Staff, students and volunteers who work in the same capacity as staff who provide care, treatment, and services, are expected to have criminal background checks verified when required by state law and regulation and/or by organization policy. • Signed Confidentiality Statement on file • Curriculum Vitae or resume on file for All Staff <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Credit check for any staff involved in financial operations in any way.

3.6.b. Current licensure with independent verification

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [Credentialing and Licensure](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none">• Evidence of direct verification of licensure on file, if available in the state• Current copies of any required certifications (e.g. AMCB, AWHONN, NARM) or evidence of direct verification• Requirements for licensure in this jurisdiction <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none">• Personnel files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none">• None at this time

3.6.c. Health screening

Indicators of Compliance:

Tags: [HIPAA and Patient Privacy](#) | [Immunizations](#) | [Personnel Policies](#) | [Students](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Storing staff and student health records in compliance with HIPAA • Current health status for All Staff and students, <ul style="list-style-type: none"> ○ Health exam only as required by state law or by birth center’s P&P including personnel policies <ul style="list-style-type: none"> ▪ If required, documentation of exam must be in every personnel file ○ TB screening: Birth Center must determine if it is low-moderate or high risk according to CDC guidelines.^{iv} <ul style="list-style-type: none"> ▪ low risk = less than three TB patients for preceding year for outpatient facilities <ul style="list-style-type: none"> • Baseline TB screening upon hire using two-step TST or a single BAMT • Additional screening is not necessary unless an exposure occurs • Baseline positive or newly positive test should be followed up with one chest X-ray result to exclude TB disease; repeat X-rays are not needed unless symptoms or signs of TB disease develop. ▪ medium risk = greater than three TB patients for preceding year for outpatient facilities <ul style="list-style-type: none"> • Baseline screening upon hire using two-step TST or single BAMT • Annual screening • Baseline positive or newly positive test should be followed up with one chest X-ray result to exclude TB disease; repeat X-rays are not needed unless symptoms or signs of TB disease develop <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Health files for Students and Staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.6.d. Malpractice insurance coverage

Indicators of Compliance:

Tags: [Consent Forms](#) | [Liability and Malpractice Insurance](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Current copy of a malpractice insurance policy – if All Staff covered by same policy, do not have to maintain copy in each personnel file <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel files • General consent (if malpractice not obtainable) <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.6.e. Disclosure of malpractice claims

Indicators of Compliance:

Tags: [Liability and Malpractice Insurance](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • If malpractice claims have occurred, review and outcome documentation is present <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel files • Administrative files • State Board • Licensing Authority • Background Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.6.f. Evidence of peer review and may include letters of reference

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Annual performance evaluation or peer review for All Staff • Plan for review of new staff within specified time after hire – e.g. 3-6 months • Includes some mechanism for peer review or performance evaluation of owner/director • If there is a requirement for Peer Review, documentation is present <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Personnel files • documentation of participation in the peer review process (similar to NARM process) <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Performance evaluations for Clinical Staff include ongoing professional practice evaluation.

3.6.g. Evidence of current training in adult cardiopulmonary and neonatal resuscitation

Indicators of Compliance:

Tags: [Personnel Policies](#) | [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Current CPR training as recognized by American Heart Association • Completion of current training and skills training in neonatal evaluation and resuscitation consistent with American Academy of Pediatrics/American Heart Association program. • Staff who serve as birth assistants or provide postpartum and newborn care must have CPR certification and NRP training <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel files – specifically a copy of current NRP and CPR card <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.7 The birth center performs annual written performance evaluations for all staff.

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Annual performance evaluation or peer review for All Staff • Plan for review of new staff within specified time after hire – e.g. 3-6 months • Includes some mechanism for performance evaluation of owner/director <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Personnel files • documentation of participation in the peer review process (similar to NARM process) <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Performance evaluations for Clinical Staff include ongoing professional practice evaluation.

3.8 There are written personnel policies available to all personnel that include but are not limited to:

Indicators of Compliance:

Tags: [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Employee Handbook or written personnel policies • A mechanism to assure that all newly hired staff review the personnel policies • Staff review of handbook or personnel policies is documented <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Personnel files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.8.a. Conditions of employment

Indicators of Compliance:

Tags: [Job Descriptions](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of orientation to the birth center, including evidence of review of an agreement to adhere to P&P. • Documentation of receipt of written job description <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.8.b. Respective obligations of employer and employee

Indicators of Compliance:

Tags: [Federal Regulations](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Any required federal and state employment posters are posted for employees^{lv} • Employee has read personnel policies • All updates in P&P are read by All Staff <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • Personnel policies • Personnel files • Staff Meeting Minutes <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.8.c. Benefits

Indicators of Compliance:

Tags: [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Any benefits provided <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel policies • Interviews with birth center Administrative Director <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • CABC recommends that birth centers maintain a resource list and/or the provision of professional counselors who can assist with critical incident debriefing for the team or for individual staff members following any near miss or sentinel event.

3.8.d. Affirmative action

Indicators of Compliance:

Tags: [Equality and Antidiscrimination](#) | [Federal Regulations](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policies regarding: <ul style="list-style-type: none"> ○ Affirmative Action if required by this birth center's state ^{lvii} ○ Title VII of the Civil Rights Act of 1964. ^{lviii} <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel policies • Training logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.8.e. Grievance procedures.

Indicators of Compliance:

Tags: [Equality and Antidiscrimination](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> Personnel policies include a defined mechanism for presenting and settling workplace disputes ^{lviii lxx} <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> Personnel policies <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> None at this time

3.8.f. Sexual harassment and workplace violence.

Indicators of Compliance:

Tags: [Occupational Safety and Health](#) | [Personnel Policies](#) | [Sexual Harassment](#) | [Staff Orientation and Education](#) | [Workplace Violence](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> Staff training regarding sexual harassment and workplace violence included in OSHA training on hire and in annual OSHA update. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> Personnel policies Training log <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> None at this time

3.8.g. Non-discrimination

Indicators of Compliance:

Tags: [Equality and Antidiscrimination](#) | [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that the Governing Body directly or by delegation:</p> <ul style="list-style-type: none"> • Prohibits discrimination in hiring practices, evaluation and retention • Annually reviews policies and procedures for this prohibition, including grievance proceedings for staff related to discrimination <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body’s decision logs/meeting minutes • P&P • Personnel files • Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.9 The birth center facilitates professional and non-professional staff development including, but not limited to:

3.9.a. Orientation of all new staff to the services and programs

Indicators of Compliance:

Tags: [CLIA](#) | [Emergency Preparedness and Drills](#) | [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • All new staff receiving orientation • There is an orientation checklist, or similar document, that defines the content of an orientation for each category of staff or staff role – i.e. Administrative Staff, midwife, nurse, birth assistant, etc. • There is a completed orientation checklist in the personnel file of every staff member. • Content of orientation is appropriate for the job description and education/training of employee. <ul style="list-style-type: none"> ○ If the birth center is conducting any CLIA Waived tests or Provider Performed Microscopy then the lab director and staff shall have training and testing according to CLIA regulations^{lx} 	<ul style="list-style-type: none"> • Include EMS personnel in one emergency drill annually

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> • Documentation must be maintained that employee has read P&P. If the birth center uses unlicensed birth assistants, a detailed plan for training is in place, both didactic and clinical training, for all aspects of role, including role in medical emergencies • Orientation plan includes mechanism for adequate supervision and mentoring until both supervisor and new staff member agree that staff member is ready to function independently in the position <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Training Logs • Personnel Files • Interviews with birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

3.9.b. Access to evidence-based resources

Indicators of Compliance:

Tags: [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Birth center provides access to and curation of appropriate and up-to-date: <ul style="list-style-type: none"> ○ Clinical reference materials that are accessible to All Staff ○ Other relevant materials, such as websites (e.g. - Evidence-based Birth, Childbirth Connection, Up-to-Date) • Presence of current relevant professional journals in the birth center professional library • Accessible logins to midwifery, nursing and medical journals • May be accomplished by birth center subscriptions or by individual subscriptions of staff members <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check • Site Visit interview of Director • Site Visit interviews with staff and birth center director <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.9.c. In-service education programs to remain current in knowledge and skills

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [Emergency Preparedness and Drills](#) | [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Appropriate in-service education • Trainings or outreach on issues regarding cultural sensitivities within communities served <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Training logs • Staff meeting minutes • Interviews with birth center director and staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Attendance at OB department education sessions at collaborative hospital • Attendance at local or regional educational offerings by professional organizations (E.g. - AABC, ACNM, MANA, other state midwifery organizations).

3.9.d. Participation in training and continuing professional education programs

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [Credentialing and Licensure](#) | [Nitrous Oxide](#) | [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Attendance at any staff in-services, CEU offerings and staff development activities. <ul style="list-style-type: none"> ○ Specific in-service sessions and who attended them. ○ If CEU's are mandated for licensure in the state, and licensure is current, the birth center need not maintain documentation of CEU's ○ If CEU's are mandated for professional certification (e.g. AMCB), and certification is current, the birth center does not have to maintain CEU records. ○ Birth Center is required to maintain documentation of formal outside continuing education only if: <ul style="list-style-type: none"> ▪ licensure in the state does not include mandated continuing education requirements, and ▪ the staff member is not professionally certified. • Orientation for Administrative Staff to any new administrative procedures. • Orientation for Clinical Staff to any new clinical procedures. • Staff education and training in supporting physiologic labor and birth, and use of non-pharmacologic pain relief methods. • If the birth center offers nitrous oxide for analgesia, there is staff training and competency assessment, including equipment set-up and maintenance, including scavenging. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Training logs • Personnel files • Interviews with birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.9.e. Involvement in activities of professional organizations

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [Continuous Quality Improvement Program](#) | [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none">• Birth Center staff attending professional organization meetings/conferences and reporting back to the birth center <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none">• Staff Meeting Minutes• P&P• Personnel Files• Interviews with birth center director and staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none">• None at this time

3.9.f. Routine, periodic maternal and newborn medical emergency drills

Indicators of Compliance:

Tags: [Emergency Preparedness and Drills](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Drills are held <i>at least quarterly</i> and include all appropriate staff, including contracted and per diem staff. • Content of drills and simulations is appropriate for the types of emergencies that may be encountered in birth centers, including but not limited to emergency transport of mother or infant, hemorrhage, shoulder dystocia, neonatal resuscitation. • Drills performed with equipment and supplies that the birth center maintains and stocks for use in an emergency. • There is documentation of the drills, including date, content of drill, names of attendees, evaluation of performance and appropriate follow-up on any deficiencies identified. <ul style="list-style-type: none"> ○ Mechanism for evaluation of Clinical Staff on their ability to manage and respond appropriately to emergency situations, including case review and debriefing after emergency situation occurs • Attendance at a minimum of 3 of the 4 quarterly medical emergency drills is mandatory for all staff who attend births. • Because birth center clients must have access to full NRP algorithm, <i>if the birth center and its practitioners have a regulatory or statutory restriction from providing vascular access or medication administration for neonatal resuscitation according to NRP</i>, the birth center: <ul style="list-style-type: none"> ○ conducts drills that demonstrate the birth center’s plan with the specific organizations and individuals that provide access to these skills and procedures. • Performance of staff is evaluated and results are used to guide: <ul style="list-style-type: none"> ○ P&P development ○ in-service education curriculum design ○ content development of future drills <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Logs of medical emergency drills • P&P • Plans for drills • Personnel Files (possibly) <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.10 All birth center staff shall have documentation of immunization status for vaccine-preventable diseases in pregnancy.

Indicators of Compliance:

Tags: [Immunizations](#) | [Occupational Safety and Health](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Required for all staff who have patient contact either: <ul style="list-style-type: none"> ○ having received vaccine (MMR, single dose Tdap as adult, 2 doses varicella vaccine 4-8 weeks apart) for all clinical and administrative staff who have any client contact (for MMR, Tdap, and varicella) ○ Or positive rubella and varicella^{lxi} titer results ○ Or dated and signed refusal form • Offering and encouraging influenza vaccine annually to All Staff • All staff with potential blood borne pathogen exposure must have one of the following: <ul style="list-style-type: none"> ○ Evidence of having received all 3 immunizations for Hepatitis B in series ○ Positive HBsAb results • Any Refusal forms must explain the risks of unvaccinated staff and students to pregnant clients and newborns AND to other staff. Information regarding immunization is consistent with CDC guidelines. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel files • P&P <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

3.11 Birth center personnel shall have training that meets state and federal law including, but not limited to [OSHA](#), [Patient Safety](#), [HIPAA](#) and [CLIA](#) regulations.

Indicators of Compliance:

Tags: [Housekeeping and Infection Control](#) | [Nitrous Oxide](#) | [Occupational Safety and Health](#) | [Personnel Policies](#) | [Staff Orientation and Education](#) | [Hydrotherapy and Water Birth](#) | [Workplace Violence](#) | [Federal Regulations](#) | [HIPAA and Patient Privacy](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Staff person designated for implementing OSHA program at the birth center. <ul style="list-style-type: none"> ○ This person has proper training for the tasks involved. • Annual training that meets OSHA regulations and any other applicable infection control guidelines. <ul style="list-style-type: none"> ○ Orientation of all new staff to birth center’s OSHA program. ○ Annual OSHA training for All Staff as appropriate for their job description (e.g. Administrative Staff do not need blood borne pathogens and personal protective equipment training but DO need other training such as workplace violence, emergency action plan, etc.). ○ Training may be via an online program that each staff member does individually, but birth center must maintain documentation of successful completion. • Staff can describe location and P&P for use of protective attire. • If birth center uses immersion in water during labor and/or attends water births, P&P’s are in place that address^{lxiii} Clinical Staff protective attire that is specific to this situation. • Equipment in the birth center is in an amount sufficient to cover the volume of clients. <ul style="list-style-type: none"> ○ Cover gowns are present in the birth center and in sufficient numbers for client volume as required by OSHA ^{lxiii} ○ Gloves are available in each area where blood is drawn or exams are done ○ All staff conducting housekeeping tasks have access to heavy duty gloves as needed ○ Equipment for eye protection is on site for All Staff, with documentation in place designating when its use is required. • Federally required signs are posted where All Staff have access to them, including Material Safety Data Sheets (MSDS) • All cleaning substances in the facility are: <ul style="list-style-type: none"> ○ In containers clearly marked ○ Safely stored with labels for contents and warnings regarding any hazard or poison. • The birth center considers and implements the use of safer medical devices wherever feasible in order to reduce the risk of injury from sharps. • Appropriate follow-up for needle stick injuries and birth center maintains and appropriately displays a sharp injury log as mandated by federal regulations • The birth center annually reviews their exposure control plan, including solicitation and input provided by frontline employees in their selection. (U.S. Department of Labor Office of Public Affairs, 4/12/01) • If the birth center offers nitrous oxide for analgesia, there is staff training regarding potential hazards of occupational exposure. • A plan to assure that All Staff receive HIPAA training on hire 	<ul style="list-style-type: none"> • Use of needless systems

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> • Documentation is present of annual review of HIPAA training and updates for All Staff • Signed confidentiality statements for all current staff and a plan to assure confidentiality statements are signed by all new staff and students. • Every personnel file contains a signed confirmation of attendance at an initial HIPAA training and receipt of the birth center's Privacy Practices. • There is evidence of annual review of privacy practices. • Patient Safety training and activities are conducted as required by the state's Patient Safety Organization and regulations. ^{lxiv} <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Training logs • Personnel files • CQI review logs of exposure control plan • P&P for all activities described • Site Visit facility inspection • Site Visit interviews of staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

Standard 4. Facility, Equipment and Supplies

The birth center establishes and maintains a safe, home like environment for healthy women and newborns with space for furnishings, equipment and supplies appropriate for comfortable accommodation for the number of families served and the personnel providing services.

Attributes Required for Compliance with Standard

A. FACILITY

4A.1 Complies with regulations for licensure of birth centers if established for its jurisdiction.

Indicators of Compliance:

Tags: [Birth Center Regulations](#)

REQUIRED:	RECOMMENDED:
<p>Evidence that:</p> <ul style="list-style-type: none">• Birth Center facility license is:<ul style="list-style-type: none">○ Available and required in this state or jurisdiction○ Current, if license is available in this jurisdiction and if birth center is licensed○ Displayed if available in this jurisdiction• P&P of the birth center do not violate licensure regulations for the jurisdiction in which the birth center is located. <p>Evidence of this attribute will be found:</p> <ul style="list-style-type: none">• SER (Link submitted to licensure statute and regulations for birth centers or other facility type applicable to this birth center)• Site Visit Facility Check for display on walls of the birth center• In administrative files• P&P <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none">• None at this time

4A.2 Complies with applicable local, state and federal codes, regulations and ordinances for construction, fire prevention, public safety and access for birth centers.

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [CLIA](#) | [Emergency Preparedness and Drills](#) | [Federal Regulations](#) | [Fire and Disaster Safety](#) | [Laboratory and Diagnostic Services](#) | [Occupational Safety and Health](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Certificate or other proof of last fire inspection.^{lxv lxvi} • Used sharps disposal boxes in each birth and exam room^{lxvii} – refer to OSHA Indicators on Standard 3.11. • Evidence of annual in-service on infection control – refer to OSHA Indicators on Standard 3.11. • Accessible to handicapped visitors. • Overall safety and security for All Staff and clients (e.g., parking lots lit at night, doors secured at all times, provisions for on-call personnel to enter safely). • Appropriate CLIA waiver^{lxviii} or certificate for the level of testing performed at the birth center (e.g., dipstick urinalysis, Provider Performed Microscopy during the course of a client’s visit, finger stick hematocrit or glucose, urine pregnancy test). A limited list of microscopy procedures is included under this certificate type, including wet prep and ferning test.^{lxix} • The birth center P&P’s, quality assurance activities and proficiency testing are performed and documented as required by CLIA regulations^{lxx}. • Smoke alarms in working order and regular testing is documented. • Fire extinguishers in the kitchen, near birth rooms, and near laundry area. • Documentation of monthly checks of each fire extinguisher. • Emergency-powered lighting with documented regular checks of functioning. • Fire doors closed and no evidence that are propped open routinely (e.g., door stop present). <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Certificate of occupancy • P&P’s • Safety logs • Site Visit Facility Check (including birth center smoke alarm and emergency-powered lighting tests/demonstrations if possible) • Training logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>RECOMMENDED:</p> <ul style="list-style-type: none"> • Defer to state and/or local fire officials regarding open stairs • Lighted exit signs • Closed stair well or fire escape

4A.3 Provides an entrance/exit, a waiting area and a bathroom to those who require accommodations for mobility.

Indicators of Compliance:

Tags: [Equality and Antidiscrimination](#) | [Facility Space](#) | [Occupational Safety and Health](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Confirm diagram of birth center floor plan reflects reality. • Confirm privacy is assured for families. • At least 1 bathroom is of a design that will accommodate a wheelchair. • There is a permanent or mobile ramp that can be used to allow a wheelchair to access any steps into and out of the birth center. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check • Diagram of facility floor plan <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>RECOMMENDED:</p> <ul style="list-style-type: none"> • None at this time

4A.4 Maintains a record of routine periodic inspections by health department, fire department, building inspectors and other officials concerned with public safety, as required by the birth center's local jurisdiction.

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [Document Maintenance and Storage](#) | [Fire and Disaster Safety](#) | Occupational Safety and Health

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • <i>If these inspections are done in the birth center's jurisdiction</i>, verify last inspection date of each: <ul style="list-style-type: none"> ○ health ○ fire ○ building ○ other <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • CQI documents • Administrative files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>RECOMMENDED:</p> <ul style="list-style-type: none"> • None at this time

4A.5 Provides instruction for all personnel on public safety and conducts at least semiannual emergency evacuation drills.

Indicators of Compliance:

Tags: [Emergency Preparedness and Drills](#) | [Fire and Disaster Safety](#) | [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Exit routes posted and are free of obstructions. • Attendance at fire and/or emergency evacuation drills is mandatory for all Clinical and Administrative Staff. • Dates of last two fire drills and confirm that All Staff attended. • Drills are held twice yearly or as often as needed to assure that All Staff participate in at least 2 drills annually • Any staff member is able to describe the fire evacuation procedures. • All groups/individuals who use the facility for any purpose but are not birth center staff should have documented orientation to fire safety plans for the center and leader of group should participate in at least 1 drill/year. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check for building signage • Training logs • P&P • Site Visit interviews of birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.6 Prohibits smoking in the birth center.

Indicators of Compliance:

Tags: [Facility Maintenance Policies](#) | [Fire and Disaster Safety](#) | [Smoking](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • No ashtrays. • Written no smoking policy for clients. • Posted no smoking sign. <p>If birth center is located in a state in which smoking is prohibited in all public buildings, a no smoking policy and signs are not needed.</p> <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check for building signage <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.7 Guards against environmental factors that may cause injury with particular attention to hazards to children.

Indicators of Compliance:

Tags: [Facility Maintenance Policies](#) | [General Safety Practices](#) | [Hydrotherapy and Water Birth](#) | [Occupational Safety and Health](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Electrical outlets covered or with tamper-resistant electrical receptacles. • Electrical cords pose no danger—are intact, no extension cords, no cords under rugs or in location with risk of tripping over cord. • Oxygen tanks are secured properly for storage. • Cupboard doors and drawers have child-proof locks, if used to store any sharp instruments or hazardous materials, in every room that is accessible to families and children. • Dishwasher soap, cleaning supplies, all hazardous chemicals, knives, sharps, and syringes are stored in ways that are inaccessible to children • Medications are secured from children and clients behind a locked door or in a locked drawer. • Water temperatures are in safe range, and bottled water machines that supply hot water have childproof spouts. • Safety rail or hand grip and safety mats for bathtubs and showers or another way to safely enter, maneuver, and exit bathtubs and showers. • Stairways well-lit, protected and handrails available. • Sidewalks and parking lot(s) in good repair and with adequate lighting. • No tripping hazards (e.g., loose cords across walkway, throw rug that doesn't lie flat or slides on floor) • Outlet near sinks/water have ground fault circuit interrupters (if not present throughout building) • Electric appliances out of reach of children. • Toys: <ul style="list-style-type: none"> ○ have no small parts and pose no choking hazard ○ are clean and washable ○ are in good repair ○ facility safety records show evidence of regular inspection and cleaning of toys • Regarding use of intrapartum immersion in water and/or water birth: <ul style="list-style-type: none"> ○ Thermometer to measure water temperature and assure it is in the safe range, and temperature is documented in medical record on entry to tub. <p>Evidence of this attribute may be found in any of the following:</p> <ul style="list-style-type: none"> • P&P for regular facility safety checks • Safety Log • Site Visit Facility Check (includes any room accessible to clients and their families, entrances to the building and the birth center, and parking lot) 	<ul style="list-style-type: none"> • None at this time
<p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

4A.8 Provides adequate heat, ventilation, emergency lighting, waste disposal and water supply.

Indicators of Compliance:

Tags: [Emergency Preparedness and Drills](#) | [General Safety Practices](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Ventilation is appropriate for the climate. • Emergency lighting is available (in case of power failure). • Supplemental lighting is available for laceration/episiotomy repair, newborn exam. • Heating system is checked periodically to assure safe functioning • There are no combustible materials stored near the heating source • If on a private well, demonstrates regular water testing to assure no unsafe contaminant levels <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check • State/local health department guidelines for water testing <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.9 Provides adequate administrative space for:

4A.9.a) Business operations

Indicators of Compliance:

Tags: [Facility Space](#) | [HIPAA and Patient Privacy](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Adequate space for staff to carry out regular business operations of birth center <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.9.b) Secure medical records storage

Indicators of Compliance:

Tags: [Health Record Documentation and Storage](#) | [HIPAA and Patient Privacy](#) | [Document Maintenance and Storage](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Medical records are secured from public access^{lxxi}. • Orderly maintenance of official documents of the birth center • Secure storage of official documents of the birth center, including adequate security in place to prevent access to client and administrative records by unauthorized individuals. Including, but not limited to the following: • Physical access to computers should be restricted to authorized personal only and computer screens should not be viewable by public • Computers should not auto login at boot up and should automatically lock or logout when idle • Computer systems should be backed up regularly – at least daily – with backups tested periodically for data integrity <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check • Document Maintenance logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.9.c) Utility and work area

Indicators of Compliance:

Tags: [Facility Space](#) | [Housekeeping and Infection Control](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Utility and work areas provide ample space for staff to function safely • Utility work and storage area(s) are designated as “clean” and “dirty” – may be separate space or accomplished by defining tasks that are performed in each area • Utility and work areas are maintained with mindfulness to child safety <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.9.d) Medical supplies storage

Indicators of Compliance:

Tags: [Facility Space](#) | [Medical Supply Inventory and Monitoring](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none">Storage space is adequate for level of supplies needed for current client caseload <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none">Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none">None at this time

4A.9.e) Staff area

Indicators of Compliance:

Tags: [Facility Space](#) | [HIPAA and Patient Privacy](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none">Area available in which staff can privately discuss clients' protected health information <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none">Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none">None at this time

4A.10 Provides appropriate space to provide the following services for women and families including, but not limited to:

4A.10.a) Waiting reception area/family room and play area for children

Indicators of Compliance:

Tags: [Facility Space](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Waiting reception area provides adequate space for current client caseload and usual appointment scheduling pattern • Family room and play area provides adequate space to accommodate family members accompanying clients to birth center <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.10.b) Physical examination

Indicators of Compliance:

Tags: [Facility Space](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Exam rooms provide adequate space to accommodate clients, family members and staff <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Décor and furnishings of exam rooms suggest a homelike, non-clinical environment

4A.10.c) Bath and toilet facilities

Indicators of Compliance:

Tags: [Facility Space](#) | [Housekeeping and Infection Control](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Adequate bath and toilet facilities for families, laboring women and staff • Staff has separate bathroom facilities from clients who are in labor or postpartum <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.10.d) Birth¹

Indicators of Compliance:

Tags: [Facility Space](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Birth rooms provide adequate space for laboring women, labor support persons, and staff. • Birth rooms provide privacy from other activities of the birth center, such as office activities, prenatal/postpartum exams, etc. • Number of birth rooms is adequate for anticipated volume. • Birth Center has a plan to deal with high volume, and to identify trends of room or practitioner shortage <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check • P&P • Meeting minutes • Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Décor and furnishings of birth rooms suggest a homelike, non-institutional environment

¹ AABC recommends the minimum size space for birth is 100 square feet, however, there is no evidence to support a minimal size of birthing space. (American Association of Birth Centers. "AABC Comment on Facilities Guidelines." Letter to Health Guidelines Revision Committee. 14 Oct. 2015. BirthCenters.org. American Association of Birth Centers, n.d. Web. 4 June 2016. <<http://tinyurl.com/AABC-Comments-to-FGI>>.)

4A.10.e) Emergency care of the woman and/or newborn

Indicators of Compliance:

Tags: [Emergency Preparedness and Drills](#) | [Facility Space](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Adequate space available for newborn resuscitation and stabilization • Birth space should provide adequate access to perform emergency care for woman and newborn <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check • Emergency drills • Interviews with staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.10.f) Access by emergency medical service personnel.

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Door size 32 inches or greater • No barriers (such as chairs/birth balls) blocking access to mothers or babies • If stairs/multi-level building—confirm EMS has the ability to safely move clients if unable to ambulate^{bxixllxv}. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check • Contract with EMS personnel • Interviews with staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.11 Maintains adequate housekeeping and infection control

Indicators of Compliance:

Tags: [Housekeeping and Infection Control](#) | [Hydrotherapy and Water Birth](#) | [Occupational Safety and Health](#) | [Medical Equipment and Maintenance Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Regular inspection, maintenance and cleaning of facility, equipment and supplies • Rooms and baths are cleaned between families • Appropriate cleansers and cleaning methods are used, including laundering of linens contaminated with body fluids and/or blood <ul style="list-style-type: none"> ○ Substances used for cleaning consistent with CDC guidelines for healthcare facilities (bactericidal and virucidal)^{xxiii} • Records are kept of terminal cleaning. • Floor coverings are appropriate for a birth center. No loose rugs. • Floor coverings are cleaned appropriately. • Methods by which linens such as bedspreads/pillows cleaned • No food in medication refrigerator, thermometer present and logs of temperature checks are kept • Refrigerators for food should be separate from any birth center medications, placentas or laboratory specimens. • No trash is stored near furnace or hot water heater. • If birth center uses immersion in water during labor and/or attends water births, P&P's are in place that address: <ul style="list-style-type: none"> ○ water safety precautions as recommended by generally accepted state or national standards and guidelines ○ tub cleaning and maintenance P&P consistent with generally accepted national standards/ guidelines/ recommendations. vi vii • Following the CDC or WHO guidelines^{xxiv} for sterilization. • A log of sterilizer use which includes: <ul style="list-style-type: none"> ○ Cycle length and temperature having met manufacturer's recommendations ○ Load date/time ○ Chemical indicator result for each load, inside packaging not just the outside indicator ○ Biologic indicator results with monitoring that is appropriate for volume of center. ○ If birth center is using a pressure cooker for sterilization, a log demonstrating that required temperature, pressure and time were maintained for every cycle • A plan for an unwanted result from chemical or biologic indicators (enough instruments in reserve, etc.) • Training of staff who perform sterilizing procedure • Regular cleaning of the sterilizer (e.g., large pressure cooker, autoclave) • Appropriate functioning with every use of sterilizer • Sterile supplies should be stored separately or above non-sterile supplies • Shipping containers/boxes must be used for supply storage • Clean linens should be stored behind a door, or in a drawer, or under a dust-cover 	<ul style="list-style-type: none"> • Well water should be tested • Hot water should be run for 3 minutes before filling tub • Water should be changed after six hours

REQUIRED:	RECOMMENDED:
<p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check • P&P for laundry and terminal cleaning • Cleaning logs • Refrigerator temperature logs • P&P • Training Logs • Safety logs • Equipment logs • Contract or reports from medical equipment maintenance firm <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

4A.12 Provides adequate trash storage and removal

Indicators of Compliance:

Tags: [Biohazardous Waste](#) | [General Safety Practices](#) | [Housekeeping and Infection Control](#) | [Occupational Safety and Health](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Compliance with federal and state regulations for trash storage and removal • Storage space for trash until pickup • Storage space is adequate for volume of caseload and frequency of pick-ups, and is secured from public access - <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Paper or electronic manifest of biohazardous waste hauler pick-ups • Site Visit Facility Check • Birth assistant interview <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.13 Provides adequate hand washing facilities for families and personnel.

Indicators of Compliance:

Tags: [Facility Space](#) | [General Safety Practices](#) | [Housekeeping and Infection Control](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Sufficient, convenient sink locations for All Staff, clients and families, including in birth rooms • When adding a sink is prohibitive, waterless hand wash in easily accessible locations in this room. • Paper towels or single use cloths and soap convenient and in adequate supply. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Provisions are made for children to be able to safely reach a sink for hand-washing.

4A.14 Provides adequate biomedical waste handling and removal in compliance with local, state and federal regulations.

Indicators of Compliance:

Tags: [Biohazardous Waste](#) | [General Safety Practices](#) | [Housekeeping and Infection Control](#) | [Occupational Safety and Health](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A system in place to assure the birth center complies with OSHA blood borne pathogen standards and stores and disposes of soiled articles appropriately^{xxxv}. • Contracts or policy for hazardous waste removal • Clearly marked bags available for biohazardous waste. • Storage space is adequate for volume of caseload and frequency of pick-ups, and is secured from public access • Some means of providing clear separation of biohazardous waste from medications and food (e.g., placentas awaiting biohazardous waste pick-up are stored separately.) • Laundry contaminated with bodily fluids should be put in bags or impervious receptacles for moving to laundry area or while waiting pick up from laundry service. • Soiled laundry that needs to be stored while awaiting pickup should be in an area inaccessible to families and children. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Hazardous waste removal contracts 	<ul style="list-style-type: none"> • None at this time

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> • Paper or electronic manifest of biohazardous waste hauler pick-ups • Site Visit Facility Check • Birth assistant interview <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

4A.15 Has an appropriate disaster plan in place relevant to regional needs.

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [Emergency Preparedness and Drills](#) | [Federal Regulations](#) | [Fire and Disaster Safety](#) | [Planning](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Disaster plan for any disaster, such as fire, tornado, hurricane, earthquake, flooding, blizzard or ice storm, power outages, etc.^{lxxxvi}: <ul style="list-style-type: none"> ○ Has disaster plan that addresses all events that are likely in the birth center’s geographic location. ○ All staff knows location of disaster plan. ○ A copy of the disaster plan is located off the premises. ○ Any staff member can describe how they would deal with a particular disaster. ○ Plan exists for notifying the public about access to care and availability of services in the event of a disaster. ○ Coordination with other agencies when required by law • P&P requiring drills, identifying plan location and directing that a copy of the disaster plan to be stored off premises. • Orientation of individuals or group leaders that are not center staff but have been granted access to use the center oriented to the disaster plan of the center • Equipment is available, or plan exists for snow removal if applicable in geographic area <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit interviews of birth center staff <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4A.16 Has appropriate facility security measures for staff and families.

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • After office hours, doors are locked from access by public • If birthing area is within building that also houses exam rooms or other businesses, there is a way to prohibit access to the birthing area unless access is granted by staff • There are provisions for infant security that may include but are not limited to: windows in birthing area have locks, birthing area access is regulated, infants are not separated from parents' area, there is no designated nursery area separate from the Mother's care area, there is a method for assuring infant identity such as Identification bracelets, foot printing, or other method • Evidence that the birth center performs regular risk assessment for workplace violence, incorporating physical or training measures as indicated to reduce risks. • Birth center has P&P and evidence of staff in-service on responding to threats or violence by staff/clients/families/visitors/stranger <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Drills/training • Orientation materials • Interviews • Facility inspection <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

B. EQUIPMENT AND SUPPLIES

4B.1 The birth center has readily accessible equipment and supplies, including medications, necessary to:

4B.1.a) Perform initial and ongoing assessment of the mother and fetus

Indicators of Compliance:

Tags: [Emergency Preparedness and Drills](#) | [Medical Equipment and Maintenance Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Adequate equipment for two simultaneous emergency events and adequate general birth equipment to handle the expected caseload of the center • Blood pressure equipment regular and large size • Thermometers • Fetoscope/doptone • Equipment for newborn exam and resuscitation • Neonatal stethoscope • Regular cleaning of the equipment • Appropriate functioning per use • Annual testing and/or calibration of medical and electrical equipment either professionally or by birth center as per manufacturer's instructions. Including but not limited to sub-attributes and items listed here: <ul style="list-style-type: none"> ○ Microscope ○ Adult scale ○ Doppler/Fetoscope ○ Blood pressure cuffs ○ Thermometers ○ Glucometer ○ Pulse oximeter ○ Sterilizer • Training and/or qualifications of staff performing these duties, for equipment maintained by birth center <p>Evidence of this attribute will be found in the</p> <ul style="list-style-type: none"> • P&P • Training logs • Site Visit Facility Check • Safety logs 	<ul style="list-style-type: none"> • Have an outside company assess equipment, in keeping with industry standards.

<ul style="list-style-type: none"> • Equipment logs • Receipts from medical equipment maintenance firm <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	
---	--

4B.1.b) Provide care during birth, including repair of lacerations and management of uterine atony

Indicators of Compliance:

Tags: [Medical Equipment and Maintenance Policies](#) | [Emergency Preparedness and Drills](#) | [Medical Supply Inventory and Monitoring](#) | [Pitocin](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Maintenance of sterile Instruments for delivery, episiotomy and repair <p>Ability to provide IV fluid replacement (see also Standard 4B.2.f) and pharmaceuticals specific to treatment of uterine atony</p> <ul style="list-style-type: none"> • Cart, tray or other accessible storage: <ul style="list-style-type: none"> ○ Is accessible for all birth rooms and readily available when there is a client in the birth center ○ Is neatly arranged so everything is readily accessible ○ Includes a list of medications, supplies and equipment on or with the accessible storage container ○ Emergency supplies are protected from unauthorized access. • Sanitary condition of accessible storage container assured • Log is available and documents regular checks at intervals appropriate for volume of admissions. • At a minimum, birth center must maintain the following medications, readily accessible in the event of a maternal emergency in which its use is indicated: <ul style="list-style-type: none"> ○ Epinephrine 1:1000 (Epi-pen is adequate) ○ Benadryl ○ Pitocin ○ Methergine or misoprostol ○ IV fluids and supplies needed for IV fluid administration (Required unless prohibited by state regulations) ○ Narcan, only if the birth center administers narcotics to the mother <p>Evidence of this attribute will be found in the</p> <ul style="list-style-type: none"> • P&P for use of everything in the accessible storage container • Training logs • Site Visit Facility Check • Safety logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4B.1.c) Perform evaluation and, if necessary, resuscitation of the newborn

Indicators of Compliance:

Tags: [CCHD Screening](#) | [Emergency Preparedness and Drills](#) | [Medical Supply Inventory and Monitoring](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Cart, tray or other accessible storage: <ul style="list-style-type: none"> ○ Is accessible for all birth rooms and is readily available when there is a client in the birth center ○ Is neatly arranged so everything is readily accessible ○ Emergency equipment is in working order ○ Has a means to secure emergency supplies to ensure they are present when needed, after restocking • Sanitary condition of accessible storage container assured • Log is available and documents regular checks at intervals appropriate for volume of births. • The birth center must provide access to the following:^{.lxxvii lxxviii lxxix lxxx} <ul style="list-style-type: none"> ○ Heat source (defined in 4B.1.d) ○ Airway management supplies for two resuscitation efforts on site: <ul style="list-style-type: none"> ▪ Neonatal oral airways ▪ Neonatal face mask equipment that: <ul style="list-style-type: none"> • is AHA/NRP approved • works with or without oxygen • and has a pop-off pressure valve or a manometer ▪ Oxygen source with flow meter and tubing ^{xii} ▪ Suction mechanism (electric or mechanical) ▪ Advanced airway management devices: <ul style="list-style-type: none"> • EITHER laryngeal mask airways in size 1 • OR 3.5 ET tube with laryngoscope with functioning bulb and size 1 blade attached ○ Pulse oximeter with neonatal sensors • The birth center must provide (Required unless prohibited by state regulations, in which case the birth center must demonstrate access, based on the NRP algorithm, to the following according to the birth center's specific plan for emergency response by the health care system): <ul style="list-style-type: none"> ○ Supplies for emergency vascular access (umbilical catheterization kit or intraosseous supplies) ○ Sterile Normal Saline ○ Neonatal IV supplies and syringes ○ Epinephrine 1:10,000 <p>Evidence of this attribute will be found in the</p> <ul style="list-style-type: none"> • P&P for use of everything in the emergencies equipment and supplies • Training logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>Because birth center risk criteria requires transfer of care for pre-term babies, the following equipment is <i>optional</i>:</p> <ul style="list-style-type: none"> • ECG for monitoring neonatal heart rate during chest compressions • oxygen blender <p>Neonatal oral airways—an oral airway may be a useful adjunct in an infant with an obstruction such as a large, protruding tongue. See NRP's textbook chapter on Special Considerations.</p>

4B.1.d) Perform screening and ongoing assessment of the newborn

Indicators of Compliance:

Tags: [Emergency Preparedness and Drills](#) | [Medical Equipment and Maintenance Policies](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Infant scale • Thermometers • Heat source <ul style="list-style-type: none"> ○ Safe, approved heat source for infant exam or resuscitation <ul style="list-style-type: none"> ▪ If using heating lamps or radiant warmer P&P should reflect the distance they must be from infant. ○ Blankets or towels are <i>warmed</i> before being used with a baby <ul style="list-style-type: none"> ▪ Device used to warm the blankets (for example: heating pad or rice socks) should never be used with the baby • Ophthalmoscope • Glucometer • Pulse oximeter • Hearing screen equipment • Sterilizer • Transfer capability • Training and/or qualifications of staff performing these duties, for equipment maintained by birth center • Plan for transport of an unstable (i.e., requiring ongoing resuscitation) neonate, including temperature maintenance. • If birth center transports some newborns using private vehicle, there is a means of securing baby in the car (approved car bed) and a method to maintain temperature during transport. • If the birth center is relying on the transport ambulance to bring equipment, the birth center is responsible for knowing what equipment EMS has available. <p>Evidence of this attribute will be found in the</p> <ul style="list-style-type: none"> • P&P • Training logs • Site Visit Facility Check • Safety logs • Equipment logs • Receipts from medical equipment maintenance firm <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Have an outside company assess equipment, in keeping with industry standards. 	<ul style="list-style-type: none"> • A heating pad used as a heat source for a newborn • Non-approved heat sources for a newborn, such as rice socks or other microwavable heat source

4B.1.e) Provide oxygen supplementation for the mother or newborn as needed

Indicators of Compliance:

Tags: [Emergency Preparedness and Drills](#) | [Medical Equipment and Maintenance Policies](#) | [Medical Supply Inventory and Monitoring](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • P&P in place for maintenance & calibration of pulse oximeter according to manufacturer’s instructions. • Proper equipment for mother: <ul style="list-style-type: none"> ○ Simple face mask ○ Rebreather ○ Resuscitation mask • Proper supplies for baby: <ul style="list-style-type: none"> ○ Flow or self-inflating bags ○ Neonatal size mask ○ Oral airways – size 00 and 0 ○ Oxygen blender if in use • Supplies of oxygen are adequate for anticipated volume and system is in place for replacement of tanks in a timely fashion <p>Evidence of this attribute will be found in the</p> <ul style="list-style-type: none"> • P&P • Site Visit Facility Check • Safety logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4B.1.f) Establish and provide intravenous access and fluids as needed

Indicators of Compliance:

Tags: [Medical Supply Inventory and Monitoring](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • IV equipment in adequate supply for current client caseload, with all expiration dates current, including: <ul style="list-style-type: none"> ○ 18 and 20 gauge angiocatheters ○ lactated ringers or normal saline ○ safety-engineered sharps and needleless devices 	<ul style="list-style-type: none"> • None at this time

<p>Evidence of this attribute will be found in the</p> <ul style="list-style-type: none"> • P&P • Site Visit Facility Check • Safety logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	
---	--

4B.2 There is a system to monitor all equipment, medications, intravenous fluids and supplies.

4B.2.a) All equipment is appropriately maintained and tested regularly.

Indicators of Compliance:

Tags: [Medical Equipment and Maintenance Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A mechanism for maintenance by an outside company or by the birth center staff following manufacturer's guidelines of all medical and electrical equipment. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Receipts from medical equipment maintenance firm • Equipment logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4B.2.b) The inventory of supplies, intravenous fluids, and medications is sufficient to care for the number of women and families registered for care.

Indicators of Compliance:

Tags: Medical Supply Inventory and Monitoring

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A mechanism to assure that supplies are monitored in order to assure an adequate supply as the volume of the birth center increases. • Inventory of emergency supplies is sufficient to assure preparedness for another emergency before replacement is stocked. • Monitoring refrigerator temperatures where medications are stored • Mechanism for regular check of all medications, IVs, supplies and equipment for function, adequate supply, and expiration. • Designation of a specific staff member(s) responsible for this monitoring. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Inventory log • Equipment logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4B.2.c) Supplies such as needles, syringes and prescription pads are appropriately stored to avoid public access.

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [General Safety Practices](#) | [Medical Supply Inventory and Monitoring](#) | [Occupational Safety and Health](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Safety locks to secure cabinets with dangerous chemicals, needles, prescription pads, and medications from <i>families</i> (including adult access) in the birth center to avoid injury or diversion. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Birth Center facility inspection <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4B.2.d) Controlled medications are maintained in double-locked, secured cabinets with a written procedure for accountability.

Indicators of Compliance:

Tags: [Federal Regulations](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Proper storage, administration, tracking and disposal of controlled medications as designated by the U.S. Drug Enforcement Administration (DEA) and signatures (not just initials) in logs^{bxxx} <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Medication Security Log that includes signatures (not just initials) and double signatures for wastage. • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4B.2.e) Used hazardous supplies, such as sharps and expired medications, are disposed of properly.

Indicators of Compliance:

Tags: [Occupational Safety and Health](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A system to assure the birth center complies with OSHA blood borne pathogen standards and stores and disposes of used sharps and soiled articles appropriately to avoid diversion and/or injury. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4B.2.f) Medication management is in compliance with state and federal regulations.

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Secure and clean and organized storage • Proper labeling of all substances, including labeling multi-dose vials with open/disposal dates • Proper storage temperature • Inventory logs • System for monitoring and disposing of expired medications • refrigerator temperature logs • Pharmaceuticals are not re-packaged or dispensed • No expired medications • Multi-dose vials labeled with date opened and expire 28 days after opening • No unmarked containers of medications <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4B.3 The birth center has properly maintained accessory equipment which includes but is not limited to:

4B.3.a) Conveniently placed telecommunication device

Indicators of Compliance:

Tags: Emergency Preparedness and Drills

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Each birthing room will have a reliable means of outside communication and in center communication to access emergency response and assistance. Cell phones are acceptable for emergency use in areas in which cell coverage is reliable. • Emergency numbers readily accessible and posted in birth rooms <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

4B.3.b) Portable lighting including an emergency light source

Indicators of Compliance:

Tags: [Medical Equipment and Maintenance Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none">• Portable lighting for repairs, newborn exams and other procedures. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none">• Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none">• None at this time

4B.3.c) Kitchen equipment usually found in home for light refreshment

Indicators of Compliance:

Tags: [Facility Space](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none">• Kitchen equipment usually found in home for light refreshment <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none">• Site Visit Facility Check <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none">• None at this time

4B.3.d) Laundry equipment usually found in home or contracted laundry services

Indicators of Compliance:

Tags: [Housekeeping and Infection Control](#) | [Occupational Safety and Health](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Laundry equipment usually found in home OR contracted laundry services with <ul style="list-style-type: none"> ○ Pick-up as appropriate for volume of birth center ○ Storage of soiled laundry consistent with regulations and secured from public access <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit Facility Check • Administrative Files for written contract for laundry services <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

Standard 5. The Health Record

Health records of the birth center are legible, uniform, complete and accurate. Maternal and newborn information is readily accessible to the client and health care team and maintained in a system that provides for storage, retrieval, privacy and security that is compliant with state and federal standards.

UNACCEPTABLE:

Evidence of:

- Correction that obscures previous entry in record
- Any entry in pencil
- Any use of post-it notes for charting
- Unsigned chart notes or notes where it is unclear who entered or performed the task/assessment
- Use of initials without accompanying signature sheet
- Documentation by one person of care provided by another unless clearly indicated that care was performed by another individual
- Documentation on Electronic Health Record using another person's log-in
- Inaccurate information or significant facts omitted
- Dating a record to make it appear as if it were written at an earlier time
- Late entry note that is not designated as such or that consists of a narrative summary of the event/care instead of a chronological note documenting when each event/care occurred
- Inability to produce a specific chart when requested by the site visitor
- Rewriting or altering a record
- Destroying a record

Attributes Required for Compliance with Standard

5.1 The health record on each client is maintained and includes, but is not limited to, written documentation of:

5.1.a. Demographic information and client identification

Indicators of Compliance:

Tags: [Health Record Documentation and Storage](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • On every page: <ul style="list-style-type: none"> ○ Client Identification number or medical record number (MRN) ○ Client name • Birth Center uses at least 2 ways to identify clients (i.e., photo, birth date, medical ID number) • Client’s address, phone (home/work/cell), emergency message phone, preferred contact method, person(s) authorized to receive client’s Protected Health Information. • Marital status. • Age/date of birth. • Insurance, payment plan, insurance card number. • Previous client (yes/no). <p>Evidence of this attribute will be found in the</p> <ul style="list-style-type: none"> • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Avoid use of social security number for client ID.

5.1.b. Orientation to birth center care

Indicators of Compliance:

Tags: [Client Education](#) | [Consent Forms](#) | [Health Record Documentation and Storage](#) | [HIPAA and Patient Privacy](#)

REQUIRED:	RECOMMENDED:
<p>CABC recognizes that:</p> <ul style="list-style-type: none"> • The orientation is usually a tour and introduction to the birth center • The informed consent process is distinct from the orientation, although the informed consent process includes the orientation and actually starts with the initial contact. <p>Evidence of:</p> <ul style="list-style-type: none"> • Mechanism to assure documentation of birth center orientation for each client • Chart review mechanism to track compliance. • If an orientation log is maintained, orientation must also be documented on the client’s health record. • Documentation of informed consent process with each new course of care/pregnancy <ul style="list-style-type: none"> ○ Plan for payment: financial forms containing agreement for payment signed by client. ○ Payment plan clearly delineated, including procedure for financial responsibility in the event of transfer during labor. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.1.c. Evidence of shared decision-making including informed consent

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • The client having ready access to their chart, consent/refusal form (includes reference to educational materials, risk/benefit) • The birth center consent process includes all required elements: <ul style="list-style-type: none"> ○ Informed consent process must include a discussion of the following: <ul style="list-style-type: none"> ▪ Agreement to participate and authorize <u>Clinical Staff</u> to treat mother and baby, including to transfer and receive treatment from a physician in an emergency ▪ Delineation of the limits of the program ▪ History, physical, lab studies ▪ Delineation of risks and glossary explaining terms used ▪ Right to withdraw and method to do so ▪ Health record authorizations required to release and receive records ▪ Clients provided information regarding HIPAA privacy practices ▪ Affirmation of understanding, opportunity to ask questions, and acceptance ▪ Payment plan clearly delineated, including procedure for financial responsibility in the event of transfer during labor. • Informed consent and any other forms noted below will be included in the chart: <ul style="list-style-type: none"> ○ Agreement to participate. ○ Delineation of the limits of the program. ○ History, physical, lab studies. ○ Documented refusal of any standard test or lab, including the reason for testing and possible consequences of refusal ○ Authorization for Clinical Staff to treat mother and baby by the client ○ Emergency clause covering transfer of care (authorization to transfer and authorization for receiving provider to treat). ○ Delineation of risks and glossary explaining terms used. ○ Right to withdraw and method to do so. ○ Newsletter/newspaper/photograph release, if appropriate. ○ Medical record authorization to release and receive records with specificity for HIV and psychological health issues. ○ Receipt of HIPAA information as required by law ○ Specimen disposal authorization. ○ Affirmation of understanding, opportunity to ask questions, and acceptance. ○ Signature of client (and Father of baby or significant other/partner/other responsible adult, if appropriate). <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.1.d. Complete medical history, including family history, sexual orientation, violence and abuse, nutrition, exercise, exposures, and occupational status

Indicators of Compliance:

Tags: [Alcohol and Drug Use](#) | [Health Record Documentation and Storage](#) | [Postpartum Mood Disorders](#) | [Smoking](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Social history: documentation of social history <ul style="list-style-type: none"> ○ age, education ○ race/ethnicity, religion, marital or partner status, living arrangements ○ occupation and occupational risk factors or exposures ○ exercise and activity level ○ screening for substance use ○ domestic violence screen ○ sexual abuse history ○ general social support system ○ Desire for pregnancy ○ Depression screen, including screening for risk factors for postpartum mood disorder • Family history: documentation of family health history, including genetic and hereditary diseases. <ul style="list-style-type: none"> ○ Evidence of screening for appropriate genetic disorders based on individual client/family risk factors. ○ Father of baby's family history as relevant for the pregnancy • Medical history: Documentation of client's health history: <ul style="list-style-type: none"> ○ Review of systems ○ Genetic history ○ Psychiatric history ○ Chronic or acute illnesses and surgeries ○ Transfusions, tattoos, other partner or life style risk factors for blood borne infectious disease ○ Menstrual/reproductive/lactation/birth control/sexual - including relevant pregnancy history ○ Allergies – drug, latex; food, environmental if relevant for care ○ Current medications/treatments <p>Note: If client has had care with a previous provider during current pregnancy, a copy of those records may substitute if complete history was documented by previous provider</p> • Nutritional history: evidence of diet history and assessment of adequacy by clinician. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.1.e. Initial physical examination, laboratory tests and evaluation of risk status

Indicators of Compliance:

Tags: [Birth Center Regulations](#) | [Body Mass Index](#) | [Health Record Documentation and Storage](#) | [Laboratory and Diagnostic Services](#) | [Prenatal care](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of a complete physical exam. If any component is excluded, there must be documentation as to why, or there must be informed client refusal^{1b00d1}. Note: If client has had care with a previous provider during current pregnancy, a copy of those records may substitute. • If physical exam by physician or Certified Nurse-Midwife (CNM) or Advanced Practice Nurse (APRN) is required by regulation for licensed midwives in birth center's jurisdiction, copy of this Physical Exam, or refusal form signed by client, must be on file. • Height, weight and Body Mass Index (BMI) • Screening for: <ul style="list-style-type: none"> ○ infectious diseases ○ chronic disease ○ specific assessment of pelvis and uterus for normalcy and pregnancy dating ○ anything else required by regulations in birth center's jurisdiction or by birth center's P&P • Laboratory tests consistent with birth center's P&P's and with national standards for prenatal care • Documentation of client refusal or signed refusal form for any recommended test declined by client after discussion with provider • Evaluation of risk status: formal risk assessment documented at initial visit, including eligibility for midwifery care (if applicable) and out-of-hospital birth. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.1.f. Appropriate consultation and referral of at-risk clients

Indicators of Compliance:

Tags: [Body Mass Index](#) | [Consultation or Referral](#) | [Health Record Documentation and Storage](#) | [Risk Criteria and Screening](#) | [Transfer Practices](#) | [Multiple Gestation](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of:</p> <ul style="list-style-type: none"> • Birth Center’s risk criteria for acceptance into and continuation in care are aligned with generally accepted birth center risk criteria • Use of risk assessment process is evident in referral of ineligible clients. • No evidence is found of the birth center continuing to provide care for clients who fall outside of their own risk criteria • Complete documentation of transfer decision-making and referral to ongoing and appropriate level of care, including any consultation with Collaborative Physician <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit chart reviews • P&P <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time 	<ul style="list-style-type: none"> • Acceptance of client who presents with risk factors inconsistent with birth center’s eligibility criteria into care for planned birth center birth. (e.g., more than 1 previous cesarean birth, classical uterine scar, BMI greater than defined limits, multiple gestation, medication dependent diabetes, chronic hypertension with or without medication, etc.)

5.1.g. Ongoing prenatal examinations with evaluation of risk factors

Indicators of Compliance:

Tags: [Health Record Documentation and Storage](#) | [Open Model Staffing](#) | [Risk Criteria and Screening](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of:</p> <ul style="list-style-type: none"> • The risk status must be documented as per the birth center’s P&P; however, at least at the following intervals: <ul style="list-style-type: none"> ○ Initial visit ○ Each trimester ○ Admission in labor • In an open staff model, there is a mechanism for review of prenatal records and risk status assessment by Clinical Staff at the birth center at some point prior to admission in labor. <p>Evidence of this attribute will be found in the</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews • Chart audit reports • Staff meeting minutes <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time 	<ul style="list-style-type: none"> • Failure to refer client who develops risk factors making her ineligible for birth center birth. • Retaining/referring a client, who develops CABC risk factors making her ineligible for birth center birth, to home birth. • Failure to document signed refusal of transfer to an appropriate facility/higher level of care.

5.1.h. Instruction and education including: nutritional counseling, changes in pregnancy, self-care in pregnancy, orientation to the medical record system and the understanding of findings of examinations and laboratory tests, preparation for labor, preparation for early discharge, infant feeding and postpartum changes.

Indicators of Compliance:

Tags: [Body Mass Index](#) | [Client Education](#) | [Immunizations](#) | [Health Record Documentation and Storage](#) | [Immunizations](#) | [Nutrition](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Nutritional assessment and documentation of the clients nutritional status (e.g., diet checklist, weight graph, diet recall). • Specific nutritional counseling and weight gain recommendations based upon BMI <ul style="list-style-type: none"> ○ Clients with a BMI<18 or >30 have a documented plan to address nutritional needs • Checklist documenting completion of these attributes or documentation of classes covering these attributes. • Clients have access to their own records and participate in a program of self-care. This includes such things as access to paper chart, client-held record, or print-out of portions of record (e.g., prenatal flow sheet) for client’s personal records. • If Electronic Health Record is in use, there is a mechanism in place to offer/provide access via a client portal. • Documentation of instruction and education within prenatal visits as well as outside prenatal visits, such as childbirth classes. • If formal classes are required by P&P, documentation must include referral for classes, client’s decision to attend or decline, and her actual enrollment in classes. • Documentation of offering immunizations during pregnancy consistent with current recommendations by CDC ^{boxiii} <ul style="list-style-type: none"> ○ Influenza ○ Tdap ○ Hepatitis B (if indicated) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit chart reviews • P&P • Nutritional tool <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.1.i. History, risk assessment, focused physical examination and emotional status on admission to the center

Indicators of Compliance:

Tags: [Health Record Documentation and Storage](#) | [Induction](#) | [Risk Criteria and Screening](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Mechanism to assure adequate documentation on admission in labor to the birth center • Adequate assessment, which includes the following: <ul style="list-style-type: none"> ○ <u>Labor status</u>: onset, status of membranes, character of labor. ○ <u>Maternal status</u>: frequency, duration and intensity of contractions; vital signs; cervical dilation and effacement; nutrition/hydration status; emotional status and documentation of support people, assessment for Signs & Symptoms of pre-eclampsia if indicated ○ <u>Fetal status</u>: presentation and position, estimated fetal weight (EFW), station, fetal heart rate and presence or absence of accelerations and decelerations in relation to fetal movement and uterine contractions. <p>Exception: Client arrives at birth center with birth imminent</p> <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time 	<ul style="list-style-type: none"> • Evidence of use of pharmacologic method of cervical ripening or labor induction in the birth center (i.e., misoprostol, Cervidil, Prepidil, oxytocin, including administration of the agents in the office or at home with subsequent admission to the birth center). This does not preclude administration of these agents in hospital under an out-patient cervical ripening protocol, with subsequent admission to the birth center for labor.

5.1.j. Ongoing assessment of maternal and fetal status after admission to care and during the intrapartum period in accordance with evidence-based standards

Indicators of Compliance for Maternal Vital Signs and Fetal Heart Tones Intrapartum:

Tags: [Health Record Documentation and Storage](#) | [Intrapartum Care](#) | [Intermittent Auscultation](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of:</p> <ul style="list-style-type: none"> • P&P's require documentation of vital signs consistent with the following at a minimum: <ul style="list-style-type: none"> ○ On admission, documentation of a full set of vital signs, including blood pressure, pulse, and temperature. ○ At a minimum there should be documentation of repeat vital signs at every four hours ○ Increased frequency of vital signs in the presence of risk factors (ROM, borderline BP, maternal fever, etc.) ○ Actual documentation complies with birth center's P&P • P&P's require documentation of fetal heart tones (FHTs) consistent with the following at a minimum: <ul style="list-style-type: none"> ○ On admission to the birth center in labor; <ul style="list-style-type: none"> ▪ Ongoing FHTs should be taken and documented at a minimum to conform to ACNM & AWHONN guidelines for intermittent auscultation: lxixiv <ul style="list-style-type: none"> • Active labor – every 30 minutes • Second stage with pushing – every 5-15 minutes ○ If the birth center's P&P on FHT mandates more frequent FHTs, charting complies with P&P. ○ Increased frequency of vital signs in the presence of risk factors [concerning FHR patterns (such as bradycardia, tachycardia, decelerations), prolonged 1st or 2nd stage]. ○ Documentation is present on admission and periodically during active labor describing: <ul style="list-style-type: none"> ▪ FHR baseline presence or absence of FHT accelerations or decelerations during or after uterine contractions ▪ Maternal pulse documented every time FHR baseline is assessed and with any variation/abnormality of FHT (deceleration, bradycardia, tachycardia) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time 	<ul style="list-style-type: none"> • Evidence of use of continuous electronic fetal monitoring after client has been admitted to the birth center in labor. • Evidence of use of pharmacologic methods of labor augmentation, such as oxytocin, misoprostol. • Evidence of use of forceps or vacuum for assisted vaginal delivery.

5.1.k. Ongoing assessment of maternal coping during the intrapartum period

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • P&P addresses evaluation of maternal coping • Documentation at admission to labor and ongoing throughout labor of maternal coping (i.e., relaxed, working with contractions, vocalizing, calm, quotes from client, and birth center staff's efforts to promote) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews • Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.1.l. Labor and birth summary.

Indicators of Compliance:

Tags: [Health Record Documentation and Storage](#) | [Postpartum Newborn Care](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Mechanism to assure that a complete labor and birth summary is documented for each client giving birth in birth center, including: <ul style="list-style-type: none"> ○ Date and time of birth ○ Length of each stage of labor and total labor. ○ Character of amniotic fluid, results of examination of placenta and cord. ○ Mechanism of labor and any unusual management (i.e., shoulder dystocia or nuchal cord). ○ Status and care of perineum, description of episiotomy or lacerations and repair. ○ Estimated blood loss ○ Newborn data, including Apgars, gender, weight ○ Summary of any intrapartum, postpartum or neonatal complications. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.1.m. Physical assessment of newborn including Apgar scores, gestational age, feeding, procedures and transition to extrauterine life

Indicators of Compliance:

Tags: [Health Record Documentation and Storage](#) | [Newborn Hypoglycemia Testing](#) | Postpartum Newborn Care

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of newborn assessment. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.1.n. Ongoing physical assessment of the mother and newborn during the postpartum period

Indicators of Compliance for Maternal and Newborn Vital Signs Postpartum:

Tags: [Breastfeeding](#) | [Health Record Documentation and Storage](#) | [Postpartum Maternal Care](#) | [Postpartum Newborn Care](#)
[Health Record Documentation and Storage](#) | Postpartum Newborn Care

REQUIRED:	RECOMMENDED:
<p>Maternal Vital Signs Postpartum</p> <p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of postpartum assessment, including vital signs, complies with P&P or minimum standard: <ul style="list-style-type: none"> ○ BP, pulse, temperature documented at a minimum: <ul style="list-style-type: none"> ▪ One upon admission postpartum ▪ One continuing set ▪ One prior to discharge set ○ When vital signs or maternal physical assessment is/are outside then normal range, there is a documented expanded assessment and plan for follow up-- e.g., syncope, Postpartum Hemorrhage, fever, other abnormal findings, extended stay ○ Assessment of fundus and lochia ○ Encouraging oral intake, ambulation and voiding ○ Assessment of maternal-infant interaction and bonding behaviors ○ Documentation of voiding before discharge from the birth center or sooner if bladder distention or excess bleeding 	<ul style="list-style-type: none"> • None at this time

REQUIRED:	RECOMMENDED:
<p>Newborn vital signs postpartum</p> <p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of newborn assessment, including vital signs, complies with P&P or minimum standard: <ul style="list-style-type: none"> ○ Apical pulse, respiratory rate, temperature, color, muscle tone, quality of respirations, and breastfeeding assessment at a minimum: <ul style="list-style-type: none"> ▪ One set within 1st hour after birth ▪ One ongoing set ▪ One set prior to discharge. ○ All vital signs more frequently if indicated by abnormal findings, increased risk conditions, or extended stay ○ If Respiratory Rate is >60 then documentation should be found indicating presence or absence of grunting, retractions, nasal flaring, quality of breath sounds and pulse oximetry reading. ○ When vital signs are outside the range of normal there is a documented expanded assessment and plan for follow up. • Additional newborn routine assessment to include: <ul style="list-style-type: none"> ○ APGAR scores at 1 and 5 minutes and 10 minutes if indicated ○ assessment of infant color and muscle tone ○ gestational age assessment ○ gender ○ physical exam ○ anthropometric measurements (weight, length, head and chest circumference) ○ documentation of nursing/latch/sucking ○ monitoring of newborn blood glucose according to national guidelines and standards of care ○ documentation of increased assessment and plans in presence of risk factors or abnormal findings ○ Newborn care includes: <ul style="list-style-type: none"> ▪ Vitamin K ▪ Eye prophylaxis • Evidence-based information provided to parents in discussion of newborn procedures, including risks/benefits of single dose intramuscular vitamin K-1 versus oral vitamin K in prevention of Vitamin K Deficiency Bleeding (VKDB) • Signed waiver(s) if parents decline either eye prophylaxis or vitamin K-1 injection • Support and education as needed for client's chosen feeding method. • No separation of mother and newborn unless medically indicated, and then only as needed for completion of appropriate treatment. • Evidence-based maternal-infant care practices^{lxxyv}, including skin-to-skin contact and unrestricted breastfeeding • P&P's in place to assure evidence-based education and care regarding breastfeeding consistent with the World Health Organization <i>Ten Steps for Successful Breastfeeding</i>. 	

REQUIRED:	RECOMMENDED:
<p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

5.1.o. Ongoing emotional assessment of the mother during the postpartum period

Indicators of Compliance:

Tags: [Client Education](#) | [Health Record Documentation and Storage](#) | [Postpartum Mood Disorders](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of: <ul style="list-style-type: none"> ○ maternal interaction/bonding with newborn ○ interaction with/plan for continuing access to support person(s) ○ evaluation of emotional state/adjustment in the immediate postpartum period <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews • Client educational materials <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.1.p. Ongoing assessment of breastfeeding or formula feeding

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of feeding includes: <ul style="list-style-type: none"> ○ method of feeding ○ time and duration ○ which breast(s) ○ type of nipple ○ quality of latch and suck ○ position ○ mother's comfort ○ audible swallowing present? <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Use of a breastfeeding assessment tool, such as LATCH tool, Infant Breastfeeding Assessment Tool (IBFAT), Mother-Baby Assessment (MBA) tool

5.1.q. Discharge summary for mother and newborn that includes: follow-up plan for mother and baby, feeding status at discharge, newborn screenings consistent with national standards

Indicators of Compliance:

Tags: [Health Record Documentation and Storage](#) | [Postpartum Maternal Care](#) | [Postpartum Newborn Care](#) | [Postpartum Programs and Services](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of a complete discharge summary, including summary of intrapartum, postpartum and neonatal course and any complications or special needs • Documentation of: <ul style="list-style-type: none"> ○ Discharge vital signs, as well as at least two sets of stable vital signs on mother and infant. ○ Infant feeding and status of nursing ○ Newborn being discharged in infant car seat for transport home. ○ Plan for follow-up care is documented. • Documents are signed by appropriate personnel with date and time of discharge clearly noted. • Documentation of Early home care instructions being reviewed verbally and written instructions provided. • Documentation of maternal postpartum follow-up by birth center (home, office and/or phone) that is consistent with birth center P&P's <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time 	<ul style="list-style-type: none"> • Discharge of mother or newborn whose condition is not consistent with discharge criteria as per P&P's • No follow-up in home or office or by phone for mother within first 24-72 hours after discharge from birth center.

5.1.r. Ongoing assessment of mother and newborn after discharge until final postpartum evaluation

Indicators of Compliance:

Tags: [CCHD Screening](#) | [Health Record Documentation and Storage](#) | [Newborn Procedures and Testing](#) | [Postpartum Programs and Services](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of: Documentation in medical record of:</p> <ul style="list-style-type: none"> • Plan for birth center follow-up care for newborn (i.e., home and office visits(s)) • Plan for follow-up with pediatric care provider • Follow up care of newborn if seen by pediatric care provider • Plan for neonatal screening tests, including <ul style="list-style-type: none"> ○ Metabolic screen ○ Hearing screen ○ Critical Congenital Heart Defect (CCHD) screen <ul style="list-style-type: none"> ▪ Immediate transfer to a practitioner/facility able to provide immediate cardiac assessment of any newborn who fails the CCHD screen • Plan for metabolic screen to be drawn or performed by the birth center; <ul style="list-style-type: none"> ○ Documentation that the testing took place or written documentation of parent refusal ○ Documentation of results of screen on birth center record • For any neonatal screen not performed by the birth center: <ul style="list-style-type: none"> ○ Documentation that information is provided to parents of where they can obtain it. ○ Whether screen was scheduled, obtained or declined by parents. ○ A signed waiver if the family indicates that they will not have the screening done. • Newborn follow-up by birth center (home, office and/or phone) that is consistent with birth center P&P's <ul style="list-style-type: none"> ○ Documentation of: <ul style="list-style-type: none"> ▪ method of feeding ▪ maternal breast/nipple health ▪ adequacy of feeding method for newborn (i.e., weight gain, assessment of elimination) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time 	<ul style="list-style-type: none"> • No follow-up of newborn in home or office or by phone within first 24-72 hours after discharge from birth center. • No mechanism in place to assure all newborn screening tests are done (unless declined by parents).

5.1.s. Final postpartum evaluation of mother that includes counseling for family planning, referral for ongoing health issues, and screening for postpartum mental health issues

Indicators of Compliance:

Tags: [Breastfeeding](#) | [Family Planning](#) | [Health Record Documentation and Storage](#) | [Postpartum Mood Disorders](#) | [Postpartum Programs and Services](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of a Postpartum visit(s) consistent with birth center P&P’s Final postpartum visit which includes: <ul style="list-style-type: none"> ○ Physical exam to document normal involution, absence of delayed postpartum complications, and healing of any lacerations ○ Assessment of breastfeeding ○ Assessment of family adjustment ○ Screening for postpartum mood disorders during postpartum phone calls, and home and office visits. <ul style="list-style-type: none"> ▪ Use of a validated screening tool such as Edinburgh Postnatal Depression Scale (EPDS) ▪ Referral source for a client with postpartum mood disorders. ▪ Client education about postpartum mood disorders and given information about sources of support and intervention. ○ Provision of family planning education and services or referral for family planning services ○ Confirmation of plan for ongoing preventative health care, including both general and well-woman care <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.1.t. Consultations, referrals and transfers during all phases of care in the birth center

Indicators of Compliance:

Tags: [Consultation or Referral](#) | [Health Record Documentation and Storage](#) | [Risk Criteria and Screening](#) | [Transfer Practices](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of transfer includes the following data elements: <ul style="list-style-type: none"> ○ Indication for transfer ○ Mode of transport and accompanied by whom ○ All times <ul style="list-style-type: none"> ▪ decision to transfer ▪ consults or notification of receiving provider/unit, ▪ If applicable - call to ambulance, ambulance arrival at birth center, time ambulance left birth center ▪ time arrived at hospital ○ All interventions and medications at birth center <i>prior to transport or enroute</i>, Status of mother/fetus or newborn upon leaving birth center, including VS and/or FHT's ○ Maternal-infant interaction if neonatal transport ○ Outcome after transfer. Outcome data to be documented: <ul style="list-style-type: none"> ▪ Type of birth – spontaneous vaginal, assisted vaginal or cesarean ▪ Condition of mother ▪ Condition of infant ▪ any intrapartum, postpartum or newborn complications and interventions, including NICU or maternal ICU admission, and length of stay for newborn or ICU for mother ○ If the birth center is unable to obtain hospital records, there should be evidence of attempt to follow-up with family in order to provide support and obtain basic outcome data <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Birth center should attempt to obtain copy of relevant hospital records after transfer – delivery summary, operative note, NICU discharge summary, autopsy report • Optimal Data: Indication for cesarean birth, Appgars. 	<ul style="list-style-type: none"> • Evidence of failure to transfer according to risk and transfer criteria as per birth center's P&P's • Absence of any evidence of outcome data after transfer

5.2 Birth center clients have access to their health information.

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A policy allowing for access of the client to her own health record, including electronic health records (EHR) via a patient portal or other means of access to information contained in the EHR <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>• None at this time</p>

5.3 The birth center utilizes a transport record documenting information required for transfer to the acute care maternal and newborn hospital service.

Indicators of Compliance:

Tags: [Consultation or Referral](#) | [Health Record Documentation and Storage](#) | [Prenatal Care](#) | [Transfer Practices](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • P&P for assuring that the prenatal record is available in the birth center in instances in which prenatal care is provided in a site other than the birth center facility. • P&P for providing the mother with a copy of her chart and/or transmitting complete records to receiving facility or provider upon transfer of care. • Records will include: <ul style="list-style-type: none"> ○ Prenatal Flowsheet/Progress Notes ○ Demographics ○ Labs and Ultrasound Reports ○ Labor Flowsheet ○ Newborn Record (e.g. assessment, vitals, procedures) ○ Allergy & Medication List 	<p>• None at this time</p>

REQUIRED:	RECOMMENDED:
<p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

5.4 There is a system in place for appropriate tracking of maternal and newborn screenings and diagnostic test(s) including documentation of results and follow-up.

Indicators of Compliance:

Tags: [Consultation or Referral](#) | [Health Record Documentation and Storage](#) | [Laboratory and Diagnostic Services](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Reports of laboratory tests, treatments and consultations are entered promptly on health records. • Documentation of review of results of laboratory and diagnostic test results by appropriate personnel, and of timely and appropriate follow-up of abnormal findings, including date and name/initials of individual taking action. • A system in place for tracking lab test and diagnostic procedures ordered to assure that results/reports are received in a timely fashion. • All consultations with Collaborative Physicians or Consulting Clinical Specialists are documented in the health record, including name of individual, issue discussed and plan for management agreed upon <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.5 There is a mechanism for providing the birth center with a current health record prior to and on admission in labor.

Cross Reference: Standard [5.3](#) for all Indicators related to policies and procedures for assuring that the prenatal record is available in the birth center in instances in which prenatal care is provided in a site other than the birth center facility.

5.6 There is a mechanism for providing the health record of the mother and/or newborn to receiving provider and/or facility on referral or transfer to other levels of care.

Cross Reference: Standard [5.3](#) for all Indicators related to policies and procedures for providing the mother with a copy of her chart and/or transmitting complete records to receiving facility or provider upon transfer of care.

5.7 Health information is protected to ensure confidentiality, retention and availability to practitioners on a 24-hour basis.

Indicators of Compliance:

Tags: [Health Record Documentation and Storage](#) | [HIPAA and Patient Privacy](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Health records that are: <ul style="list-style-type: none"> ○ Secure and inaccessible to the public. ○ Accessible to Administrative Staff only on an as-needed basis ○ Protected against loss from fire and theft. • A policy prohibiting All Staff from removing records from the building other than in the event of an emergency transfer with no time to copy records, or for use at another office site or home care. • If staff are using text messaging for teamwork, they are using an encrypted HIPAA compliant application and/or avoiding use of protected health info. • Adequate security in place for EHR, including staff training and adherence monitoring <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit facility inspection • P&P <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

5.8 Disclosure of protected health information is in compliance with federal and state regulations.

Indicators of Compliance:

Tags: [Health Record Documentation and Storage](#) | [HIPAA and Patient Privacy](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy or protocol is in place for the handling of records, including records request and release procedures that comply with HIPAA regulations • Release of records consent for consultants/referring hospital, evidence of signed Privacy disclosure • Fax cover sheets or Electronic Health Record designed mechanism • Birth center collects patient’s preference for disclosure of information <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site visit chart reviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

Standard 6. Research

Research is conducted in an ethical manner that upholds research principles and protects the client's health, safety and right to privacy.

Attributes Required for Compliance with Standard

6.1 Protocols for conducting research are approved and/or waived by an accredited Institutional Review Board.

Indicators of Compliance:

Tags: [Policies and Procedures](#) | [Consent Forms](#) | [Research](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Formal approval letter or exempt status from an Institutional Review Board approving requested research protocols and procedures with regards to birth center's research project(s) • Research aligns with Birth center protocols, policies and procedures and mission <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P Review Logs • IRB/Research files for formal written IRB approval letter or exempt status. *Some IRB Institutions request the Letter of support/approval from the Birth Center prior to approving the IRB submission. • Site visit review <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

6.2 Research activities and protocols for conducting research are approved by the governing body of the birth center.

Indicators of Compliance:

Tags: [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Review of proposed research projects is done by the Clinical Staff, appropriate birth center Consulting Clinical Specialist(s) and/or Collaborative Physician(s), relative to the research topics; reports research request to the Governing Body • Formal approval letter or exempt status from an institutional Review Board approving research protocol and procedures requested for specific birth center’s research project(s) • Governing body approving research request. (Director of Midwifery or Governing Board member for BC and AABC if using PDR information) • Policies and protocols approved by Governing Board of birth center <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P Review Logs • IRB/Research files; separate file maintained for each research project. • Formal letter from accredited Institution IRB. *Some IRB Institutions request the Letter of support/approval from the Birth Center prior to approving the IRB submission • Letter of approval for research by AABC if using PDR information/data • Letter of approval or support from Director of Midwifery or Governing body member to allow requested research conducted in their Birth Center • Site visit review • Governing body’s decision logs/meeting minutes <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

6.3 Any research that may be incompatible with the Standards for Birth Centers must be approved by the AABC Research Committee.

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of approval from the AABC Research Committee for any research that is incompatible or outside the norms with the CABC Standards for Accreditation; approval letter for research from AABC • Consent form discloses any area(s) in which research is incompatible with the CABC Indicators and AABC Standards <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • IRB/Research files • Site visit review <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>• None at this time</p>

6.4 Any research-related activities within the birth center are appropriate to the expertise of staff and the resources of the birth center.

Indicators of Compliance:

Tags: [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A copy of the Study protocols is readily accessible to all birth center staff who are involved in the research study • Appropriate use of expertise of the staff conducting research at the birth center • Primary investigator with formal research training or experience as appropriate for the particular project <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Personnel files • IRB/Research files (CV of PI indicating formal research training or experience) • P&P Review Logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<p>• None at this time.</p>

6.5 Birth center staff or practitioners who are involved in research are trained in the conduct of human subject research and the research protocol.

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Formal training via accredited programs in the conduct of human subject research • Formal training of all staff and/or providers/practitioners involved in a research project or research protocols and requirements <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Personnel files • Research training logs within Research projects file • NIH or CITI Research certificates of completion for active researchers • Site visit review <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

6.6 The client has the right to opt out of research and remain enrolled in the birth center's usual program of care.

Indicators of Compliance:

Tags: [Client Awareness and Communication](#) | [Consent Forms](#) | [Research](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A copy of the IRB approved consent form is on file in the birth center research records with language supporting 6.6 (Signed consent forms are stored and maintained by the PI of the research project) • Birth center’s research policies and procedures reflect that client may decline to participate in any research study without being refused access to care in the birth center <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P Review Logs • IRB/Research files • Site Visit review <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

6.7 Research activity is monitored and reported periodically to the governing board.

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#)

REQUIRED:	RECOMMENDED:
<p>6.7.a. For a QI/Clinical Improvement project: Evidence of:</p> <ul style="list-style-type: none"> • The Birth Center’s CQI program includes specific elements designed to review the uses and outcomes for any specific procedures normally prohibited under the AABC Standards but allowed as a part of an internal review for clinical improvement • CQI projects protocols will be closely monitored by the QI team • Findings from CQI projects will be relayed to the Birth Center’s governing board at intervals requested by the Governing board • If the QI project is formal or plans include dissemination or publication it must follow the same requirements for all research with formal approval from an IRB and follow research requirements <p>6.7.b. For a Research project: Evidence of:</p> <ul style="list-style-type: none"> • Research protocols will be closely monitored by the PI in conjunction with the Governing board upon request • Formal research projects will report periodically to the birth centers governing board at intervals requested by the Birth Center’s Governing board and/or upon completion of the research project <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P review logs or manual • IRB/Research files • CQI review logs and meeting minutes • Governing Board of BC meeting minutes • Site visit review <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

6.8 There is a plan for dissemination of research findings to AABC and relevant stakeholders.

Indicators of Compliance:

Tags: [Research](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • A plan to report and reporting of research findings to AABC, including any publication or presentation of the research <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P Review Logs • IRB/Research files (should be on copy of IRB submission) • AABC approval to disseminate data if stats from PDR <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

Standard 7. Quality Evaluation and Improvement

The birth center has an effective program to evaluate and improve quality of services for childbearing women and newborns, the environment in which the care is provided, and all aspects of birth center operations.

Attributes Required for Compliance with Standard

A. EVALUATION OF QUALITY CARE

7A.1 Policies, protocols and clinical practice guidelines are evaluated to ensure that they are consistent with current national standards and best available scientific evidence including, but not limited to:

7A.1.a) Ongoing prenatal risk assessment and birth center eligibility

Indicators of Compliance:

Tags: [Alcohol and Drug Use](#) | [Birth Center Regulations](#) | [Consent Forms](#) | [Consultation or Referral](#) | [Continuous Quality Improvement Program](#) | [Multiple Gestation](#) | [Risk Criteria and Screening](#) | [TOLAC and VBAC](#)

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<p>Evidence of:</p> <ul style="list-style-type: none"> • Birth Center’s risk criteria for acceptance into and continuation in care are aligned with generally accepted birth center risk criteria and address these topics, including but not limited to: <ul style="list-style-type: none"> ○ Tobacco, alcohol and drug use ○ Chronic medical conditions ○ Chronic psychiatric conditions ○ Personal responsibility compatible with birth center care ○ Obstetrical history ○ Conditions in current pregnancy • Policy describing a plan and mechanism for annual review of the appropriateness of risk criteria • Complete review of birth center risk criteria by all providers, including the appropriateness of the risk criteria for birth center care • Mechanism for documentation of annual review of risk criteria 	<ul style="list-style-type: none"> • Collaborative review of risk criteria with consulting physician(s) 	<p>Evidence of:</p> <ul style="list-style-type: none"> • Pre-planned births to take place at the birth center in any of the following situations: <ul style="list-style-type: none"> ○ TOLAC when client does not meet required criteria ○ Breech or non-vertex at labor and delivery ○ Multiple gestation (more than one baby, such as twins) ○ Gestation < 36 0/7 weeks or > 42 0/7 weeks ○ Insulin dependent diabetic, including GDM A-2 • Risk criteria allowing intrapartum admission of client with hypertensive

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
<ul style="list-style-type: none"> • Risk criteria policy includes guidelines that indicate criteria for consultation and/or transfer in the presence of abnormal labor progress (i.e. prolonged first and second stage labor for primips and multips).^{lxxxvii lxxxviii} • IF the birth center is offering Trial of Labor After Cesarean (TOLAC), there are policies requiring that the following inclusion criteria are met and documented^{lxxxix}: <ul style="list-style-type: none"> ○ Client has had only one prior cesarean birth ○ Client has a documented low transverse incision ○ Ultrasound demonstrates placental location is not anterior and low lying ○ Client remains consistent with all other risk criteria of the birth center • If admitting clients who desire TOLAC/VBAC, detailed VBAC policy that is consistent with CABC VBAC indicators, including client eligibility and consent. • Upholding the following situations as inappropriate for birth in the birth center: <ul style="list-style-type: none"> ○ Breech or non-vertex at labor and delivery ○ Multiple gestation (more than one baby, such as twins) ○ Gestation < 36 weeks 0 days or > 42 weeks ○ Intrapartum admission of client with hypertensive disorder even if characterized as "mild", "under control" or "controlled with meds"^{xcii} ○ P&P's for diabetes screening and management that prohibit a client with medication-dependent diabetes from intrapartum admission to the birth center.^{xcii} This includes both insulin or oral hypoglycemic medication, and medication-dependent gestational diabetes. • Appropriate referral of clients with risk factor(s) precluding continued care at the birth center to a provider/facility providing the higher level of care dictated by her specific risk condition <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • Chart review • Chart audit reports • Staff meeting minutes <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>		<p>disorder even if characterized as "mild", "under control" or "controlled with meds"</p> <ul style="list-style-type: none"> • Risk criteria that are inconsistent with risk criteria as defined in midwifery and/or birth center regulations in birth center's jurisdiction <p>Evidence of this attribute will be found in:</p> <ul style="list-style-type: none"> • P&P • Chart review

7A.1.b) Comprehensive perinatal care consistent with the birth center model

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Nitrous Oxide](#) | [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence:</p> <ul style="list-style-type: none"> • P&P's consistent with best available evidence for perinatal care • Policy describing a plan and mechanism for annual review of P&P, including <ul style="list-style-type: none"> ○ Evaluation of concurrency between P&P's and current birth center practices. ○ Updating P&P's to reflect revisions in national guidelines, new guidelines, and current evidence ^{xxxxvii} • Archive of previous versions of P&P is maintained, including documentation of dates reviewed and/or revised and tracking of revisions made • A mechanism for communicating all revisions in P&P's to All Staff including documentation of their review of revision(s) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P review logs • Site Visit chart reviews • CQI Review logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • If the birth center offers nitrous oxide for analgesia, there is data collection on efficacy and outcomes (PDR).

7A.1.c) Intrapartum care including policies supporting physiologic labor and birth

7A.1.d) Neonatal care including assessment and resuscitation

7A.1.e) Postpartum care of mother and infant including feeding practices

7A.1.f) Identification of deviations from normal

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • The birth center has an effective program to evaluate and improve quality of Intrapartum care including policies supporting physiologic labor and birth. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • CQI log <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7A.1.g) Management of complications at the birth center when appropriate

Indicators of Compliance:

Tags: [Consultation or Referral](#) | [Continuous Quality Improvement Program](#) | [Risk Criteria and Screening](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy describing a plan and mechanism for regular review of all unusual events and outcomes, including a list of sentinel events that will trigger case review • P&P that all sentinel events are reported to CABC and other state regulated reporting authorities • Regular case review to assure ongoing evaluation of appropriateness of clinical judgment of the <u>Clinical Providers</u> and compliance with established risk criteria and P&P • Root cause analysis for all sentinel events and recurring events^{xcii} • Documentation maintained of these activities that indicate awareness of the laws regarding discoverability of peer review and quality assurance documents in state in which birth center is located. • Documentation of case reviews indicates participation by all <u>Clinical Staff</u> • Reviews include assessing for outliers and trends and following up as appropriate (i.e., root cause analysis, chart audits, staff education, P&P revision, etc.) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Staff Meeting Minutes • Training logs • Personnel files • State Records or Regulations <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Collaborative review with consulting physician(s).

7A.1.h) An established mechanism for transfer to appropriate levels of care when client conditions warrant

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Transfer Practices](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy describing a plan and mechanism for regular review of all transfers of mothers and newborns at least biannually (or more frequently if high volume birth center) • Documentation of management of care reviews indicates participation by all Clinical Staff • Reviews include assessing for outliers and trends and following up as appropriate (i.e., root cause analysis, chart audits, staff education, P&P revision, revision of chart form or EHR, etc.) • Documentation maintained of these activities that indicate awareness of the laws regarding discoverability of peer review and quality assurance documents in state in which birth center is located. • Root cause analysis for all sentinel events and recurring events <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • CQI Review logs • Staff Meeting Minutes • Chart review forms • P&P • Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Collaborative review with other providers involved in mothers' or newborns' care after transfer.

7A.2 The formulary and protocols for medications used at the birth center are consistent with national standards for maternity and neonatal care.

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Federal Regulations](#) | [Group B Strep](#) | [Nitrous Oxide](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • P&P's for use of any medications prescribed, dispensed or administered in the birth center are consistent with current national guidelines and based on the best available evidence. • If birth center administers any controlled drugs, measures are in place for control and tracking that are consistent with current federal and state regulations. ^{xclii} • The birth center has P&P for medication administration, ordering and tracking consistent with safe medication practices and state/federal regulations • The birth center reviews any medication errors or client side effects with appropriate management of care review, and or RCA • The birth center participates in reporting adverse drug reactions to the appropriate agency (i.e. FDA, vaccine registry) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews • CQI Review logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Suggest clients enroll in vaccine registry (if vaccines are administered in the birth center).

7A.3 Chart reviews are performed regularly to review the management of care of individual clients during their course of care and to make recommendations for improving the plan for care.

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Health Record Documentation and Storage](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Health records show consistent documentation of dates (and times as indicated) for all notes. • Chart notes are consistently signed by the person writing the note. If notes are initialed, a signature sheet is in use on each chart. EHR notations are made only under staff members' own log-in. • Student notes are co-signed by the responsible birth center Clinical Staff. • All phone calls are documented in the health record by the person who spoke with the client. • There is a mechanism for a final review of all health records prior to closing the chart to assure proper order and complete documentation. • Policy describing a plan and mechanism for frequency of regular review of ongoing formal reviews during a course of care that includes: <ul style="list-style-type: none"> ○ Chart review form or specific list of criteria for review is defined ○ Defined intervals for review during course of care ○ Individual(s) responsible for assuring that reviews occur ○ Mechanism for documentation of reviews • Documentation of chart reviews indicates participation by all Clinical Staff • There is evidence of regular, on-going, robust review of records of current clients with follow-up and discussion of any deficiencies or issues identified • Reviews with staff include assessing for outliers, trends and patterns, with evidence of analysis and problem-solving to address issues identified (i.e., root cause analysis, chart audits, staff education, P&P revision, revision of chart forms or EHR, etc.) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Chart audit records • Site Visit chart reviews • P&P • Staff Meeting Minutes • CQI Review logs • Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7A.4 Birth center conducts simulation drills to evaluate staff competency and appropriateness of policies and identifies areas for improvement.

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Emergency Preparedness and Drills](#) | [Hydrotherapy and Water Birth](#) | [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> • P&P for medical emergency drills that includes: <ul style="list-style-type: none"> ○ Drills are held at least quarterly and include all appropriate staff, including contracted and per diem staff. ○ Attendance at a minimum of 3 of the 4 quarterly medical emergency drills is mandatory for all Clinical Staff. ○ Content of the drills are appropriate for addressing medical emergencies most likely to be encountered in birth centers and for addressing identified staff education needs– including, but not limited to emergency transport of mother or infant, hemorrhage, shoulder dystocia, neonatal resuscitation, including simulations. ○ Didactic in-service education is provided to All Staff prior to participating in simulation drills and is updated based on outcome analysis of drills • There is documentation of the drills, including date, content of drill, names of attendees, evaluation of performance and appropriate follow-up on any deficiencies identified. • Process for evaluation and follow-up of issues identified. <ul style="list-style-type: none"> ○ Mechanism for evaluation of individual Clinical Staff and the entire team performance in both drills and after actual emergencies, on their ability to manage and respond appropriately to emergency situations, including case review and debriefing after emergency situation occurs ○ If birth center uses immersion in water during labor and/or attends water births, medical emergency drills must include drills of specific emergencies occurring with client in tub, such as shoulder dystocia, postpartum hemorrhage, and neonatal resuscitation. • Format of drills is simulation.^{xciiv} • Because birth center clients must have access to full NRP algorithm, <i>IF the birth center and its practitioners have a regulatory or statutory restriction from providing vascular access or medication administration for neonatal resuscitation according to NRP</i>, the birth center: <ul style="list-style-type: none"> ○ conducts drills that include the specific organizations and individuals that provide access to these skills and procedures, including: <ul style="list-style-type: none"> ▪ name of emergency responder, ▪ time emergency responder is contacted, ▪ estimated time of arrival of emergency responder, and ▪ who provides supplies and medication, the birth center or the emergency responder. • Performance of staff is evaluated and results are used to guide: 	<ul style="list-style-type: none"> • Emergency transfer drills that include EMS personnel and include soliciting feedback on team performance.

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> ○ P&P development ○ in-service education curriculum design ○ content development of future drills <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> ● P&P ● Training logs ● CQI Review logs ● Personnel Files (possibly) ● Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

7A.5 There is an effective system for collection and analysis of data which includes, but is not limited to:

7A.5.a) Standardized review of sentinel events including, but not limited to:

- 1) Neonatal Apgar <7 at 5 minutes
- 2) Postpartum hemorrhage of > 1000cc
- 3) Birth weight <2500gm or >4500gm
- 4) Shoulder dystocia
- 5) Emergent transfers of mother or newborn
- 6) Neonatal intensive care unit admissions
- 7) Maternal intensive care unit admissions
- 8) Maternal, fetal or neonatal mortality
- 9) Deviations from written protocols

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Statistics](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy describing a plan and mechanism for regular review of outcomes of care • Annual compilation of outcome data and statistics that include all of the required elements • Contributing data to a national data registry for maternity care (e.g., AABC Perinatal Data Registry or MANAStats) • Regular (at least annual) analysis and review of data from registry in order to compile statistics • Review of outcome statistics by <u>All Staff</u>. • Review of outcome statistics by <u>Governing Body</u>. • Reviews include assessing for outliers and trends and following up as appropriate (i.e., root cause analysis, chart audits, staff education, P&P revision, etc.) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Delivery Log • Administrative files showing outreach, marketing, and client communications • CQI review logs • National midwifery data registry <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7A.5.b) Standardized review of all transfers of mothers and neonates to hospital care to evaluate the appropriateness of decision-making and quality of management of the transfer.

Indicators of Compliance:

Tags: [Consent Forms](#) | [Continuous Quality Improvement Program](#) | [Statistics](#) | [TOLAC and VBAC](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy describing a plan and mechanism for regular review of reasons for transfers of care. • Annual compilation of transfer data and statistics that include all of the required elements and calculated transfer rates. • Review of transfer statistics by All Staff. • Review of transfer statistics by Governing Body. • Reviews include assessing for significant increase or decrease in transfer rates, outliers and trends and following up as appropriate (i.e., root cause analysis, chart audits, staff education, P&P revision, etc.) • Benchmarking birth center’s transfer rates with national rates and review of transfer rates that are significantly higher or lower than national rates • Inclusion of information about transfer rates in client information and informed consent, including, if applicable, information relevant to specific circumstances (e.g., maternal obesity, TOLAC) <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Delivery or Transfer log • Administrative files showing outreach, marketing, and client communications • CQI review logs • National midwifery data registry <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7A.5.c) Collection and analysis of outcome data compared to national benchmarks including, but not limited to:

- 1) Antepartum attrition and referral rates
- 2) Pre-admission and post-admission intrapartum transfer rate
- 3) Spontaneous vaginal, operative vaginal, and cesarean birth rates including intrapartum transfers
- 4) Utilization rates for available methods of intrapartum pain management
- 5) Episiotomy, third and fourth degree laceration rates
- 6) Postpartum maternal and neonatal transfer rates
- 7) Maternal, fetal and neonatal mortality rates

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Statistics](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy describing a plan and mechanism for regular review of outcomes of care • Annual compilation of outcome data and statistics that include all of the required elements • Contributing data to a national data registry for maternity care (e.g., AABC Perinatal Data Registry or MANAStats) • Regular (at least annual) analysis and review of data from registry in order to compile statistics • Review of outcome statistics by All Staff • Review of outcome statistics by Governing Body • Reviews include assessing for outliers and trends and following up as appropriate (i.e., root cause analysis, chart audits, staff education, P&P revision, etc.) <p>Statistical Analysis of Outcomes of care provided:</p> <ol style="list-style-type: none"> 1) women registered for care 2) antepartum attrition rate 3) antepartum transfer rate 4) women admitted to birth center for intrapartum care 5) births in the birth center 6) births enroute to the birth center 7) maternal intrapartum transfer rate 8) maternal postpartum transfer rate 9) newborn transfer rate 10) type of delivery: NSVD or other 11) episiotomies 	<ul style="list-style-type: none"> • Provide the transfer hospital a copy of the Birth Center’s annual statistics. • Provide the Collaborative Physician(s) a copy of the birth center’s annual statistics. • Actively consider other individuals or entities in the community with whom to share the birth center’s annual statistics (e.g., perinatologist, Chief of Obstetrics at collaborative hospital, maternity department nursing administrator, mother/parent/consumer groups). • Explore best practices for quantifying blood loss

REQUIRED:	RECOMMENDED:
<p>12) third and fourth degree lacerations 13) cesarean and operative vaginal delivery rates 14) infants with birth weight: less than 2500 grams or greater than 4500 grams 15) Apgar scores less than 7 at five minutes 16) neonatal mortality and morbidity 17) maternal mortality and morbidity In addition, CABC also reviews the following outcomes of care provided: 18) newborn transfers 19) maternal transfers 20) postpartum Hemorrhage 21) Prolonged rupture of Membranes > 24 hours prior to delivery</p> <p>Evidence of:</p> <ul style="list-style-type: none"> • Paper or electronic birth log that includes, but is not limited to, all of the following data elements: <ul style="list-style-type: none"> ○ Client name or ID number ○ Gravidity and parity ○ Date & Place of Admission in Labor ○ Gestational age by EDD ○ Date & Location of Birth ○ Type of Birth ○ Birth Attendant Initials or Name ○ Length of ROM and color of fluid ○ Quantitative or Estimated blood loss ○ Perineum – Lacerations, Episiotomy, Repair ○ IP, PP & NB Complications, including complications for which transfer is not required ○ IP, PP or NB Transfer (may be in separate transfer log) ○ Length of all 3 stages of labor ○ Postpartum length of stay ○ Newborn Data – birth weight, Apgars • Data is collected and reviewed on a regular basis, and informs changes to P&P and/or education <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Birth Log • Transfer Log if separate • Perinatal Data Registry <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

7A.5.d) Collection and analysis of utilization data including, but not limited to:

- 1) Orientation sessions
- 2) Childbirth-related educational programs
- 3) Time in birth center before and after birth
- 4) Home visits postpartum
- 5) Follow-up office visits postpartum
- 6) Follow-up office visits for newborn

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Marketing](#) | [Statistics](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy describing a plan and mechanism for regular review of utilization of care, including: <ul style="list-style-type: none"> ○ Annual compilation of utilization data and statistics that include all of the required elements. ○ Review of utilization statistics by All Staff. ○ Review of utilization statistics by Governing Body. • Use of utilization data in marketing, program and business planning <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Administrative files showing outreach, marketing, and client communications • CQI review logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7A.5.e) Analysis of collected data regarding patient satisfaction with services provided

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Client Satisfaction](#) | [Marketing](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy describing a plan and mechanism for regular review of client satisfaction, including: <ul style="list-style-type: none"> ○ Formal system for actively soliciting client feedback (e.g., paper survey, Survey Monkey or similar tool, automatically emailed EHR surveys, etc.) ○ Tracking response rate, defining desired rate, and taking steps to achieve desired rate ○ Procedure for immediately addressing feedback suggesting serious lapse in safety or quality of care ○ Compilation of overall survey results, including identification of trends. ○ Review of feedback involving safety or quality of care with individual staff members involved, including remediation as indicated and appropriate documentation in personnel records. ○ Review of compilation of survey results with All Staff ○ Review of survey results by Governing Body • Follow-up for any issues or problems, including at least one change instituted as a result of client evaluations. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Administrative files showing outreach, marketing, and client communications • CQI review logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7A.5.f) System reviews to identify issues that may impact quality of care including, but not limited to:

7A.5.f.1) Health record system

Indicators of Compliance:

Tags: [Consultation or Referral](#) | [Health Record Documentation and Storage](#) | [Transfer Practices](#) | [Continuous Quality Improvement Program](#) | [HIPAA and Patient Privacy](#) | [Policies and Procedures](#) | [Job Descriptions](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • In practices providing a combination of birth center, home, and/or hospital services, the record reflects clearly: <ul style="list-style-type: none"> ○ Planned birth site ○ Any change in the planned birth location during the course of the pregnancy • EHR includes fields that facilitate documentation of all CABC required data elements • If necessary, separate forms to compensate for any missing areas of needed documentation in EHR, such as: <ul style="list-style-type: none"> ○ time of consult with Collaborative Physician or Consulting Clinical Specialist ○ arrival and departure of EMS ○ other required information in the event of a transfer ○ midwife preceptor co-signing apprentice/student charting ○ response of FHT’s to uterine contractions with intermittent auscultation • Documentation of the status of the birth center’s system for handling records. • Policy, protocol or job description for employee responsible for processing health records. • Documentation that the birth center tracks compliance with charting requirements outlined in Standard 5, and addresses any deficiencies with a plan of correction. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Site Visit chart reviews • P&P • Staff meeting minutes • Decision journal/meeting minutes <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • When feasible it is recommended that birth center hire a medical records technician to periodically review the medical record system of the center for compliance with all regulatory requirements

7A.5.f.2) Procedures for screening and diagnostic testing

Indicators of Compliance:

Tags: [CCHD Screening](#) | [Continuous Quality Improvement Program](#) | [Laboratory and Diagnostic Services](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy describing a plan and mechanism for regular review of consistent utilization of screening procedures and updates to remain consistent with current evidence-based guidelines. • Review and assessment of the use and documentation (according to Standards 1C.1.g and 5.1 and 5.4 of screening and diagnostic testing, and a plan of correction to address any deficiencies. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit chart reviews • CQI Review logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7A.5.f.3) Facility, equipment and supplies

Indicators of Compliance:

Tags: [Biohazardous Waste](#) | [Continuous Quality Improvement Program](#) | [Facility Maintenance Policies](#) | [Medical Equipment and Maintenance Policies](#) | [Federal Regulations](#) | [Housekeeping and Infection Control](#) | [Occupational Safety and Health](#) | [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy describing a plan and mechanism for regular equipment inspection and maintenance that includes: <ul style="list-style-type: none"> ○ Equipment to be inspected ○ Specific criteria indicating satisfactory performance of each piece of equipment ○ Intervals for inspection – no less than monthly ○ Maintenance consistent with manufacturer’s instructions ○ Outside maintenance and calibration for any equipment that requires maintenance beyond birth center capabilities, including testing for electrical leakage if appropriate 	<ul style="list-style-type: none"> • None at this time

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> ○ Mechanism for documentation of regular inspections and maintenance, including any needed follow-up ● Follow-up for any issues or problems ● P&P for facility, equipment inspection and maintenance that includes: <ul style="list-style-type: none"> ○ Identification of specific equipment, systems, etc. that will be inspected ○ Interval frequency for inspection and/or maintenance ○ Criteria indicating satisfactory performance of each piece of equipment or system ● Mechanism for documentation of regular inspections and maintenance, including any needed follow-up, and evidence of consistent use ● Use of outside services for inspection and maintenance as appropriate (i.e., fire alarm system, fire extinguishers, HVAC system, etc., including documentation of services provided) ● Logs documenting regular inspection and maintenance of facility, including corrective action for any issues identified. ● P&P's for handling and disposal of regulated medical waste that are consistent with federal and state regulations,^{xcv xcvii} including <ul style="list-style-type: none"> ○ Contract with licensed biohazardous waste hauler ○ Maintenance of disposal manifests in compliance with the Medical Waste Tracking Act ● Regular review of infection control and housekeeping practices, and targeted review if there is any suspicion of nosocomial infection <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> ● P&P ● Facility Safety Check Logs ● CQI review logs ● Equipment logs ● Administrative files <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

7A.5.f.4) Human resource programs

Indicators of Compliance:

Tags: [Document Maintenance and Storage](#) | [Personnel Policies](#) | [Policies and Procedures](#) | [Continuous Quality Improvement Program](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Regular review of personnel policies (At least as often as each accreditation cycle, which is initially annual and then every three years) • Policy describing a plan and mechanism for regular review and evaluation of Clinical Providers.^{xcvii} • Procedure for disciplinary action and/or remediation for employees, contracted staff and credentialed providers. • Evaluation procedures include staff self-evaluation. <p>Evidence of this attribute found in the:</p> <ul style="list-style-type: none"> • Meeting minutes • Signed/dated review sheet • Evidence of HR changes • P&P • Personnel files • CQI Review logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Evaluation of Clinical Providers includes Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE)^{xcviii}

7A.5.f.5) Billing and accounting practices

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Review and assessment of billing and accounting practices according to Standard 2C.12, and a plan of correction to address any deficiencies^{xcix}. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Personnel files • CQI Review logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • Evaluation of Clinical Providers includes OPPE

B. QUALITY IMPROVEMENT

7B.1 There is an effective quality improvement program that utilizes root cause analysis in order to identify issues, develop corrective actions plans and monitor quality improvement.

Indicators of Compliance:

Tags: [Consultation or Referral](#) | [Continuous Quality Improvement Program](#) | [Risk Criteria and Screening](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Documentation of a quality improvement program which incorporates the findings of Root Cause Analysis, chart review, and facility review into plan of action and mechanism for follow up. <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • CQI log <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7B.2 Quality improvement plans are implemented to address issues identified and may include, but are not limited to:

7B.2.a) Administrative or supervisory action

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Personnel Policies](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Administrative or supervisory responsibility for comprehensive CQI program • Policy and procedures for administrative action in response to issue identified via birth center's CQI program AND: <ul style="list-style-type: none"> ○ EITHER a specific instance in which the birth center's CQI program has identified a problem and taken action in response to problem(s) identified. 	<ul style="list-style-type: none"> • None at this time

REQUIRED:	RECOMMENDED:
<ul style="list-style-type: none"> ○ OR If the birth center has not had an occasion to do this, interview for what Administrative and Clinical Directors will do when issue is identified. ● If no such situation can be cited, CABC will evaluate adherence to this Attribute at the next site visit when the CQI program is more established <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> ● Interviews with birth center staff ● P&P ● Administrative files ● Personnel files, if applicable ● CQI review log <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	

7B.2.b) Continuing education or simulation

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Policies and Procedures](#) | [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> ● In-service education, including simulation when appropriate, as a result of issue identified via birth center's CQI program. ● If no such situation can be cited, CABC will evaluate adherence to this Attribute at the next site visit when the CQI program is more established <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> ● Interviews with birth center staff ● P&P ● Administrative files ● CQI review log ● Training logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> ● None at this time

7B.2.c) Modification of policies and procedures

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Policies and Procedures](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Revisions in P&P as a result of issue identified via birth center’s CQI program. • If no such situation can be cited, CABC will evaluate adherence to this Attribute at the next site visit when the CQI program is more established <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Interviews with birth center staff • P&P • CQI review log <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7B.2.d) Revision of risk criteria

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Risk Criteria and Screening](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Revisions in risk criteria as a result of issue identified via birth center’s CQI program. • If no such situation can be cited, CABC will evaluate adherence to this Attribute at the next site visit when the CQI program is more established <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Interviews with birth center staff • P&P • CQI review log <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7B.2.e) Revision of health record or other record forms

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Health Record Documentation and Storage](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Revisions in health record or other record forms as a result of issue identified via birth center’s CQI program. • Customization of EHR to assure compliance with best practices and CABC requirements for documentation of birth center care. If no such situation can be cited, CABC will evaluate adherence to this Attribute at the next site visit when the CQI program is more established <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Interviews with birth center staff and/or director • P&P • Administrative files on forms • CQI review log <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7B.2.f) Utilization of outside consultation and expertise

Indicators of Compliance:

Tags: [Consultation or Referral](#) | [Continuous Quality Improvement Program](#) | [Staff Orientation and Education](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Policy and procedures for bringing in outside consultation or expertise AND: <ul style="list-style-type: none"> ○ EITHER a specific instance in which the birth center’s CQI program has identified a problem and consultation with an expert in response to problem(s) identified. ○ OR If the birth center has not had an occasion to do this, interview for what Administrative and Clinical Directors will do when help is needed. <p>If no such situation can be cited, CABC will evaluate adherence to this Attribute at the next site visit when the CQI program is more established</p> <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • Site Visit interview(s) of birth center Administrator(s) • CQI Review logs <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7B.2.g) Changes to facility, equipment or supplies

Indicators of Compliance:

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Changes to facility, equipment, or supplies as a result of issue identified via birth center’s CQI program. <ul style="list-style-type: none"> ○ If no such situation can be cited, CABC will evaluate adherence to this Attribute at the next site visit when the CQI program is more established <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body’s decision logs/meeting minutes • Meeting minutes • CQI log • Site Visit Interviews <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7B.3 The quality improvement program includes re-evaluation to determine if the action taken has resolved the identified problem.

Indicators of Compliance:

Tags: Continuous Quality Improvement Program

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • The <u>Governing Body</u>, or its delegate, re-evaluating the results of previous actions taken to resolve an identified problem and takes additional action if indicated. If no such situation can be cited, CABC will evaluate adherence to this Attribute at the next site visit when the CQI program is more established <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • Governing body's decision logs/meeting minutes • Interview with Director • Administrative files or logs • P&P • CQI review log <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

7B.4 The birth center participates in a recognized national perinatal data registry which regularly reports on birth center outcomes to the public and stakeholder groups.

Indicators of Compliance:

Tags: [Continuous Quality Improvement Program](#) | [Statistics](#)

REQUIRED:	RECOMMENDED:
<p>Evidence of:</p> <ul style="list-style-type: none"> • Contributing data to a national data registry for maternity care (e.g., AABC Perinatal Data Registry or MANAStats) • Regular (at least annual) analysis and review of data from registry in order to compile statistics <p>Evidence of this attribute will be found in the:</p> <ul style="list-style-type: none"> • P&P • National midwifery data registry <p>OR Birth Center has <i>Other Way</i> to demonstrate compliance with the standard and documentation is provided.</p>	<ul style="list-style-type: none"> • None at this time

Glossary & Comparisons

Terms

AABC

American Association of Birth Centers
<http://www.birthcenters.org/>

AAP

American Academy of Pediatrics
<http://www.aap.org/>

ACNM

American College of Nurse-Midwives
www.midwife.org/

ACOG

American Congress of Obstetricians & Gynecologists
<http://www.acog.org/>

Administrative Director

Individual who is responsible for business and administrative operations and oversight of Administrative Staff. The same individual may fill the roles of both Administrative and [Clinical Director](#).

Administrative Staff

Any individuals among All Staff who perform tasks or have responsibilities outside clinical care.
See Comparison: [Role Subsets of All Staff in the CABC Indicators](#)

All Staff

In the CABC Indicators, *All Staff* includes birth center Employees, Contracted Staff and Credentialed Providers, as these terms are defined in this glossary.
See Comparison: [Role Subsets of All Staff in the CABC Indicators](#)
See Comparison: [Professional Roles Not Included in All Staff in the CABC Indicators](#)

Antepartum Care

Starts when the mother presents herself for care during pregnancy and goes up to the onset of labor.
See Comparison: [Stages of Care](#)

AWHONN

Association of Women's Health, Obstetric & Neonatal Nurses
<https://www.awhonn.org>

Baby Friendly USA

The Baby Friendly Hospital Initiative (BFHI) is a global initiative of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). It is implemented in the United States by BFUSA.
<https://www.babyfriendlyusa.org/>

Birth Center

"The birth center is a homelike facility existing within a healthcare system with a program of care designed in the wellness model of pregnancy and birth. Birth centers are guided by principles of prevention, sensitivity, safety, appropriate medical intervention, and cost effectiveness. Birth centers provide family-centered care for healthy women before, during and after normal pregnancy, labor and birth." CABC accredits birth centers according to the national AABC Standards for Birth Centers, regardless of ownership, [Clinical Provider](#), location, or population served. <http://www.birthcenters.org/about-aabc/position-statements/definition-of-birth-center>

Birth Log

Each birth center must have a birth log with the following items:

- Birth location (unless log is birth center births only)
- Client name or ID number
- Gravidity and parity
- Date & Place of Admission in Labor
- Gestational age by EDD
- Date & Location of Birth
- Type of Birth
- Birth Attendant Initials or Name
- Length of ROM and color of fluid
- Quantitative or Estimated blood loss
- Perineum - Lacerations, Episiotomy, Repair
- IP, PP & NB Complications, including complications for which transfer is not required
- IP, PP, or NB Transfer (may be in a separate transfer log)
- Length of all 3 stages of labor
- Postpartum length of stay
- Newborn Data - birth weight, Apgars

Birth Trauma

Fetal injury related to the process of birth or obstetrical interventions. Includes: abscess at site of scalp lead or scalp blood sampling, subgaleal hematoma, significant Caput succedaneum, significant bruising or petechiae, large cephalohematoma, abrasions and lacerations, Brachial plexus or facial nerve injury, Cranial nerve injury, Laryngeal nerve injury, skull, clavicular or long bone fracture, Hepatic rupture, hypoxic-ischemic insult (confirmed by cord blood gases and other testing), intracranial hemorrhage. Excludes: Mild facial or scalp bruising or petechiae, mild caput succedaneum, small cephalohematoma, retinal and subconjunctival hemorrhage.

As defined in the AABC PDR (<http://www.birthcenters.org/?PDR>) data dictionary and by Tiffany McKee—Garrett, MD in this study: <http://www.uptodate.com/contents/neonatal-birth-injuries>

CABC

The Commission for the Accreditation of Birth Centers
<https://www.birthcenteraccreditation.org/>

CDC

Centers for Disease Control and Prevention
<http://www.cdc.gov/>

CIMS

Coalition for the Improvement of Maternity Services
<http://www.motherfriendly.org/>

CLIA

Clinical Laboratory Improvement Amendments
The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA).
<http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/clia/>

CLIA Certificate of Waiver (COW)

Issued to a laboratory of a care provider office that performs only waived tests.

<http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/howobtaincertificateofwaiver.pdf>

CLIA Waived Tests

As defined by CLIA, waived tests are categorized as “simple laboratory examinations and procedures that have an insignificant risk of an erroneous result.” Examples include urine pregnancy tests, dipstick urinalysis, finger stick hematocrit or glucose. http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Certificate_of_Waiver_Laboratory_Project.html

CLIA Certificate for Provider Performed Microscopy (PPM) Procedures

As defined by CLIA, “Issued to a laboratory in which a physician, midlevel practitioner or dentist performs specific microscopy procedures during the course of a patient’s visit. A limited list of microscopy procedures is included under this certificate type and these are categorized as moderate complexity.” Wet prep and ferning test are included under this certificate type.

<https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/HowObtainCLIACertificate.pdf>
<http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/ppmplist.pdf>

Clinical Director

Individual responsible for clinical care and oversight of Clinical Providers and Clinical Staff. The same individual may fill the roles of both Clinical and [Administrative Director](#).

Clinical Providers

Any individuals among Clinical Staff who are ultimately responsible for the clinical care. (e.g., Midwife or Physician) . Any physician who provides or directs client care at the birth center is a Clinical Provider and therefore included in references in the CABC Indicators to *All Staff*.

See Comparison: [Role Subsets of All Staff in the CABC Indicators](#)

Clinical Staff

Any individuals among All Staff who perform tasks or have responsibilities in clinical care.

See Comparison: [Role Subsets of All Staff in the CABC Indicators](#)

Closed Staff Model

In the CABC Indicators, *All Staff* includes employees and contracted staff.

See Comparison: [Birth Center Staff Models](#)

CM

Certified Midwife as defined by the American College of Nurse-Midwives.

CNM

Certified Nurse-Midwife as defined by the American College of Nurse-Midwives: <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/0000000266/Definition%20of%20Midwifery%20and%20Scope%20of%20Practice%20of%20CNMs%20and%20CMs%20Dec%202011.pdf>

Collaborative Physician

Any physician with whom the birth center has an on-going professional relationship and who does *not* provide any client care at the birth center.

See Comparison: [Professional Roles Not Included in All Staff](#)

Consulting Clinical Specialist

Qualified individual with whom the Birth center consults and who is not a member of All Staff.

See Comparison: [Professional Roles Not Included in All Staff](#)

Contracted Staff

In the CABC Indicators, includes birth center staff who are recognized as independent contractors by the federal government and receive a 1099-MISC at year end from the Birth Center.

See Comparison: [Staff Models in Birth Centers](#)

See Comparison: [Role Subsets of All Staff in the CABC Indicators](#)

CPM

Certified Professional Midwife as defined by the National Association of Certified Professional Midwives: <http://nacpm.org/about-cpms/who-are-cpms/>

CQI

Continuous Quality Improvement

http://www.healthit.gov/sites/default/files/tools/nlc_continuousqualityimprovementprimer.pdf

CQI Review Log

Includes all notes, minutes, documentation of the CQI process.

Credentialed Providers

Care providers, who are not birth center employees or contractors, who have the birth center's formal permission to provide any services within the birth center. Credentialed providers may include, but are not limited to:

- Chiropractors
- Family Physicians
- Acupuncturists and Doctors of Chinese Medicine
- Lactation Consultants
- Midwives
- Obstetricians
- Osteopaths
- Pediatricians

See Comparison: [Staff Models in Birth Centers](#)

See Comparison: [Role Subsets of All Staff in the CABC Indicators](#)

CV

Curriculum Vitae

http://en.wikipedia.org/wiki/Curriculum_vitae

DEM

Direct-Entry Midwife as defined by the Midwives Alliance of North America:

<http://mana.org/about-midwives/what-is-a-midwife>

EFM

Electronic Fetal Monitor

EHR

Electronic Health Record

Employees

In the CABC Indicators, includes birth center staff who are recognized as employees by the federal government and receive a W-2 at year end from the birth center.

See Comparison: [Staff Models in Birth Centers](#)

See Comparison: [Role Subsets of All Staff in the CABC Indicators](#)

Equipment logs

Regularly maintained log of maintenance of specific equipment as defined by manufacturer's guidelines and birth center P&P. Each piece of equipment may have its own log attached to the equipment or logs may be together in Administrative files.

Executive Director

Individual with overall responsibility for the birth center.

FHR

Fetal Heart Rate

FHT

Fetal Heart Tone

FOB

Father Of the Baby

Fundus

Fundus is an anatomical term referring to the portion of an organ opposite from its opening. The fundus of the uterus is the top portion, opposite from the cervix. <http://en.wikipedia.org/wiki/Fundus>

Governing body

See list of legal business entities in the USA at Wikipedia

(http://en.wikipedia.org/wiki/Types_of_business_entity#State.2C_Territory_or_Commonwealth_incorporated)

- If the birth center is a *Sole Proprietorship*, the owner is the governing body.
- If the birth center is a *Partnership*, together the owners are the governing body.
- If the birth center is a *LLC or PLLC*, the governing body might be a single owner, or a partnership, or a board.
- If the birth center is a *Professional Corporation (PC) or S-Corporation*, the governing body is a board, which can be quite small, comprised of the owner and 1 advisor.
- If birth center is a *C-Corporation* it is governed by a board. This birth center may be part of a larger legally constituted healthcare organization.

Governing body's decision logs/meeting minutes

In CABIC Indicators, this term includes all documentation of the governing body.

- When the governing body is a single person, the documentation is a file, journal, or log of decisions made by the owner.
- When the governing body is more than one person, look for one of the following:
 - Meeting minutes are present in the birth center
 - When the birth center is part of a larger legally constituted healthcare organization, administrative reports or memos (digital or printed) are required, in lieu of actual minutes between birth center director and upper level administrator(s) who is responsible for the birth center and who serves as liaison with governing body, showing the following:
 - Governing body discussions relevant to the birth center
 - Governing body decisions relevant to the birth center

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security and Breach Notification Rules <http://www.hhs.gov/ocr/privacy/>

Intrapartum Care

All of labor, up through delivery of the placenta.

See Comparison: [Stages of Care](#)

Inventory Log

Regularly maintained record with established par levels for needed amount of supplies (including medications), level at which more supplies should be ordered, and expiration dates.

IRB

Institutional Review Board (IRB)

The birth center is not and does not have an IRB. IRB approval or waiver must be obtained from an established IRB – usually the IRB of an academic institution or a hospital IRB. http://en.wikipedia.org/wiki/Institutional_review_board

LM

Licensed Midwife

Lochia

Vaginal discharge after giving birth. <http://en.wikipedia.org/wiki/Lochia>

Medical Director

A physician who, as required by state regulations or birth center P&P's, assumes responsibility for directing care at the birth center. May be a specialist in obstetrics or pediatrics depending upon regulatory requirements.

See Comparison: [Role Subsets of All Staff in the CABC Indicators](#)

Medication Security Log

Regularly maintained record of proper storage, administration, tracking and disposal of controlled medications as designated by the U.S. Drug Enforcement Administration (DEA). Includes signatures (not just initials) in logs.

<http://www.justice.gov/dea/druginfo/ds.shtml>

MFCI

Mother-Friendly Childbirth Initiative. <http://www.motherfriendly.org/MFCI>

Midwives

See also the definition of The International Confederation of Midwives:

http://www.unfpa.org/sowmy/resources/docs/standards/en/R430_ICM_2011_Essential_Compencies_2010_ENG.pdf

Morbidity

Any physical or psychological condition that results from or is aggravated by pregnancy and childbirth that has a negative impact on the woman's or newborn's well-being. (This is the basic definition used by both WHO and CDC.) Includes both temporary and permanent conditions. Excludes normal discomforts of pregnancy and childbirth.

<http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/SevereMaternalMorbidity.html> and

<http://www.who.int/bulletin/volumes/91/10/13-117564/en/>

Multi-gravida

Woman who has had 2 or more pregnancies, including her current pregnancy.

See Comparison: [Describing a Woman in Relation to Her Pregnancy History](#)

Multi-para

Woman who has had 2 or more viable pregnancies, including her current pregnancy.

See Comparison: [Describing a Woman in Relation to Her Pregnancy History](#)

NACPM

National Association of Certified Professional Midwives

<http://nacpm.org/>

National midwifery data registries

Participation in one of these national midwifery data registries is required by CABC:

- American Association of Birth Centers Perinatal Data Registry (PDR)
- Midwives Alliance of North America MANA Stats

Neonatal Care

Care during the first 28 days of life after birth.

See Comparison: [Stages of Care](#)

NRP

Neonatal Resuscitation Program™ endorsed by American Academy of Pediatrics and American Heart Association. <http://www2.aap.org/nrp>

Open Staff Model

In the CABC Indicators, *All Staff* includes employees, contracted staff, and credentialed providers.

See Comparison: [Birth Center Staff Models](#)

OPPE

Ongoing Professional Practice Evaluation. A tool developed by the Joint Commission in 2007 for evaluating professional performance on an ongoing basis based upon specific data and criteria. The goal is to allow both providers and facilities to take steps to improve performance in a timely fashion, thus improving both quality of care and risk management.

OSHA

Occupational Safety and Health Administration <https://www.osha.gov/>

P&P

Policies and Procedures. In the CABC Indicators, this abbreviation refers to a comprehensive set of documents that guide clinical and administrative practices.

- Clinical Practice Guidelines (CPG's) and Administrative Policies are subsets of P&P.
- P&P guide all major decisions and actions as well as prescribe the methods by which they shall be carried out in the functioning of the birth center.

PPE

Personal protective equipment as defined by OSHA.

Primagravida

Woman who is pregnant for the very first time.

See Comparison: [Describing a Woman in Relation to Her Pregnancy History](#)

Primipara

Woman who is pregnant for the first time and has never carried a pregnancy beyond 20 weeks.

See Comparison: [Describing a Woman in Relation to Her Pregnancy History](#)

Postpartum Care

From delivery of the placenta to 6 weeks after the birth.

See Comparison: [Stages of Care](#)

Risk criteria

Criteria established by the birth center that determine whether or not an individual woman is appropriate for midwifery & birth center care. Includes exclusion criteria.

Examples of common risk criteria:

- Certain chronic medical conditions
- Multiple gestation
- Breech presentation at term or in labor
- Preeclampsia
- Labor prior to 36 weeks or after 42 weeks gestation

Risk factors

Factors present in the woman's medical, social or obstetrical history; or developing during pregnancy, labor, & birth, postpartum or in the neonate; that may increase the risk of complications or adverse outcomes. Some risk factors preclude out-of-hospital birth or continuing care in the birth center.

Examples:

- Substance abuse
- Poor social support for pregnancy, childbirth & parenting
- Maternal obesity
- Some chronic medical conditions, such as chronic hypertension & Type I diabetes mellitus
- Multiple gestation
- Non-reassuring fetal testing
- Newborn temperature instability

Safety Logs

Records of regular inspections of equipment and facility.

Sentinel Event

A sentinel event is an unexpected occurrence at a birth center involving death or serious physical or psychological injury, or the risk thereof. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events signal the need for immediate investigation and response. The terms “sentinel event” and “error” are not synonymous; not all sentinel events occur because of an error, and not all errors result in sentinel events. A sentinel event is usually related to clinical care and a mother or newborn; however, it may also include events involving birth center infrastructure, staff and visitors. *(This CABC definition of a sentinel event is adapted from the definition use by The Joint Commission, which accredits hospitals and other care facilities.)*

Staff Meeting Minutes

Notes or minutes taken during meetings of any or all of the group defined as All Staff.

Students

In the CABC Indicators, Students includes all students and apprentices working and learning at the birth center under the supervision of a [Clinical Provider](#).

TOLAC

Trial of Labor After Cesarean is the term for attempting a VBAC.

Training Logs

Attendance records and descriptions of trainings and drills for birth center staff, including emergency drills.

VBAC

Vaginal Birth After Cesarean

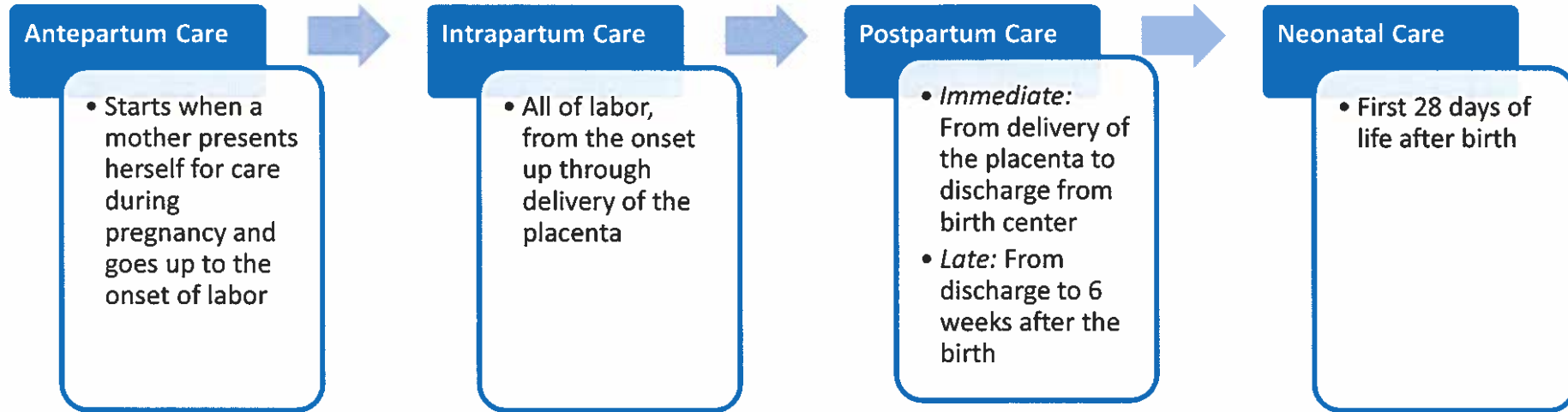
Comparisons

Evidence Sources

CABC relies on documentation for all evidence in the accreditation process.

Documentation & Access Provided by Birth Center as required:	Additional Documentation Gathered by CABC may include and is not limited to:
<ul style="list-style-type: none"> • Self-Evaluation for CABC • Applicable regulations for the jurisdiction(s) • P&P • P&P review logs • Personnel Files • Student personnel files • Training Logs • Emergency Drill Logs (medical + disaster) • Facility Safety Logs • Material Safety Data Sheets • Sharps Injury Log • Equipment logs • Cleaning logs • Inventory logs • CLIA Waiver • Targeted Chart audit reports • CQI Review Logs • Client charts • Delivery Log • Transfer Log if separate 	<ul style="list-style-type: none"> • Marketing and public relations plan • Social media metrics reports • Forms used by admin staff to track communications with prospects and clients • Business Plan or Strategic Plan • Financial Statements • Governing body's decision logs/meeting minutes • Administrative Files • IT plan • Insurance records • Contracts and Agreements • Staff Meeting Minutes • National midwifery data registry used by the birth center • Research files • IRB files • Client feedback reports • Client educational materials • Client handouts • General Consent form • Specific Consent/Refusal forms

Stages of Care



Describing a Woman in Relation to Her Pregnancy History

Primigravida	Primipara	Multi-para	Multi-gravida
woman who is pregnant for the very first time	woman who is pregnant for the first time with a viable pregnancy after 20 weeks	woman who has multiple pregnancies, including her current pregnancy	woman who has multiple viable pregnancies, including her current pregnancy

Staff Models in Birth Centers

	Open Staff Models		Closed Staff Models	
	Open Credentialed Clinical Providers & their Assistants:	Open Credentialed Clinical Providers:	Closed Credentialed Clinical Providers:	Closed All Staff:
<i>CABC's definition of this staff model relates to employment law this way:</i>	<ul style="list-style-type: none"> All birth center staff are employees or contracted, and Clinical Providers and their assistants are credentialed from multiple midwifery or obstetrical practices. 	<ul style="list-style-type: none"> All birth center staff are employees or contracted, and Clinical Providers are credentialed from multiple midwifery or obstetrical practices. 	<ul style="list-style-type: none"> All birth center staff are employees or contracted, and Clinical Providers are credentialed from only 1 midwifery or obstetrical practice. 	<ul style="list-style-type: none"> All birth center staff are employees or contracted, and All Clinical Providers are also employees or contracted.
<i>In the CABC Indicators, references to "All Staff" for this staff model includes:</i>	<ul style="list-style-type: none"> Employees Contracted Staff Credentialed Providers and their assistants (e.g., Clinical Providers who are not Employees or Contracted Staff.) Students Volunteers 	<ul style="list-style-type: none"> Employees Contracted Staff Credentialed Providers (e.g., Clinical Providers who are not Employees or Contracted Staff.) Students Volunteers 	<ul style="list-style-type: none"> Employees Contracted Staff Credentialed Providers (e.g., Clinical Providers who are not Employees or Contracted Staff.) Students Volunteers 	<ul style="list-style-type: none"> Employees Contracted Staff Students Volunteers

Role Subsets of All Staff in the CABC Indicators

NOTE: It is common for individuals to play more than one role.

<p>All Staff can be divided into these relationships to the birth center:</p> <ul style="list-style-type: none"> Employees Contracted Staff Medical Director Credentialed Providers Students Volunteers 	<p>All Staff can also be divided into these groups of roles necessary to do the work of the birth center:</p> <ul style="list-style-type: none"> Administrative Staff Clinical Staff Clinical Providers Medical Director
---	--

Professional Roles Not Included in All Staff

NOTE: Any physician who provides or directs client care at the birth center is a [Clinical Provider](#) and therefore included in references in the CABC Indicators to [All Staff](#).

- [Collaborative Physician](#)
- [Consulting Clinical Specialist](#)

Tag Topic Index

Tags are 'non-hierarchical words or phrases' that CABC has assigned to some Standards as metadata, which means that the tag describes the content. Tags allow CABC to create supplemental navigation for this document, based on the tags or topics. [http://en.wikipedia.org/wiki/Tag_\(metadata\)](http://en.wikipedia.org/wiki/Tag_(metadata))

This index is intended as an aid for navigational use in the CABC Indicators. It is not guaranteed to include all applicable Standards references under a Tag. Future editions will include updates and corrections.

If you find an error or omission, or have a suggestion for a Tag, please send your suggestion to admin@birthcenteraccreditation.org.

Alcohol and Drug Use

- [Standard 1B.1.e](#) : education regarding alcohol and drug use
- [Standard 1C.1.f](#) : prenatal care referral for substance abuse counseling and services
- [Standard 5.1.d](#) : client history with alcohol and drug use
- [Standard 7A.1.a](#) : risk criteria regarding alcohol and drug use

Augmentation

- [Standard 1C.1.j](#) : medications for augmentation of labor

Biohazardous Waste

- [Standard 4A.12](#) : removal of biohazardous/biomedical waste
- [Standard 4A.14](#) : contract for removal of biohazardous/biomedical waste

Birth Center Regulations (Federal, State, or Local)

- [Standard 1C.1.d](#) : referrals to meet client needs outside the scope of the birth center
- [Standard 1C.1.e](#) : management of deviations from normal and referral/transfer protocols
- [Standard 1C.1.f](#) : prenatal care
- [Standard 3.2](#) : licensed care providers
- [Standard 4A.1](#) : birth center regulations requirements
- [Standard 4A.2](#) : state regulation and code compliance related to construction, safety and access
- [Standard 4A.2](#) : responsibilities in the absence of community fire regulations
- [Standard 4A.4](#) : maintaining records of routine inspections by health, fire, building and other departments
- [Standard 4A.15](#) : disaster plan and drill requirements
- [Standard 4B.2.c](#) : storing supplies
- [Standard 5.1.e](#) : policies for initial physical examination, lab tests and risk evaluation

- [Standard 7A.1.a](#) : risk criteria for determining eligibility
- See [HIPAA and Patient Privacy, Federal Regulations, Credentialing and Licensure](#)

Body Mass Index

- [Standard 1C.1.f](#) : care for women with pregravid BMI <19 and >30
- [Standard 5.1.e](#) : BMI included in initial physical examination, laboratory tests and evaluation of risk status
- [Standard 5.1.f](#) : following P&P regarding BMI for acceptance of client for planned birth center birth
- [Standard 5.1.h](#) : specific nutritional counseling and weight gain recommendations based upon BMI

Breastfeeding

- [Standard 1B.1.e](#) : breastfeeding educational program
- [Standard 1C.1.f](#) : breastfeeding P&Ps in prenatal care
- [Standard 1C.1.k](#) : breastfeeding support during immediate postpartum care period
- [Standard 1C.1.l](#) : breastfeeding follow-up support
- [Standard 1C.1.l](#) : breastfeeding mother support program
- [Standard 2C.9.g](#) : breastfeeding services used by clients
- [Standard 5.1.n](#) : breastfeeding assessment tool
- [Standard 5.1.s](#) : breastfeeding included in late postpartum evaluation of mother

CCHD Screening (Critical Congenital Heart Defect)

- [Standard 1C.1.d](#) : informing client of CCHD screening offered
- [Standard 1C.1.l](#) : follow-up CCHD screening for newborn
- [Standard 4B.1.c](#) : CCHD supplies on emergency cart or tray for the newborn
- [Standard 5.1.r](#) : plan documented in health record for newborn CCHD screening tests
- [Standard 7A.5.f.2](#) : appropriateness of CCHD screening

CLIA (Clinical Laboratory Improvement Amendments)

(CLIA Waiver, Waived Testing, Point of Care Testing)

- [Standard 1C.1.g](#) : Laboratory services
- [Standard 3.9.a](#) : CLIA Waiver employee' orientation and ongoing proficiency
- [Standard 4A.2](#) : CLIA Waiver requirements

Certifications

- See [Birth Center Regulations](#)

- See [Credentialing and Licensure](#)

Cleaning

- See [Housekeeping and Infection Control](#)

Client Awareness and Communication

- [Standard 1C.1.a](#) : client's awareness of all diagnostic procedures, reports, recommendations and treatments
- [Standard 1C.1.a](#) : client's participation in decision making
- [Standard 1C.1.a](#) : information provided on risks and benefits of any test or procedure
- [Standard 1C.1.b](#) : an orientation to the facility fees and services
- [Standard 1C.1.c](#) : client's benefits, risks and eligibility requirements
- [Standard 1C.1.d](#) : contract, consultation and referral services provided by the birth center
- [Standard 1C.1.d](#) : care provided during an emergency and non-emergency
- [Standard 1C.1.h](#) : client awareness of Clinical Provider availability
- [Standard 1D.1](#) : rights and responsibilities of the client
- [Standard 1D.2](#) : client's confidentiality rights
- [Standard 1D.5](#) : identity and qualifications of care providers, consultants and related services
- [Standard 1D.8](#) : providing the client with written fees and payment plan
- [Standard 1D.10](#) : client's rights in research and student participation
- [Standard 1D.11](#) : plan for hearing grievances
- [Standard 1D.12](#) : malpractice insurance coverage
- [Standard 6.1](#) : research participation

Client Education

- [Standard 1B.1.e](#) : providing an educational program
- [Standard 1C.1.a](#) : all diagnostic procedures, reports, recommendations and treatments
- [Standard 1C.1.c](#) : glossary of terms and risk criteria
- [Standard 1C.1.d](#) : well-baby care information
- [Standard 1C.1.f](#) : prenatal care education
- [Standard 1C.1.f](#) : providing educational access
- [Standard 1C.1.k](#) : breastfeeding support during immediate postpartum care period
- [Standard 1C.1.l](#) : screening, education and referral for postpartum mood disorder
- [Standard 1D.2](#) : client confidentiality rights
- [Standard 2C.9.b](#) : childbirth education/parenting services
- [Standard 5.1.b](#) : documenting orientation to program

- [Standard 5.1.h](#) : documenting client instruction and education
- [Standard 5.1.o](#) : postpartum mood disorders

Client Satisfaction

- [Standard 2A.2.b](#) : analysis of consumer input
- [Standard 7A.5.e](#) : review of client satisfaction

Community Involvement

- [Standard 2A.1](#) : defining the community
- [Standard 2A.2.b](#) : assessing the impact of the birth center
- [Standard 2B.3.e](#) : establishing a mechanism to get community advice
- [Standard 2C.11](#) : plan for informing community of birth center services
- [Standard 2C.11](#) : providing public education

Conflict of Interest

- [Standard 2B.4.i](#) : conflict of interest disclosure of governing body

Consent Forms

- [Standard 1C.1.a](#) : consent includes recommended tests and procedures
- [Standard 1C.1.a](#) : consent includes client's participation in decision making
- [Standard 1C.1.b](#) : consent includes facility fees and services
- [Standard 1C.1.c](#) : consent includes review of risk criteria for transfer of care
- [Standard 1C.1.c](#) : consent includes benefits, risks and eligibility requirements
- [Standard 1C.1.d](#) : consent includes services provided at the birth center
- [Standard 1C.1.d](#) : consent includes plan for maternal/newborn complications
- [Standard 1D.1](#) : consent includes rights and responsibilities of the client
- [Standard 1D.2](#) : consent includes client's confidentiality rights
- [Standard 1D.5](#) : consent includes identity and qualifications of care providers, consultants and related services
- [Standard 1D.8](#) : consent includes a written statement of fees and responsibilities for payment
- [Standard 1D.10](#) : consent includes research and student participation
- [Standard 1D.11](#) : consent includes the right to a formal hearing and grievance procedure
- [Standard 1D.12](#) : consent includes status of malpractice insurance if not covered
- [Standard 3.6.d](#) : consent includes explanation of why malpractice insurance is not obtainable
- [Standard 5.1.b](#) : consent form documentation
- [Standard 6.1](#) : research consent protects the client's rights and welfare

- [Standard 7A.1.a](#) : consent is consistent with risk criteria
- [Standard 7A.5.b](#) : consent includes information about transfer rates and specific circumstances

Consultation or Referral

- [Standard 1C.1.d](#) : services provided by the birth center
- [Standard 1C.1.e](#) : management of deviations from referral protocols
- [Standard 1D.5](#) : qualifications of care providers, consultants and related services
- [Standard 2C.9.c](#) : obstetric consultation services
- [Standard 2C.9.d](#) : pediatric consultation services
- [Standard 3.4](#) : plan to ensure continuity of care in event of referral
- [Standard 5.1.f](#) : referral of clients at initial visit
- [Standard 5.1.t](#) : maternal and neonatal consultation, referral and transfer
- [Standard 5.3](#) : mechanism of providing care documents
- [Standard 5.4](#) : lab result consultation
- [Standard 7A.1.a](#) : risk criteria for consultation and referral
- [Standard 7A.1.g](#) : review of appropriate consultation
- [Standard 7A.5.f.1](#) : information required for transfer
- [Standard 7B.2.f](#) : consultation to review problems

Continuous Quality Improvement Program

- [Standard 1C.1.l](#) : efficacy of breastfeeding program
- [Standard 2B.4.f](#) : approval of quality improvement program
- [Standard 3.6.f](#) : annual performance evaluations and/or peer review
- [Standard 3.9.e](#) : professional organization involvement
- [Standard 6.7](#) : research monitoring and governing board reporting
- [Standard 7A.1.a](#) : risk criteria review for determining eligibility
- [Standard 7A.1.b](#) : annual review and archive of protocols, policies and procedures
- [Standard 7A.1.h](#) : review of all hospital transfers
- [Standard 7A.2](#) : appropriateness of medication usage
- [Standard 7A.3](#) : periodic review and attention to problems
- [Standard 7A.3](#) : review of the management of client care
- [Standard 7A.4](#) : maternal and newborn medical emergency drills
- [Standard 7A.5.a](#) : review and evaluation of all problems or complications
- [Standard 7A.5.a](#) : evaluation of outcomes of the clients

- [Standard 7A.5.b](#) : review of hospital transfer reasons
- [Standard 7A.5.c](#) : program to evaluate care to clients
- [Standard 7A.5.d](#) : evaluation of services provided to the client
- [Standard 7A.5.e](#) : review of client satisfaction
- [Standard 7A.5.f.1](#) : periodic review of medical record system
- [Standard 7A.5.f.2](#) : appropriateness of screening and diagnostic services
- [Standard 7A.5.f.3](#) : routine testing of the efficiency of all equipment
- [Standard 7A.5.f.3](#) : evaluation of maintenance procedures
- [Standard 7A.5.f.4](#) : evaluation of performance of clinical practitioners
- [Standard 7B.2.a](#) : supervisory action to resolve problems
- [Standard 7B.2.b](#) : in-service education
- [Standard 7B.2.c](#) : policy and procedure revisions
- [Standard 7B.2.d](#) : risk criteria revisions
- [Standard 7B.2.e](#) : health record revisions
- [Standard 7B.2.f](#) : use of outside consultation to address problems
- [Standard 7B.3](#) : re-evaluation of actions taken to resolve a problem

Contracts and Agreements

- [Standard 1C.1.d](#) : informing client of services provided
- [Standard 1D.8](#) : fees and client responsibility for payment
- [Standard 2B.4.h](#) : contract approval by governing body
- [Standard 2C.2](#) : agreements for use of facility by non-birth center staff
- [Standard 2C.4](#) : administrative review and documentation of contracts
- [Standard 2C.8](#) : student contracts
- [Standard 2C.9.a](#) : agreements and/or P&P with lab
- [Standard 2C.9.b](#) : agreements and/or P&P with education support services
- [Standard 2C.9.c](#) : agreements and/or P&P with obstetric consult
- [Standard 2C.9.d](#) : agreements and/or P&P with pediatric consult
- [Standard 2C.9.e](#) : agreements and/or P&P with transport services
- [Standard 2C.9.f](#) : agreements and/or P&P with hospital
- [Standard 2C.9.g](#) : agreements and/or P&P with home health care services

CPR (Cardiopulmonary Resuscitation)

- See [Emergency Preparedness and Drills](#)

Credentialing and Licensure

- [Standard 1D.5](#) : professional licenses posted in an area accessible by clients
- [Standard 3.1](#) : Clinical Staff job credentialing in an open staff model
- [Standard 3.2](#) : licensed Clinical Provider, Collaborative Physician, and Consulting Clinical Specialist
- [Standard 3.6.b](#) : license requirements of Clinical Providers
- [Standard 3.9.d](#) : continuing education program requirement

Document Maintenance and Storage

- [Standard 2C.5](#) : maintenance and storage of official documents, including secure storage on a computer
- [Standard 2C.7](#) : maintenance of personnel policies
- [Standard 3.6](#) : storage of staff records
- [Standard 4A.4](#) : maintenance of public safety inspections

Domestic Violence

- [Standard 1C.1.f](#) : addressing domestic violence

Electronic Fetal Monitor

- [Standard 1C.1.j](#) : electronic fetal monitor in the birth center

Embezzlement

- [Standard 2B.4.g](#) : financial management and accountability, including embezzlement precautions
- [Standard 2C.13](#) : financial controls in place to inhibit embezzlement

Emergency Preparedness and Drills

- [Standard 1C.1.d](#) : informing client of plan for care in the event of mother and/or newborn complications
- [Standard 1C.1.e](#) : referral or transfer of care for the mother or newborn
- [Standard 2A.1](#) : a map showing proximity to emergency services from birth center
- [Standard 2C.9.e](#) : transport services
- [Standard 2C.9.f](#) : agreements or policies for hospital transfer
- [Standard 3.4](#) : professional and support staffing
- [Standard 3.5.a](#) : CPR training
- [Standard 3.5.b](#) : neonatal resuscitation training
- [Standard 3.9.a](#) : orientation for new staff including emergency drills
- [Standard 3.9.c](#) : in-service education programs
- [Standard 3.9.f](#) : maternal and newborn medical emergency drills

- [Standard 4A.2](#) : responsibilities in absence of community fire regulations
- [Standard 4A.5](#) : fire safety training and drills
- [Standard 4A.8](#) : emergency lighting
- [Standard 4A.10.e](#) : resuscitation area for newborn care
- [Standard 4A.15](#) : disaster drill requirements
- [Standard 4B.1.a](#) : emergency equipment for newborn exam and resuscitation
- [Standard 4B.1.b](#) : maternal emergency supplies
- [Standard 4B.1.c](#) : newborn emergency supplies
- [Standard 4B.1.d](#) : heat source for infant exam or resuscitation
- [Standard 4B.1.d](#) : emergency newborn transport
- [Standard 4B.1.e](#) : neonatal oxygen supply
- [Standard 4B.3.a](#) : conveniently placed telephones
- [Standard 7A.4](#) : evaluation of team readiness during periodic drill

Equality and Antidiscrimination

- [Standard 1D.11](#) : client grievances
- [Standard 2B.4.e](#) : governing body responsibilities regarding discrimination
- [Standard 4A.3](#) : accommodation of non-ambulatory family members
- [Standard 3.8.d](#) : Affirmative Action
- [Standard 3.8.e](#) : personnel grievances

Facility Maintenance Policies

- [Standard 2C.2](#) : use of equipment, building, and control of the facility and grounds
- [Standard 4A.6](#) : prohibiting smoking
- [Standard 4A.7](#) : environmental safety factors
- [Standard 7A.5.f.3](#) : equipment maintenance
- [Standard 7A.5.f.3](#) : review of maintenance and facility policies

Facility Space

- [Standard 4A.3](#) : accommodation for non-ambulatory family member
- [Standard 4A.9.a](#) : business space
- [Standard 4A.9.c](#) : reception area space
- [Standard 4A.9.c](#) : utility and work area space
- [Standard 4A.9.d](#) : supply storage space
- [Standard 4A.9.e](#) : staff area space

- [Standard 4A.10.a](#) : family room and play area space
- [Standard 4A.10.b](#) : exam room space
- [Standard 4A.10.c](#) : bath and toilet facility space
- [Standard 4A.10.d](#) : birth room space
- [Standard 4A.10.e](#) : space for emergency care of the newborn
- [Standard 4A.13](#) : hand washing facilities
- [Standard 4B.3.c](#) : kitchen equipment and area space

Family Planning

- [Standard 1C.1.l](#) : services and education as part of late postpartum care
- [Standard 1C.1.l](#) : family planning services
- [Standard 5.1.s](#) : services and education as part of postpartum evaluation

Federal Regulations

- [Standard 1D.2](#) : client right for confidentiality
- [Standard 2C.6](#) : regulations for client privacy and safety
- [Standard 3.6.a](#) : employee eligibility verification
- [Standard 3.8.b](#) : federal obligations of employer and employee
- [Standard 3.8.d](#) : affirmative action
- [Standard 3.11](#) : HIPAA training
- [Standard 4A.2](#) : federal codes and regulations
- [Standard 4A.2](#) : responsibilities in the absence of community fire regulations
- [Standard 4A.15](#) : disaster plan
- [Standard 4B.2.d](#) : controlled substances
- [Standard 7A.2](#) : medications usage in the birth center
- [Standard 7A.5.f.3](#) : medical waste removal

Finance and Budget

- [Standard 2A.2.a](#) : service fees
- [Standard 2B.1](#) : governing body input on budget and financial monitoring
- [Standard 2B.4.a](#) : long range planning
- [Standard 2B.4.g](#) : financial management and accountability, including embezzlement precautions
- [Standard 2B.4.g](#) : charges for services
- [Standard 2B.4.g](#) : revenue and expense information access
- [Standard 2C.13](#) : financial accountability

- [Standard 2C.15](#) : capital expenditures

Fire and Disaster Safety

- [Standard 4A.2](#) : fire code compliance
- [Standard 4A.2](#) : responsibilities in absence of community fire regulations
- [Standard 4A.4](#) : fire inspections
- [Standard 4A.5](#) : fire and disaster staff training and drills
- [Standard 4A.6](#) : prohibiting smoking
- [Standard 4A.15](#) : disaster drills

General Safety Practices

- [Standard 2C.2](#) : facility use safety
- [Standard 4A.7](#) : environmental hazards and facility safety, including safeguards for children
- [Standard 4A.8](#) : ventilation and lighting
- [Standard 4A.12](#) : sanitary trash storage and removal and child access
- [Standard 4A.13](#) : children and sinks for hand washing
- [Standard 4B.2.c](#) : needles, syringes, and prescription pads storage

Glossary of Terms

- [Standard 1C.1.c](#) : glossary of terms

Group B Strep

- [Standard 1C.1.f](#) : alternative measures to prevent GBS
- [Standard 1C.1.i](#) : treatment of Positive GBS clients in labor
- [Standard 1C.1.l](#) : monitoring of infants born to GBS mothers and mothers with unknown status

Health Record Documentation and Storage

- [Standard 1C.1.a](#) : client participation in decision making by having access to EHR
- [Standard 1C.1.c](#) : birth center consent process
- [Standard 2C.5](#) : maintenance and storage of official documents, including secure storage on a computer
- [Standard 4A.9.b](#) : securing medical record storage
- [Standard 5.1.a](#) : demographic information and client identifiers
- [Standard 5.1.b](#) : documenting orientation and consent form
- [Standard 5.1.d](#) : documenting a complete history
- [Standard 5.1.e](#) : documenting physical exam, laboratory tests, and evaluation of risk factors

- [Standard 5.1.f](#) : documenting ineligible clients for referral on initial screening
- [Standard 5.1.g](#) : periodic prenatal examination and evaluation of risk factors
- [Standard 5.1.h](#) : documenting instruction and education
- [Standard 5.1.i](#) : documenting the H&P exam and risk assessment on admission
- [Standard 5.1.j](#) : documenting progress and on-going assessment of mother and fetus in labor
- [Standard 5.1.k](#) : documenting labor and delivery summary
- [Standard 5.1.m](#) : documenting newborn assessment
- [Standard 5.1.n](#) : documenting physical assessment of the mother and newborn during recovery
- [Standard 5.1.o](#) : documenting postpartum mood disorders
- [Standard 5.1.p](#) : documenting discharge summary
- [Standard 5.1.q](#) : documenting discharge plan
- [Standard 5.1.r](#) : documenting newborn testing and procedures
- [Standard 5.1.s](#) : documenting late postpartum care and counseling of mother
- [Standard 5.1.t](#) : documenting consultation, referral and transfer
- [Standard 5.3](#) : providing a copy of the prenatal records
- [Standard 5.4](#) : documenting laboratory tests, treatments and consultations
- [Standard 5.7](#) : providing protection and access to the medical record
- [Standard 5.8](#) : disclosure of protected health information
- [Standard 7A.3](#) : final review of record
- [Standard 7A.5.f.1](#) : adopting a medical record form
- [Standard 7A.5.f.1](#) : medical record system of periodic review
- [Standard 7A.5.f.1](#) : responsibility and accountability for processing of health records
- [Standard 7B.2.e](#) : revision of health record or other record forms

HIPAA and Patient Privacy

- [Standard 1D.2](#) : client and family's rights, responsibilities and confidentiality
- [Standard 2C.5](#) : maintenance and storage of official documents, including secure storage on a computer
- [Standard 2C.6](#) : client privacy and safety regulations
- [Standard 3.6.c](#) : safe storage of staff and student health records
- [Standard 3.11](#) : staff training for client privacy
- [Standard 4A.9.a](#) : business space and patient privacy
- [Standard 4A.9.b](#) : secure medical record storage
- [Standard 4A.9.e](#) : private staff area to discuss clients' PHI
- [Standard 5.1.c](#) : Receipt of HIPAA information as required by law

- [Standard 5.7](#) : secure access to client records
- [Standard 5.8](#) : disclosure of PHI
- [Standard 7A.5.f.1](#) : medical records management
- [Standard 7A.5.f.1](#) : personnel's HIPAA compliance

Housekeeping and Infection Control

- [Standard 1D.2](#) : cleaning services agreements
- [Standard 3.11](#) : OSHA training and program
- [Standard 4A.9.c](#) : utility and work area space
- [Standard 4A.10.c](#) : bath and toilet facility space
- [Standard 4A.11](#) : housekeeping services
- [Standard 4A.11](#) : sterilizing capabilities
- [Standard 4A.12](#) : sanitary trash storage and removal
- [Standard 4A.13](#) : hand washing facilities
- [Standard 4B.1.a](#) : cleaning of equipment
- [Standard 4B.3.d](#) : laundering capabilities
- [Standard 7A.5.f.3](#) : evaluation of policies on HVAC, lighting, waste disposal etc.

Hydrotherapy and Water Birth

- [Standard 1C.1.i](#) : care of the mother during immersion in water
- [Standard 3.11](#) : Clinical Staff protective attire
- [Standard 4A.7](#) : water hazards
- [Standard 4A.11](#) : housekeeping of tubs
- [Standard 7A.4](#) : emergency drills related to immersion in water

Immunizations

- [Standard 3.10](#) : immunizations or refusals required of employees
- [Standard 3.10](#) : Hepatitis B immunization or refusal for employees
- [Standard 5.1.h](#) : client immunizations

Induction

- [Standard 1C.1.i](#) : induction of labor
- [Standard 1C.1.j](#) : drugs for induction
- [Standard 1C.1.j](#) : transfer of clients requiring induction
- [Standard 5.1.i](#) : induction upon admission to birth center

Insurance

- See [Liability and Malpractice Insurance](#)

Intermittent Auscultation

- [Standard 1C.1.i](#): intrapartum care
- [Standard 5.1.i](#): monitoring of progress in labor

Intrapartum Care

- [Standard 1C.1.i](#): intrapartum care
- [Standard 1C.1.i](#): nourishment during labor
- [Standard 5.1.i](#): monitoring of progress in labor

Intubation

- See [Emergency Preparedness and Drills](#)

Job Descriptions

- [Standard 2B.4.c](#): approved Administrative Director job description
- [Standard 3.1](#): written job descriptions for All Staff
- [Standard 3.4](#): job descriptions for future staff
- [Standard 3.8.a](#): job description reviewed by employee
- [Standard 7A.5.f.1](#): job description assigning role of medical record management

Laboratory and Diagnostic Services

- [Standard 1C.1.a](#): client's awareness of all procedures, reports, recommendations and treatments
- [Standard 1C.1.a](#): informing client of risks and benefits of any test or procedure
- [Standard 1C.1.g](#): tracking and ordering system for routine laboratory and diagnostic tests
- [Standard 2C.9.a](#): laboratory and diagnostic services contract
- [Standard 4A.2](#): CLIA Waiver requirement
- [Standard 5.1.e](#): documentation laboratory tests
- [Standard 5.4](#): documenting of lab and diagnostic test results
- [Standard 7A.5.f.2](#): review of screening and diagnostic services

Leadership

- [Standard 2B.1](#): governing body requirements
- [Standard 2B.3.a](#): governing body meetings
- [Standard 2B.4.a](#): governing body responsibilities

- [Standard 2B.4.b](#) : organizational structures and bylaws
- [Standard 2B.4.c](#) : Administrative Director appointment
- [Standard 2B.4.d](#) : Clinical Director appointment
- [Standard 3.2](#) : Administrative Director appointment

Legal Issues

- [Standard 2B.4.g](#) : governing board review of legal matters

Liability and Malpractice Insurance

- [Standard 1D.12](#) : clinical staff and Consulting Clinical Specialist malpractice insurance
- [Standard 2C.3](#) : general property liability coverage
- [Standard 2C.8](#) : student malpractice insurance
- [Standard 3.6.d](#) : documentation of malpractice coverage
- [Standard 3.6.e](#) : documentation of evidence of claims

Marketing

- [Standard 2A.2.a](#) : plan marketing position of birth center
- [Standard 2C.11](#) : informing the community
- [Standard 7A.5.d](#) : utilization of data
- [Standard 7A.5.e](#) : addressing client satisfaction and/or concerns

Medical Equipment and Maintenance Policies

- [Standard 4A.11](#) : proper sterilizer maintenance
- [Standard 4B.1.a](#) : annual testing and/or calibration of medical and electrical equipment
- [Standard 4B.1.a](#) : medical equipment maintenance
- [Standard 4B.1.b](#) : delivery, episiotomy and repair instruments
- [Standard 4B.1.d](#) : safe heat source for warming blankets or towels
- [Standard 4B.1.d](#) : a transfer isolette or ready access for emergency newborn transport
- [Standard 4B.1.e](#) : pulse oximeter maintenance
- [Standard 4B.2.a](#) : properly maintained accessory equipment
- [Standard 4B.3.b](#) : portable lighting
- [Standard 7A.5.f.3](#) : routine testing of the efficiency and effectiveness of all equipment
- [Standard 7A.5.f.3](#) : P&P for facility, equipment inspection and maintenance

Medical Supply Inventory and Monitoring

- [Standard 4A.9.d](#) : storage for supplies
- [Standard 4B.1.b](#) : maternal emergency supplies
- [Standard 4B.1.c](#) : newborn emergency supplies
- [Standard 4B.1.e](#) : oxygen equipment inventory
- [Standard 4B.1.f](#) : intravenous equipment inventory
- [Standard 4B.2.b](#) : adequate inventory of supplies sufficient supply inventory
- [Standard 4B.2.b](#) : shelf life of all medications, I.V. fluids and sterile supplies
- [Standard 4B.2.c](#) : needles, syringes, and prescription pads

Mission

- [Standard 2B.4.a](#) : forming mission, goals and long-range plan
- [Standard 3.1](#) : sharing the mission, goals and long-range plan

Multiple Gestation

- [Standard 5.1.f](#) : appropriate referral of clients
- [Standard 7A.1.a](#) : appropriateness of risk criteria

Newborn Hypoglycemia Testing

- [Standard 1C.1.k](#) : postpartum newborn glucose monitoring
- [Standard 5.1.m](#) : newborn blood glucose testing documentation

Newborn Procedures and Testing

- [Standard 1C.1.a](#) : informing client of risks and benefits of any test or procedure
- [Standard 1C.1.k](#) : newborn postpartum assessment
- [Standard 1C.1.l](#) : newborn testing and screens
- [Standard 5.1.r](#) : newborn testing and procedure documentation

Nitrous Oxide

- [Standard 3.9.d](#) : Nitrous Oxide and staff training
- [Standard 3.11](#) : Nitrous Oxide staff training of potential hazards of occupational exposure
- [Standard 7A.1.b](#) : Nitrous Oxide data collection on efficacy and outcomes

Nutrition

- [Standard 1C.1.f](#) : nutrition counseling and education for GDM, low or excessive weight gain, and BMI <19 or >30
- [Standard 1C.1.i](#) : light nourishment during labor and postpartum

- [Standard 5.1.h](#) : nutritional counseling documentation

Occupational Safety and Health

- [Standard 3.8.f](#) : workplace violence and sexual harassment
- [Standard 3.10](#) : employee immunization to blood borne pathogens
- [Standard 3.11](#) : OSHA training and program
- [Standard 4A.2](#) : OSHA and ADA regulation compliance
- [Standard 4A.3](#) : ADA access for patients and family members
- [Standard 4A.4](#) : record maintenance related to public safety inspections
- [Standard 4A.7](#) : environmental safety factors
- [Standard 4A.11](#) : housekeeping services
- [Standard 4A.12](#) : sanitary trash and biohazard storage and removal
- [Standard 4B.2.c](#) : prescription pads, syringes, chemicals and medication storage
- [Standard 4B.2.e](#) : proper disposal of used needles and expired drugs
- [Standard 4B.3.d](#) : laundering capabilities
- [Standard 7A.5.f.3](#) : disposal and handling of hazardous waste

Open Model Staffing

- [Standard 1C.1.e](#) : prenatal risk assessment and birth center eligibility
- [Standard 2B.4.b](#) : declaration of staff model
- [Standard 2B.4.d](#) : Clinical Director
- [Standard 3.1](#) : evidence of knowledge and skills
- [Standard 5.1.g](#) : prenatal examination and evaluation of risk factors

Personnel Policies

- [Standard 1D.12](#) : Clinical Staff and Consulting Clinical Specialist malpractice insurance
- [Standard 2C.7](#) : personnel files maintenance
- [Standard 3.1](#) : policy and procedures manual available
- [Standard 3.1](#) : qualifications of staff
- [Standard 3.2](#) : professional staff and Consulting Clinical Specialists licensure
- [Standard 3.5.a](#) : CPR training
- [Standard 3.5.b](#) : NRP training
- [Standard 3.6](#) : staff records storage
- [Standard 3.6.a](#) : I-9, criminal background checks and CVs
- [Standard 3.6.c](#) : health exam and immunizations

- [Standard 3.6.e](#) : documentation of evidence of claims
- [Standard 3.6.f](#) : annual performance evaluations and/or peer review
- [Standard 3.6.g](#) : CPR and NRP certifications
- [Standard 3.8](#) : personnel policies
- [Standard 3.8.a](#) : conditions of employment
- [Standard 3.8.b](#) : respective obligations of employer and employee
- [Standard 3.8.c](#) : benefits for employees
- [Standard 3.8.d](#) : affirmative action
- [Standard 3.8.e](#) : grievance procedure
- [Standard 3.8.f](#) : workplace violence and sexual harassment
- [Standard 3.10](#) : hepatitis B vaccine documentation or refusal
- [Standard 3.11](#) : OSHA training
- [Standard 3.11](#) : HIPAA training
- [Standard 6.4](#) : research activities
- [Standard 7A.5.f.4](#) : employee performance evaluation
- [Standard 7B.2.a](#) : administrative or supervisory action

Pitocin

- [Standard 1C.1.i](#) : medications for augmentation of labor
- [Standard 4B.1.b](#) : Pitocin in the birth center

Planning

- [Standard 2A.1](#) : defining the community and geographic area served
- [Standard 2A.2.a](#) : tracking services and availability
- [Standard 2A.2.b](#) : demographic statistic report
- [Standard 2A.2.c](#) : monitoring of community impact
- [Standard 2B.4.a](#) : long range planning by governing body
- [Standard 2C.15](#) : capital expense planning
- [Standard 3.1](#) : administration of the plan for the birth center
- [Standard 3.2](#) : operation of the center in the absence of director
- [Standard 4A.15](#) : disaster planning

Policies and Procedures

For a list of standards referring to a specific policy or procedure or set of policies and procedures, either look under that topic in this index or conduct a search for that topic. The list below only includes standards that refer to the handling of policies and procedures.

- [Standard 2B.4.e](#) : development and approval of policies
- [Standard 2B.4.e](#) : annual review of discrimination policies
- [Standard 2C.7](#) : personnel policies maintenance
- [Standard 2C.4](#) : annual review of policies and procedure
- [Standard 2C.10](#) : practice protocols provided to Consulting Clinical Specialists and transfer hospital
- [Standard 3.1](#) : policy and procedure manual available to staff
- [Standard 6.2](#) : approving research protocols
- [Standard 7A.1.b](#) : review and archive of protocols, policies and procedures
- [Standard 7A.5.f.1](#) : review of policies and procedures for health records maintenance, access, and storage
- [Standard 7A.5.f.3](#) : evaluation of policies and procedures for facility, equipment inspection and maintenance
- [Standard 7B.2.b](#) : revisions to policies and procedures as a result of CQI program
- [Standard 7B.2.c](#) : modification of policies and procedures

Postpartum Maternal Care

- [Standard 1C.1.i](#) : light nourishment postpartum
- [Standard 1C.1.k](#) : immediate postpartum maternal care
- [Standard 1C.1.l](#) : postpartum follow-up care
- [Standard 1C.1.l](#) : family planning services
- [Standard 5.1.n](#) : continuing care postpartum
- [Standard 5.1.q](#) : discharge summary of mother

Postpartum Mood Disorders

- [Standard 1C.1.f](#) : prenatal screening for depression and postpartum mood disorder
- [Standard 1C.1.l](#) : screening for postpartum mood disorders
- [Standard 1C.1.l](#) : postpartum screening for postpartum mood disorders
- [Standard 5.1.d](#) : screening for risk factors for postpartum mood disorder
- [Standard 5.1.o](#) : documentation of screening and referral for postpartum mood disorders
- [Standard 5.1.s](#) : documentation of postpartum mood disorder screening

Postpartum Newborn Care

- [Standard 1C.1.k](#) : immediate postpartum newborn care
- [Standard 1C.1.l](#) : newborn follow-up care and testing/screens
- [Standard 5.1.k](#) : documentation of labor and delivery
- [Standard 5.1.m](#) : documentation of newborn assessment and care
- [Standard 5.1.n](#) : documentation of continuing newborn assessment and vital signs

- [Standard 5.1.g](#) : documentation of newborn discharge summary

Postpartum Programs and Services

- [Standard 1C.1.l](#) : newborn testing and screens and breastfeeding support
- [Standard 1C.1.d](#) : access to well-baby care classes/information
- [Standard 2C.9.g](#) : postpartum services used by clients
- [Standard 5.1.g](#) : documentation of plan for home care, follow-up, and support group referral
- [Standard 5.1.r](#) : documentation of newborn testing and procedures
- [Standard 5.1.s](#) : documentation of late postpartum evaluation

Prenatal Care

- [Standard 1B.1.e](#) : program of education
- [Standard 1C.1.e](#) : prenatal risk assessment and birth center eligibility
- [Standard 1C.1.f](#) : prenatal care
- [Standard 1C.1.l](#) : plan for well-child care with family during prenatal care
- [Standard 5.1.e](#) : initial physical exam
- [Standard 5.3](#) : prenatal records

Referral for Counseling and Care

- [Standard 1B.1.e](#) : program of education for pregnancy through discharge
- [Standard 1C.1.d](#) : referral of care outside the scope of birth center practice
- [Standard 1C.1.f](#) : nutritional counseling for women with pregravid BMI >30 or <19
- [Standard 1C.1.f](#) : referrals for counseling domestic violence victims
- [Standard 1C.1.l](#) : referral of care not provided at birth center
- [Standard 1C.1.l](#) : referral sources for postpartum mood disorders
- [Standard 1C.1.l](#) : family planning services

Research

- [Standard 1C.1.l](#) : data collection with analysis of efficacy of breastfeeding program
- [Standard 1D.10](#) : client's research and student participation
- [Standard 6.1](#) : protection of rights and welfare of the research subject
- [Standard 6.2](#) : protocols for conducting research
- [Standard 6.4](#) : appropriateness of research activities
- [Standard 6.7](#) : reporting to the governing board of research activity
- [Standard 6.8](#) : results of research activity to AABC

Respect

- [Standard 1D.1](#) : respect in client communications
- [Standard 6.1](#) : rights of research subjects

Risk Criteria and Screening

- [Standard 1C.1.c](#) : informing client of benefits, risks and eligibility requirements
- [Standard 1C.1.c](#) : written information on risk and transfer criteria
- [Standard 1C.1.d](#) : referrals
- [Standard 1C.1.e](#) : prenatal risk assessment and birth center eligibility
- [Standard 1C.1.f](#) : risk screening for birth center care
- [Standard 1C.1.i](#) : intrapartum care and continuous risk screening
- [Standard 5.1.f](#) : documentation of ineligible clients
- [Standard 5.1.g](#) : documentation of prenatal risk factors
- [Standard 5.1.i](#) : documentation of risk assessment on admission
- [Standard 5.1.t](#) : documentation of elevated risk factors that result in transfer
- [Standard 7A.1.a](#) : risk criteria determination for admission and continuing care
- [Standard 7A.1.g](#) : compliance with established risk criteria
- [Standard 7B.2.d](#) : revision of risk criteria

Safety

- See [General Safety Practices](#)
- See [Emergency Preparedness and Drills](#)
- See [Risk Criteria and Screening](#)

Sexual Harassment

- [Standard 3.8.f](#) : sexual harassment training

Smoking

- [Standard 1B.1.e](#) : education regarding tobacco use
- [Standard 1C.1.f](#) : prenatal care referral for smoking cessation counseling
- [Standard 4A.6](#) : prohibiting smoking
- [Standard 5.1.d](#) : client history with smoking
- [Standard 7A.1.a](#) : risk criteria regarding tobacco use

Staff Orientation and Education

- [Standard 1C.1.i](#) : staff education in supporting physiologic labor and birth
- [Standard 1C.1.j](#) : drugs for cervical ripening and induction
- [Standard 1C.1.j](#) : medications for augmentation of labor, vacuum extractors, forceps, and recorded electronic fetal monitors
- [Standard 2C.6](#) : client privacy and safety regulations
- [Standard 3.5.a](#) : Staff at birth with CPR training
- [Standard 3.5.b](#) : Staff at birth with NRP training
- [Standard 3.6.g](#) : current certification for CPR and NRP
- [Standard 3.8.f](#) : workplace violence and sexual harassment
- [Standard 3.9.a](#) : orientation for all new staff including emergency drills
- [Standard 3.9.b](#) : a reference library for staff
- [Standard 3.9.b](#) : current journal subscriptions or online resources
- [Standard 3.9.c](#) : current in-service education
- [Standard 3.9.d](#) : participation in continuing professional education programs
- [Standard 3.9.e](#) : professional organization activities
- [Standard 3.9.f](#) : maternal and newborn medical emergency drills
- [Standard 3.11](#) : OSHA training
- [Standard 3.11](#) : HIPAA training
- [Standard 4A.5](#) : fire safety and drills
- [Standard 7A.4](#) : emergency drills and staff evaluation
- [Standard 7B.2.b](#) : in-service education as a result of a CQI issue
- [Standard 7B.2.f](#) : outside consultation/expertise

Staffing

- [Standard 3.4](#) : adequate numbers of staff
- [Standard 3.4](#) : posted schedule

Statistics

- [Standard 2A.2.a](#) : assessment of statistics of the community served
- [Standard 2A.2.b](#) : demographics and vital statistics of the population served
- [Standard 7A.5.a](#) : review of outcome statistics
- [Standard 7A.5.b](#) : review of transfer statistics
- [Standard 7A.5.c](#) : birth outcome statistics
- [Standard 7A.5.d](#) : utilization of statistics

Students

- [Standard 1D.10](#) : client awareness as to student participation
- [Standard 2C.8](#) : contracts for student education
- [Standard 3.1](#) : student licensure and scope of practice
- [Standard 3.6.a](#) : background check on students
- [Standard 3.10](#) : student health requirements and immunizations
- [Standard 3.11](#) : confidentiality statements

TOLAC and VBAC

- [Standard 1C.1.c](#) : benefits, risks, and eligibility requirements in relation to TOLAC/VBAC
- [Standard 1C.1.e](#) : prenatal risk assessment and birth center eligibility
- [Standard 7A.1.a](#) : TOLAC/VBAC inclusion criteria
- [Standard 7A.5.b](#) : birth center statistics about reasons for transfers after TOLAC/VBAC

Transfer Practices

- [Standard 1C.1.d](#) : informing client of emergency and nonemergency care
- [Standard 1C.1.d](#) : prearranged plan for access to acute care services
- [Standard 1C.1.e](#) : antepartum, intrapartum, postpartum and newborn referral or transfer
- [Standard 2C.9.e](#) : transportation and transport services relationship
- [Standard 2C.9.f](#) : hospital relationship
- [Standard 5.1.f](#) : documenting appropriate referral on ineligible clients
- [Standard 5.1.t](#) : consultation, referral and transfer for maternal or neonatal problems
- [Standard 5.3](#) : copy of the prenatal records included with transfer
- [Standard 7A.1.h](#) : transfer review of all transfers
- [Standard 7A.5.f.1](#) : adopting a medical record transfer form

Twins

- See [Multiple Gestation](#)

VBAC

- See [TOLAC and VBAC](#)

Vacuum Extractor

- [Standard 1C.1.j](#) : vacuum extractor in the birth center

Water Birth

- See [Hydrotherapy and Water Birth](#)

Workplace Violence

- [Standard 3.8.f](#) : workplace violence
- [Standard 3.11](#) : OSHA training

Endnotes

ⁱ Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, and NACPM found at

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647729/pdf/JPE22-1_PTR_A4_014-018.pdf

ⁱⁱ A Focus on Physiologic Birth found at <http://birthtools.org/What-Is-Physiologic-Birth>

ⁱⁱⁱ Hotelling and Gordon (2014) How to Become Mother-Friendly: Policies and Procedures for Hospitals, Birth Centers, and Birth Practices found at

<http://www.motherfriendly.org/CIMSbook>

^{iv} ACOG Obstetric Care Consensus (2014) found at <https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery>

^v Anderson, B. and Stone, S (2012) Best Practices in Midwifery. Chapters 10 & 11 Tethering in Labor and Untethering in Labor (Yount and Garland). Found at

<https://corp.credoreference.com/component/booktracker/edition/9925.html>

^{vi} Childbirth Connection found at <http://www.childbirthconnection.org/>

^{vii} National Institutes of Health Cultural Respect found at <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect>

^{viii} Mercy In Action Online Cultural Competency and Respectful Maternity Care found at <http://www.mercyinaction.com/online-cultural-competency>

^{ix} U.S. Department of Health & Human Services Culturally Competent Nursing Care: A Cornerstone of Caring found at <https://ccnm.thinkculturalhealth.hhs.gov/>

^x The Online Journal of Issues in Nursing, Many Faces: Addressing Diversity in Health Care found at

<http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume82003/No1Jan2003/AddressingDiversityinHealthCare.html>

^{xi} What is Shared Decision Making? <http://www.informedmedicaldecisions.org/what-is-shared-decision-making/>

^{xii} Pathways to Family Wellness Informed Consent in Childbirth: Making Rights into Reality found at <http://pathwaystofamilywellness.org/Informed-Choice/informed-consent-in-childbirth-making-rights-into-reality.html>

^{xiii} Mayo Clinic Shared Decision Making National Resource Center found at <https://shareddecisions.mayoclinic.org/>

^{xiv} Meeting Patient Engagement Objectives of Meaningful Use Stage 2: Credentialing Patients. Date Posted: November 8, 2012, Deven McGraw, JD, MPH, LLM/ Chair, Privacy and Security Tiger Team, Health IT Policy Committee. <http://www.healthit.gov/buzz-blog/meaningful-use/patient-engagement-objectives-meaningful-stage-2/>

^{xv} Healthcare Information and Management Systems Society <https://www.himss.org/>

^{xvi} TOLAC/VBAC references:

- American Association of Birth Centers (2019) Position Statement on VBAC: Labor & Birth after Cesarean. Found at https://cdn.ymaws.com/www.birthcenters.org/resource/resmgr/about_aabc_documents/AABC_PS_VBAC_Labor_Bir.pdf
- American Association of Birth Centers (2019) Clinical Bulletin: Labor and Vaginal Birth after Cesarean in the Birth Center Setting. Found at https://cdn.ymaws.com/www.birthcenters.org/resource/resmgr/about_aabc_documents/AABC_Clinical_Bulletin_VBA.pdf
- NIH Consensus Development Program (2010) Vaginal Birth After Cesarean: New Insights. Found at <https://consensus.nih.gov/2010/vbacstatement.htm>
- Lamaze (2010) A Woman's Guide to VBAC. Found at <https://www.lamaze.org/Giving-Birth-with-Confidence/GBWC-Post/TitleLink/A-Womans-Guide-to-VBAC>

- ^{xxvii} Best Practice Guidelines: Transfer from Planned Home Birth to Hospital. 2014 <http://www.homebirthsummit.org/best-practice-transfer-guidelines/>
- ^{xxviii} American Academy of Pediatrics and American College of Obstetricians and Gynecologists (2017) Guidelines for Perinatal Care, 8th Edition.
- ^{xxix} ACNM Standards for the Practice of Midwifery found at http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000051/Standards_for_Practice_of_Midwifery_Sept_2011.pdf
- ^{xxx} MANA Standards and Qualifications for the Art and Practice of Midwifery found at <http://mana.org/about-us/standards-and-qualifications>
- ^{xxxi} Evidence for the 10 Steps to Successful Breastfeeding, World Health Organization, Child Health and Development, Family and Reproductive Health. 1998. Found at http://whqlibdoc.who.int/publications/2004/9241591544_eng.pdf?ua=1
- ^{xxxii} Tools for Treatment found at <http://atccppwtools.org/home.aspx>
- ^{xxxiii} Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants found at <https://store.samhsa.gov/system/files/sma18-5054.pdf>
- ^{xxxiv} Maternity Care for Pregnant Women with Opioid Use Disorder: A Review, Journal of Midwifery & Women's Health, (2019). <https://onlinelibrary.wiley.com/doi/abs/10.1111/jmwh.13019>
- ^{xxxv} ACOG Committee Opinion 711 (2017) <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy>
- ^{xxxvi} American College of Obstetricians and Gynecology (2019) Practice Bulletin #202: Gestational Hypertension and Preeclampsia.
- ^{xxxvii} Postpartum Support International: Screening Recommendations found at <https://www.postpartum.net/professionals/screening/>
- ^{xxxviii} Council on Patient Safety in Women's Health Care Maternal Mental Health: Depression and Anxiety found at https://safehealthcareforeverywoman.org/patient-safety-bundles/maternal-mental-health-depression-and-anxiety/#link_acc-1-4-d
- ^{xxxix} ACNM Clinical Bulletin in Journal of Midwifery & Women's Health Intermittent Auscultation for Intrapartum Fetal Heart Rate Surveillance found at <https://onlinelibrary.wiley.com/doi/abs/10.1111/jmwh.12372>
- ^{xl} AWONN Position Statement: Fetal Heart Monitoring found at [https://www.iognn.org/article/S0884-2175\(18\)30322-8/pdf](https://www.iognn.org/article/S0884-2175(18)30322-8/pdf)
- ^{xli} Evidence Based Birth Friedman's Curve and Failure to Progress (Dekker, 2017) found at <https://evidencebasedbirth.com/friedmans-curve-and-failure-to-progress-a-leading-cause-of-unplanned-c-sections/>
- ^{xlii} Evidence Based Birth Evidence on: Prolonged Second Stage (Dekker, 2017) found at <https://evidencebasedbirth.com/prolonged-second-stage-of-labor/>
- ^{xliiii} Obstetric Care Consensus (ACOG and SMFM) Safe Prevention of the Primary Cesarean Delivery found at <https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery>
- ^{xliiii} American College of Nurse Midwives Position statement: Hydrotherapy during Labor and Birth found at <https://www.midwife.org/acnm/files/ACNMLibraryData/UPLOADFILENAME/000000000286/Hydrotherapy-During-Labor-and-Birth-April-2014.pdf>
- ^{xliiii} The Experience of Land and Water Birth Within the American Association of Birth Centers Perinatal Data Registry Snapp, Stapleton, Wright, Niemzyk, & Jolles 2012-2017 found at <https://www.ncbi.nlm.nih.gov/pubmed/31834005>
- ^{xliiii} Wyckoff MH, Aziz K, Escobedo MB, Kapadia VS, Kattwinkel J, Perlman JM, Simon WM, Weiner GM, Zaichkin, JG. Part 13: neonatal resuscitation: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2015;132(suppl 2):S543–S560. found at https://pediatrics.aappublications.org/content/136/Supplement_2/S196
- ^{xliiii} Evidence Based Birth The Evidence on: Fetal Monitoring (Dekker, 2018) found at <https://evidencebasedbirth.com/fetal-monitoring/>
- ^{xliiii} Cochrane Continuous cardiotocography (CTG) as a form of electronic fetal monitoring (EFM) for fetal assessment during labour Alfirevic, Z., D. Devane, et al. (2017) found at: https://www.cochrane.org/CD006066/PREG_continuous-cardiotocography-ctg-form-electronic-fetal-monitoring-efm-fetal-assessment-during-labour
- ^{xliiii} Stanford Medicine Newborn Nursery <http://newborns.stanford.edu/Residents/Exam.html>
- ^{xl} American Academy of Pediatrics Clinical Report-Postnatal Glucose Homeostasis in Late-Preterm and Term Infants, Adamkin and Committee on Fetus and Newborn (2011) <http://pediatrics.aappublications.org/content/127/3/575.full.pdf>

- ^{xli} Pediatrics New Intrauterine Growth Curves Based on United States Data, Olsen, Groveman, et al (2010) https://pediatrics.aappublications.org/content/125/2/e214?ssso=1&ssso_redirect_count=1&nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token
- ^{xlii} Up To Date (2019) Management and Outcome of Neonatal Hypoglycemia, found at <https://www.uptodate.com/contents/management-and-outcome-of-neonatal-hypoglycemia>
- ^{xliii} Academy of Breastfeeding Medicine ABM Protocol #1: Guidelines for Blood Glucose Monitoring and Treatment of Hypoglycemia in Term and Late-Term Neonates. Wright, Marinelli, et al (2014) found at <https://www.liebertpub.com/doi/full/10.1089/bfm.2014.9986>
- ^{xliv} Evidence Based Birth Evidence on: The Vitamin K Shot in Newborns Dekker (2019) found at <http://evidencebasedbirth.com/evidence-for-the-vitamin-k-shot-in-newborns/>
- ^{xlv} American Academy of Pediatrics Controversies Concerning Vitamin K and the Newborn (2003), found at <https://pediatrics.aappublications.org/content/112/1/191.full>
- ^{xlvi} Position Statement: Guidelines for Vitamin K Prophylaxis in Newborns, Canadian Paediatric Society and the College of Family Physicians of Canada (2018), found at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6184976/>
- ^{xlvii} Bonding and Birth: The work of Marshall and Phyllis Klaus found at <http://www.bondingandbirth.org/>
- ^{xlviii} World Health Organization Ten Steps to Successful Breastfeeding, (2018) found at <https://www.who.int/nutrition/bfhi/ten-steps/en/>
- ^{xlix} World Health Organization and Unicef, Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternal and Newborn Services (2018). Found at <https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation-2018.pdf>
- ^l Centers for Disease Control: Critical Congenital Heart Disease Screening for Healthcare Professionals found <https://www.cdc.gov/ncbddd/heartdefects/hcp.html>
- ^{li} Pediatrics, Strategies for Implementing screening for Critical Congenital Heart Disease Kemper, Mahle et al (2011) Found at <https://www.ncbi.nlm.nih.gov/pubmed/21987707>
- ^{lii} Breastfeeding Peer Counseling: From Efficacy through Scale-up. Donna J. Chapman, Ph.D., R.D., Katherine Morel, M.S., Alex Kojo Anderson, Ph.D., MPH, CPH, et al. found at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3115698/>
- ^{liii} Patient Access Information for Providers. Found at <https://www.healthit.gov/topic/patient-access-health-records/providers>
- ^{liiv} Centers for Disease Control (2019) TB Screening and Testing of Healthcare Personnel, accessed at <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>
- ^{liv} United States Department of Labor, Wage and Hour Division (WHD), Workplace Posters, accessed at <http://www.dol.gov/whd/resources/posters.htm>
- ^{livi} United States Department of Labor Guidance on Workplace Posters, accessed at <https://www.dol.gov/general/topics/posters/>
- Depart
- ^{liiii} United States Department of Labor: Title VII of the Civil Rights Act of 1964, accessed at <https://www.dol.gov/agencies/oasam/civil-rights-center/statutes/title-vii-civil-rights-act-of-1964>,
- ^{liiii} Definition of Grievance Procedure. <http://www.businessdictionary.com/definition/grievance-procedure.html> Accessed 1/4/2020
- ^{liiii} Society for Human Resource Management: Workplace Dispute Resolution,, accessed at <https://www.shrm.org/hr-today/news/hr-magazine/Pages/070815-conflict-management.aspx>
- ^{liiii} CMS: Congressional Laboratory Improvement Amendments, found at <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/CLIAbrochure8.pdf>
- Centers for Disease Control: Provider Performed Microscopy Booklet, accessed at https://wwwn.cdc.gov/clia/Resources/PPMP/pdf/15_258020-A_Stang_PPMP_Booklet_FINAL.pdf
- American Academy of Family Physicians guidance on CLIA regulations, found at <https://www.aafp.org/practice-management/regulatory/clia/tests.html>
- ^{liiii} Centers for Disease Control: Guidance for Healthcare Professionals on Varicella, found at <https://www.cdc.gov/chickenpox/hcp/immunity.html>
- ^{liiii} American College of Nurse Midwives Position statement: Hydrotherapy during Labor and Birth found at <https://www.midwife.org/acnm/files/ACNMLibraryData/UPLOADFILENAME/000000000286/Hydrotherapy-During-Labor-and-Birth-April-2014.pdf>

^{lxiii} The Experience of Land and Water Birth Within the American Association of Birth Centers Perinatal Data Registry Snapp, Stapleton, Wright, Niemzyk, & Jolles 2012-2017 found at <https://www.ncbi.nlm.nih.gov/pubmed/31834005>

^{lxiiii} Personal Protective Equipment. OSHA Fact Sheet. [https://www.osha.gov/OshDoc/data General Facts/ppe-factsheet.pdf](https://www.osha.gov/OshDoc/data%20General%20Facts/ppe-factsheet.pdf) Accessed 1/4/2020

^{lxv} Patient Safety States (patient safety regulations and mandated reporting). National Academy for State Health Policy. <http://www.nashp.org/pst-map> Accessed 1/4/2020

^{lxvi} National Fire Protection Association (NFPA) Life Safety Code, 2018 Edition. Accessed at <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=101>ity in which low-risk births are expected following normal, uncomplicated pregnancies, and in which professional midwifery care is provided to women during pregnancy, birth, and postpartum."

"A.3.3.188.3 Business Occupancy. Birth Centers should be classified as business occupancies if they are occupied by fewer than 4 patients, not including infants, at any one time; do not provide sleeping facilities for four or more occupants; and do not provide treatment procedures that render four or more patients, not including infants, incapable of self-preservation at any one time. For birth centers occupied by patients not meeting these parameters, see Chapter 18 or Chapter 19, as appropriate."

^{lxvii} Facility Guidelines Institute (2018) Design and Construction of Outpatient Care Facilities, Chapter 2.4. Accessed at <https://fgiguilines.org/guidelines/2018-fgi-guidelines/>

^{lxviii} Occupational Safety and Health Administration website for Healthcare organizations, accessed at <https://www.osha.gov/SLTC/healthcarefacilities/>

^{lxix} How to Obtain a CLIA Certificate of Waiver or Certificate for PPM: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/HowObtainCLIACertificate.pdf>

^{lxx} Provider-performed Microscopy Procedures requiring a CLIA certificate: <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/ppmplist.pdf>

^{lxxi} CMS: CLIA Brochure accessed at <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/CLIAbrochure8.pdf>

CDC: Provider Performed Microscopy Booklet accessed at: [https://wwwn.cdc.gov/clia/Resources/PPMP/pdf/15_258020-A Stang PPMP Booklet FINAL.pdf](https://wwwn.cdc.gov/clia/Resources/PPMP/pdf/15_258020-A_Stang_PPMP_Booklet_FINAL.pdf)

American Association of Family Physicians web resource for providers on CLIA regulations accessed at <https://www.aafp.org/practice-management/regulatory/clia/tests.html>

^{lxxii} Office of the National Coordinator of Health IT. Health IT Playbook, accessed at <https://www.healthit.gov/playbook/privacy-and-security/>

^{lxxiii} Centers for Disease Control (2003) Guidelines for Environmental Infection Control in Healthcare Facilities, accessed at <https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html>

^{lxxiv} Centers for Disease Control (2008) Guidelines for Disinfection and Sterilization in Healthcare Facilities, accessed at <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/index.html>

^{lxxv} US Environmental Protection Agency: Where You Live - State Medical Waste Programs and Regulations, accessed at <http://www.epa.gov/osw/nonhaz/industrial/medical/programs.htm>

Healthcare Environmental Resource Center: Regulated Medical Waste—Overview, accessed at <http://www.hercenter.org/rmw/rmwoverview.cfm>

^{lxxvi} Centers for Disease Control Disaster Preparedness, accessed at <https://emergency.cdc.gov/planning/index.asp>

^{lxxvii} Meeting Patient Engagement Objectives of Meaningful Use Stage 2: Credentialing Patients. Date Posted: November 8, 2012, Deven McGraw, JD, MPH, LLM/ Chair, Privacy and Security Tiger Team, Health IT Policy Committee. <http://www.healthit.gov/buzz-blog/meaningful-use/patient-engagement-objectives-meaningful-stage-2/>

^{lxxviii} Healthcare Information and Management Systems Society <http://www.himss.org/AboutHIMSS/index.aspx>

^{lxxix} Best Practice Guidelines: Transfer from Planned Home Birth to Hospital. 2014 <http://www.homebirthsummit.org/best-practice-transfer-guidelines/>

^{lxxx} Guidelines for Perinatal Care (Guidelines for Perinatal Care (AAP/ACOG)) Paperback – October 29, 2012 by AAP Committee on Fetus and Newborn (Author), ACOG Committee on Obstetric Practice (Author), Laura E. Riley MD FACOG (Editor), Ann R. Stark MD FAAP (Editor), Sarah J. Kilpatrick MD PhD FACOG (Editor), Lu-Ann Papile MD FAAP (Editor). <http://ebooks.aappublications.org/content/guidelines-for-perinatal-care-7th-edition>

^{lxxxi} Drug Enforcement Administration (2006) Practitioner's Manual: An Informational Outline of the Controlled Substances Act, accessed at <https://www.deadiversion.usdoj.gov/pubs/manuals/pract/index.html>

^{lxxxii} 1. Gabbe "Obstetrics: Normal and Problem Pregnancies" 7th edition page 112

© 1985-2020 The Commission for the Accreditation of Birth Centers, Inc. All rights reserved.

ENDNOTES p. 238

2. Jordan, Engstrom, Marfell and Farley, "Prenatal and Postnatal Care: A Woman Centered Program" pg 85 King et al, "Vaney's Midwifery" 5th edition, page 666

3. Tharpe et al, "Clinical Practice Guidelines for Midwifery and Women's Health", 4th edition, page 45.

^{ix} CDC Guidelines for Vaccinating Pregnant Women, available at <http://www.cdc.gov/vaccines/pubs/preg-guide.htm>

^x ACNM Clinical Bulletin in Journal of Midwifery & Women's Health Intermittent Auscultation for Intrapartum Fetal Heart Rate Surveillance found at <https://onlinelibrary.wiley.com/doi/abs/10.1111/jmwh.12372>

AWONN Position Statement: Fetal Heart Monitoring found at [https://www.iognn.org/article/S0884-2175\(18\)30322-8/pdf](https://www.iognn.org/article/S0884-2175(18)30322-8/pdf)

^{xi} Bonding and Birth: The work of Marshall and Phyllis Klaus. <http://www.bondingandbirth.org/> Accessed 9/13/14.

^{xii} American Academy of Pediatrics: Resources for Primary Care providers, found at <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Newborn-screening-for-CCHD.aspx>

^{xiii} Evidence Based Birth Friedman's Curve and Failure to Progress (Dekker, 2017) found at <https://evidencebasedbirth.com/friedmans-curve-and-failure-to-progress-a-leading-cause-of-unplanned-c-sections/>

^{xiv} Obstetric Care Consensus (ACOG and SMFM) Safe Prevention of the Primary Cesarean Delivery found at <https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery>

^{xv} TOLAC/VBAC references:

- American Association of Birth Centers (2019) Position Statement on VBAC: Labor & Birth after Cesarean. Found at https://cdn.ymaws.com/www.birthcenters.org/resource/resmgr/about_aabc_documents/AABC_PS_-_VBAC_-_Labor_&_Bir.pdf
- American Association of Birth Centers (2019) Clinical Bulletin: Labor and Vaginal Birth after Cesarean in the Birth Center Setting. Found at https://cdn.ymaws.com/www.birthcenters.org/resource/resmgr/about_aabc_documents/AABC_Clinical_Bulletin_-_VBA.pdf
- NIH Consensus Development Program (2010) Vaginal Birth After Cesarean: New Insights. Found at <https://consensus.nih.gov/2010/vbacstatement.htm>
- Lamaze (2010) A Woman's Guide to VBAC. Found at <https://www.lamaze.org/Giving-Birth-with-Confidence/GBWC-Post/TitleLink/A-Womans-Guide-to-VBAC>

^{xvi} American College of Obstetricians and Gynecology (2019) Practice Bulletin #202: Gestational Hypertension and Preeclampsia.

^{xvii} American Diabetes Association (2018) Standards of Medical Care in Diabetes, accessed at <https://diabetesed.net/wp-content/uploads/2017/12/2018-ADA-Standards-of-Care.pdf>

^{xviii}

- Rooney & Vanden Heuvel (2004) Root Cause Analysis for Beginners. *Quality Progress*. Accessed at <http://asq.org/quality-progress/2004/07/quality-tools/root-cause-analysis-for-beginners.html>
- Minnesota Department of Health: Root Cause Analysis Toolkit accessed at <https://www.health.state.mn.us/facilities/patientsafety/adverseevents/toolkit/>
- JC RCA Framework, accessed at https://www.jointcommission.org/framework_for_conducting_a_root_cause_analysis_and_action_plan/
- Veteran's Administration National Center for Patient Safety (RCA Toolkit & Guidelines) <http://www.patientsafety.va.gov/professionals/onthejob/rca.asp>
- CMS, accessed at <https://www.cms.gov/medicare/provider-enrollment-&-certification/gapi/downloads/guidanceforrca.pdf>

^{xix} Drug Enforcement Administration (2006) Practitioner's Manual: An Informational Outline of the Controlled Substances Act, accessed at <https://www.dea.gov/divisions/office-of-legal-counsel/publications/practitioner-manual/index.html>

^{xx} California Maternal Quality Care Collaborative (2010) Simulation and Drills: accessed at <https://www.cmqcc.org/resource/903/download>

^{xxi} US Environmental Protection Agency: Where You Live - State Medical Waste Programs and Regulations, accessed at <http://www.epa.gov/osw/nonhaz/industrial/medical/programs.htm>

^{xxii} Healthcare Environmental Resource Center: Regulated Medical Waste—Overview, accessed at <http://www.hercenter.org/rmw/rmwoverview.cfm>

^{xxiii} Learn more at:

- <http://www.inc.com/guides/2010/06/institute-employee-review-process.html> Accessed 9/13/14

© 1985-2020 The Commission for the Accreditation of Birth Centers, Inc. All rights reserved.

-
- http://www.ehow.com/how_5023348_evaluate-employee-performance-easy-steps.html Accessed 9/13/14
 - <http://managementhelp.org/employeeperformance/performance-appraisals.htm> Accessed 9/13/14

^{xcviii} Holley, S (2016) Ongoing Professional Practice Evaluation: Advance Practice Registered Nurse Competency Evaluation, published in Journal for Nurse Practitioners and accessed at [https://www.npjournals.org/article/S1555-4155\(15\)00851-X/fulltext](https://www.npjournals.org/article/S1555-4155(15)00851-X/fulltext)

^{xcix} Department of Health and Human Services (2000) Guidance of Compliance for Individual and Small Group Physician Practices. Accessed at <https://oig.hhs.gov/authorities/docs/physician.pdf>

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC) Chapter 449.

The workshop will be conducted via videoconference and will have a call-in option available beginning at 1 PM on Friday, October 15, 2021 by using the information provided below to join on your computer or by calling in via telephone. If you have difficulties joining in by computer, you can call in utilizing the number below.

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Join with a video conferencing device

105936574@teams.bjn.vc

Video Conference ID: 111 302 433 0

[Alternate VTC instructions](#)

Or call in (audio only)

[+1 775-321-6111,911327820#](tel:+17753216111911327820) United States, Reno

Phone Conference ID: 911 327 820#

[Find a local number](#) | [Reset PIN](#)

Thank you for planning to attend this Teams meeting.

[Learn More](#) | [Meeting options](#)

These workshops will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law.

AGENDA

1. Introduction of workshop process
2. Public comment on proposed amendments to Nevada Administrative Code Chapter 449.
3. Public Comment

The proposed changes will revise Chapter 449 of the Nevada Administrative Code and are being proposed in accordance with Assembly Bill (AB) 287 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) 449.0302.

The proposed regulations provide provisions for the following:

The proposed regulations bring the Board into compliance with AB 287 of the 2021 Legislative Session which requires the Board to adopt separate regulations governing the licensing and operation of freestanding birthing centers. Such regulations must:

- (a) Align with the standards established by the American Association of Birth Centers, or its successor organization, the accrediting body of the Commission for the Accreditation of Birth Centers, or its successor organization, or another nationally recognized organization for accrediting freestanding birthing centers; and
- (b) Allow the provision of supervised training to providers of health care, as appropriate, at a freestanding birthing center.

In addition, the bill makes void the obstetric center regulations previously adopted by the State Board of Health. The term "obstetric center" is being replaced by "freestanding birthing center."

The major provisions of the proposed regulations include:

- 1) Adopting by reference and requiring freestanding birthing centers to be in compliance with the most current version of the Commission for the Accreditation of Birth Centers Indicators of Compliance with Standards for Birth Centers.
- 2) Allowing birth assistants to be a member of the clinical staff that can perform tasks that are within the education, training and competency of the birth assistant.
- 3) Requiring that a freestanding birthing center be accredited by the accrediting body of the Commission for the Accreditation of Birth Centers.
- 4) Prohibits surgeries from being performed at a freestanding birthing center but does not consider an episiotomy or repairs of laceration sustained during delivery of the newborn as surgery.
- 5) Establishes the requirements for supervised training to providers of health care.
- 6) Establishes the criteria in which a pregnant person may give birth in a freestanding birthing center so that birthing services provided in a freestanding birthing center are limited to low-risk pregnancies.
- 7) Establishes the criteria for a denial of an application, renewal, revocation or suspension of a license.
- 8) Establishes design and construction standards that must be met as well as outlining the regulations, laws and codes that the freestanding birthing center must be in compliance with.
- 9) Outlines the services that must be provided by a freestanding birthing center and requires the center to be located within 30 miles of a hospital that offers obstetric, neonatal and emergency services related to pregnancy.
- 10) Requires the freestanding birthing center to have a director in accordance with AB 287 of the 2021 Legislative Session.
- 11) Requires the freestanding birthing center to have policies and procedures for infection prevention and control that are in accordance with nationally recognized infection prevention and control guidelines.
- 12) Addresses drugs and agents that may be possessed, distributed and administered in a freestanding birthing center.
- 13) Requires the freestanding birthing center to notify the Division of any deaths that occur in the center and if the center loses its accreditation.
- 14) Establishes licensing fees.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence may submit the material to Leticia Metherell, Health Program Manager at the following address:

4150 Technology Way, Suite 300 • Carson City, Nevada 89706
775-684-4200 • Fax 775-687-7570 • dphh.nv.gov

Leticia Metherell
Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV 89701
Phone: 775-684-1030
Fax: 775-684-1073
Email: lmetherell@health.nv.gov

Members of the public who require special accommodations or assistance at the workshops are required to notify Leticia Metherell, Health Program Manager, in writing to the Division of Public and Behavioral Health, 727 Fairview Drive, Suite E, Carson City, NV 89701, by calling 775-684-1030 or via email at: lmetherell@health.nv.gov at least five (5) working days prior to the date of the public workshop.

You may contact Leticia Metherell by calling 775-684-1030 or via email at lmetherell@health.nv.gov for further information on the proposed regulations or how to obtain copies of the supporting documents.

A copy of the notice and the proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV

Division of Public and Behavioral Health
4220 S. Maryland Parkway, Suite 100, Bldg A
Las Vegas, NV

Nevada State Library and Archives
100 Stewart Street
Carson City, NV

A copy of the regulations and small business impact statement can be found on the Division of Public and Behavioral Health's web page:

https://dpbh.nv.gov/Reg/HealthFacilities/State_of_Nevada_Health_Facility_Regulation_Public_Workshops/

A copy of the public workshop notice can also be found at Nevada Legislature's web page:

<https://www.leg.state.nv.us/App/Notice/A/>

A copy of this notice has been posted at the following locations:

1. Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City
2. Nevada State Library and Archives, 100 Stewart Street, Carson City
3. Legislative Building, 401 S. Carson Street, Carson City
4. Grant Sawyer Building, 555 E. Washington Avenue, Las Vegas

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at (775) 684-1030 in Carson City or (702) 486-6515 in Las Vegas.

Copies may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
833 Las Vegas Boulevard North
Las Vegas, NV 89101

Elko County Library
720 Court Street
Elko, NV 89801

Eureka Branch Library
210 South Monroe Street
Eureka, NV 89316-0283

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

Douglas County Library
1625 Library Lane
Minden, NV 89423

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Henderson District Public Library
280 South Water Street
Henderson, NV 89105

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Pahrump Library District
701 East Street
Pahrump, NV 89041-0578

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

Per NRS 233B.064(2), upon adoption of any regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

NOTICE OF PUBLIC HEARING

Intent to Adopt Regulations
LCB File No. R062-21

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapter 449 of Nevada Administrative Code (NAC), Medical Facilities and Other Related Entities, LCB File No. R062-21. This public hearing is to be held in conjunction with the State Board of Health meeting on June 3, 2022.

Join Zoom Meeting

<https://zoom.us/j/94244271039?pwd=V0s1UW5aKy9pdlVTNzIzR0xLODU4dz09>

Meeting ID: 942 4427 1039

Passcode: 479010

One tap mobile

+12532158782,94244271039#,*479010# US (Tacoma)

+13462487799,94244271039#,*479010# US (Houston)

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 9128 US (San Jose)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

833 548 0282 US Toll-free

877 853 5257 US Toll-free

888 475 4499 US Toll-free

833 548 0276 US Toll-free

Meeting ID: 942 4427 1039

Passcode: 479010

Find your local number: <https://zoom.us/u/abd08lzLYd>

The proposed changes to NAC Chapter 449 are being moved forward as a result of Assembly Bill 287 of the 81st (2021) legislative session which voids the obstetric center regulations codified as NAC 449.6113 to 449.61178 and requires the Board of Health to adopt separate regulations governing the licensing and operation of freestanding birthing centers that align with the standards established by the American Association of Birth Centers, the accrediting body of the Commission for the Accreditation of Birth Centers, or another nationally recognized organization for accrediting freestanding birthing centers. In addition, the regulations adopted by the

Board of Health must allow for the provision of supervised training to providers of health care, as appropriate, at a freestanding birthing center.

The proposed changes to NAC Chapter 449 include the following major provisions. The major provisions require:

- A freestanding birthing center to be accredited by the Commission for the Accreditation of Birth Centers within a prescribed period after applying for a license from the Division.
- The application submitted for the issuance or renewal of a license to operate a freestanding birthing center to specify the number of beds in the freestanding birthing center.
- Certain construction standards and equipment requirements of a freestanding birthing center be met.
- A freestanding birthing center to submit plans for any new construction or remodeling to the Division for review before the construction or remodeling begins.
- The Division to conduct an on-site inspection of a freestanding birthing center before issuing a license to the freestanding birthing center.
- A freestanding birthing center to maintain a supply of oxygen that is adequate to provide oxygen supplementation to all persons receiving care at the freestanding birthing center and requires the director of a freestanding birthing center to establish policies and procedures for the safe administration and storage of oxygen at the freestanding birthing center.
- A freestanding birthing center to develop and implement written policies and procedures for the control of infection and train certain staff members concerning those policies and procedures and requires members of the staff to follow the manufacturer's guidelines for the use and maintenance of all equipment, devices and supplies.
- A freestanding birthing center to maintain at least a 14-day supply of personal protective equipment to protect staff members from infectious diseases.
- A freestanding birthing center to comply with certain laws and regulations and provide any record maintained by the freestanding birthing center to the Division upon request.
- A freestanding birthing center to comply with and maintain a copy of the Commission for the Accreditation of Birth Centers standards adopted by reference.
- The director of a freestanding birthing center to ensure that the center maintains a personnel file for each member of its staff and each member of the staff of the freestanding birthing center holds the appropriate professional license, certificate or registration where required. It further establishes requirements for the staff who must attend each birth at a freestanding birthing center and certain additional requirements governing the provision of care.
- Certain qualifications for a birth assistant and outlines the activities that can be performed by a birth assistant.
- A program of supervised training for providers of health care offered at a freestanding birthing center to meet the requirements set forth in the proposed regulations.
- The director of a freestanding birthing center to establish criteria for determining whether a pregnant person may give birth at a freestanding birthing center.
- A freestanding birthing center to inform a pregnant person or a person who has given birth at the center of their rights and the health status of the person and the fetus or newborn and allows a pregnant person or person who has given birth to inspect and purchase photocopies of their medical record. It also requires the director of a freestanding birthing center to adopt a procedure by which a person may submit a complaint concerning care provided or not provided by the freestanding birthing center.
- The storage and administration of drugs at a freestanding birthing center meet the requirements set forth in the proposed regulations.

- The director of a freestanding birthing center or his or her designee to notify the Division not later than 24 hours after a death at the freestanding birthing center and requires the director of a freestanding birthing center to establish a procedure to ensure the provision of appropriate counseling to certain persons affected by a death at the freestanding birthing center.

In addition, the proposed regulations:

- Prescribe the fees to apply for the issuance or renewal of a license.
- Provide that episiotomy or repair of lacerations sustained during delivery does not constitute surgery and thus authorizes the performance of those procedures at a freestanding birthing center.

1. Anticipated effects on the business which NAC Chapter 449 regulates:

- A. *Adverse effects:* on a small business opening a brand-new freestanding birthing center includes costs for building space, staffing costs, equipment and supplies, and other costs related to opening a new freestanding birthing center. The costs may vary depending on multiple factors, including but not limited to, location, size of the center, the number of staff employed, the staff mix, and other factors; therefore, the cost cannot be determined. There are also costs associated with the requirement to obtain and maintain current accreditation by the Commission for the Accreditation of Birth Centers.
- B. *Beneficial:* The small business questionnaire revealed the following beneficial effects:
With the proposed changes to birth attendants, our birth center can save an average of \$5,200/month and \$63,000/year on salaries. This is calculated at 30 births/month at \$350 per birth for a total of \$10,500. Estimating a conservative coverage for birth attendant at 50% coverage by student midwife/midwife in training.
- C. *Immediate:* The cost saving measure noted in, B. Beneficial, would be available to be implemented immediately upon the proposed regulations becoming effective.
- D. *Long-term:* Cost savings associated with having the proposed regulations, to the extent possible, align with the accreditation body standards; therefore, reducing the regulatory burden to be met.

2. Anticipated effects on the public:

- A. *Adverse:* None.
- B. *Beneficial:* Gives pregnant persons that meet the criteria to give birth in a freestanding birthing center such an option. Provides a safe, regulated alternative for pregnant persons who meet the criteria to give birth in a freestanding birthing center to give birth.
- C. *Immediate:* Upon the regulations becoming effective, will provide pregnant persons the benefits listed in B.
- D. *Long-term:* Continued safe, regulated alternative for pregnant persons who meet the criteria to give birth in a freestanding birthing center to give birth.

3. The estimated cost to the Division of Public and Behavioral Health for enforcement of the proposed regulation.

These proposed regulations will not add any costs to the current regulatory enforcement activities conducted by HCQC as HCQC has been regulating obstetric centers and the freestanding birthing center proposed regulations will be replacing the obstetric center regulations.

Overlapping or duplicate Nevada state regulations will not be an issue as the obstetric center regulations have been declared void by Section 36.5 by Assembly Bill 287 of the 81st (2021) legislative session.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Lisa Sherych, to be received no later than May 17, 2022, at the following address:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Nevada Division of Public and Behavioral Health
4150 Technology Way
Carson City, NV 89706

Nevada Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV 89701

Nevada Division of Public and Behavioral Health
4220 S. Maryland Parkway, Suite 100, Building A
Las Vegas, NV 89119

A copy of the regulations and small business impact statement can be found on-line by going to:
http://dpbh.nv.gov/Reg/HealthFacilities/State_of_Nevada_Health_Facility_Regulation_Public_Workshops/

A copy of the public hearing notice can also be found at Nevada Legislature's web page: <https://www.leg.state.nv.us/App/Notice/A/>

A copy of the public hearing notice and proposed regulations were sent to:
Nevada State Library, Archives and Public Records
100 N Stewart St
Carson City, NV 89701

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at (775) 684-1030 in Carson City or (702) 486-6515 in Las Vegas.

Per NRS 233B.064(2), upon adoption of any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

**SMALL BUSINESS IMPACT STATEMENT
PROPOSED AMENDMENTS TO NEVADA ADMINISTRATIVE CODE (NAC 449)**

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments to the Nevada Administrative Code (NAC) Chapter 449 will have a financial impact on a small business opening a brand-new freestanding birthing center associated with the cost for building space, staffing costs, equipment and supplies, and other costs related to opening a new freestanding birthing center. The costs may vary depending on multiple factors, including but not limited to, location, size of the center, the number of staff employed, the staff mix, and other factors; therefore, the cost cannot be determined. Industry had noted that the obstetric center regulations resulted in a barrier to opening a new business. The Division currently has only one licensed obstetric center which has been deemed to be a freestanding birthing center pursuant to AB 287 of the 2021 Legislative Session. The small business impact questionnaire submitted by the licensed freestanding birthing center noted: *"We are a current licensed birth center all of these new regulations will be a huge cost savings."* Although there will be costs associated with opening this type of business, it is anticipated these proposed regulations will stimulate the formation, operation or expansion of small businesses in Nevada because it removes certain barriers present in the obstetric center regulations that made it more difficult to open a freestanding birthing center. The proposed regulations remove certain barriers while at the same time maintaining client safety.

A small business is defined in Nevada Revised Statutes (NRS) 233B.0382 as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608(3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 below followed by the certification by the person responsible for the agency.

Background

The proposed regulations bring the Board into compliance with AB 287 of the 2021 Legislative Session which requires the board to adopt separate regulations governing the licensing and operation of freestanding birthing centers. Such regulations must:

- (a) Align with the standards established by the American Association of Birth Centers, or its successor organization, the accrediting body of the Commission for the Accreditation of Birth Centers, or its successor organization, or another nationally recognized organization for accrediting freestanding birthing centers; and
- (b) Allow the provision of supervised training to providers of health care, as appropriate, at a freestanding birthing center.

In addition, the bill makes void the obstetric center regulations previously adopted by the State Board of Health. The term obstetric center is being replaced by freestanding birthing center.

The major provisions of the proposed regulations include:

- 1) Adopting by reference and requiring freestanding birthing centers to be in compliance with the most current version of the Commission for the Accreditation of Birth Centers Indicators of Compliance with Standards for Birth Centers.
- 2) Allowing birth assistants to be a member of the clinical staff that can perform tasks that are within the education, training and competency of the birth assistant.
- 3) Requiring that a freestanding birthing center be accredited by the accrediting body of the Commission for the Accreditation of Birth Centers.
- 4) Prohibits surgeries from being performed at a freestanding birthing center but does not consider an episiotomy or repairs of laceration sustained during delivery of the newborn as surgery.
- 5) Establishes the requirements for supervised training to providers of health care.
- 6) Establishes the criteria in which a pregnant person may give birth in a freestanding birthing center so that birthing services provided in a freestanding birthing center are limited to low-risk pregnancies.
- 7) Establishes the criteria for a denial of an application, renewal, revocation or suspension of a license.

- 8) Establishes design and construction standards that must be met as well as outlining the regulations, laws and codes that the freestanding birthing center must be in compliance with.
- 9) Outlines the services that must be provided by a freestanding birthing center and requires the center to be located within 30 miles of a hospital that offers obstetric, neonatal and emergency services related to pregnancy.
- 10) Requires the freestanding birthing center to have a director in accordance with AB 287 of the 2021 Legislative Session.
- 11) Requires the freestanding birthing center to have policies and procedures for infection prevention and control that are in accordance with nationally recognized infection prevention and control guidelines.
- 12) Addresses drugs and agents that may be possessed, distributed and administered in a freestanding birthing center.
- 13) Requires the freestanding birthing center to notify the Division of any deaths that occur in the center and if the center loses its accreditation.
- 14) Establishes licensing fees.

Pursuant to NRS 233B.0608(2)(a), DPBH has requested input from the one licensed freestanding birthing center in Nevada with 150 or fewer employees and to 5 individuals that have expressed interest in freestanding birthing centers.

A Small Business Impact Questionnaire and a copy of the proposed regulations were emailed to the one licensed freestanding birthing center and the 5 other individuals who have expressed interest in freestanding birthing centers on August 18, 2021.

The questions were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Summary of Responses

Out of the small-business impact questionnaires sent to the one freestanding birthing center licensed at the time the questionnaire was distributed, one response from the licensed freestanding birthing center was recorded as received.

Will a specific regulation have an adverse economic effect upon your business?	Will the regulation(s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
Yes – 1 No – 0	Yes – 1 No – 0	Yes – 1 No – 0	Yes – 1 No – 0
Comments – With the proposed changes to birth attendants, our birth center can save an average of \$5,200/month and \$63,000/year on salaries. This is calculated at 30 births/month at \$350 per birth for a total of \$10,500. Estimating a conservative coverage for	Comments – Current plumbing being grandfathered in for already established birth centers could save the cost of adding sink, shower, etc. Being a teaching/training	Comments – Each renewal year of malpractice puts a potential indirect adverse effect on the business due to national premium increases. The continued rising prices	Comments – Our center is currently in the insurance credentialing phase and because of that, we will be able to service more clients.

<p>birth attendant at 50% coverage by student midwife/midwife in training.</p>	<p>facility gives us the opportunity to house more students which in return gives us cost savings on salaries and a more well-trained staff pool. We are a current licensed birth center all of these new regulations will be a huge cost savings.</p>	<p>of medical supplies can be costly.</p>	
--	--	---	--

1) Describe the manner in which the analysis was conducted.

A small business impact questionnaire was disseminated via email on August 18, 2021 and a virtual TEAMS meeting was conducted on September 7, 2021 with the only licensed (small business) freestanding birthing center. The feedback provided by the only small business freestanding birthing center was reviewed and taken into consideration. In addition, the following feedback was provided in an email correspondence, dated 9/10/21, from a representative of the only licensed freestanding birthing center: *“I believe the more we align with these indicators, the more options we will have for birth centers in Nevada.”* The most current version of the Commission for the Accreditation of Birth Centers Indicators of Compliance with Standards for Birth Centers was also reviewed to see how the proposed regulations could be best aligned with these indicators. In addition, the Minnesota statutes and Illinois codes governing birth centers were reviewed. Both states accept the accrediting body of the Commission for the Accreditation of Birth Centers. Based on the review it was determined the associated standards used by the accrediting bodies was the main mechanism to ensure safety in birth centers in these two states. AB 287 of the 2021 Legislative Session was also reviewed and Section 16.5 notes:

The Board shall adopt separate regulations governing the licensing and operation of freestanding birthing centers. Such regulations must:

- (a) Align with the standards established by the American Association of Birth Centers, or its successor organization, the accrediting body of the Commission for the Accreditation of Birth Centers, or its successor organization, or another nationally recognized organization for accrediting freestanding birthing centers; and*
- (b) Allow the provision of supervised training to providers of health care, as appropriate, at a freestanding birthing center.*

The proposed freestanding birthing center regulations, as well as the obstetric center regulations, were reviewed. This information was then analyzed by a Health Program Manager III to determine the impact of the proposed freestanding birthing center regulations on small business.

A public workshop will be scheduled at a future date to continue to obtain feedback on the proposed regulations during the regulatory development process.

2) The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.

Direct beneficial effects: The small business questionnaire revealed the following direct beneficial effect:

With the proposed changes to birth attendants, our birth center can save an average of \$5,200/month and \$63,000/year on salaries. This is calculated at 30 births/month at \$350 per birth for a total of \$10,500. Estimating a conservative coverage for birth attendant at 50% coverage by student midwife/midwife in training.

Indirect beneficial effects: An increase in freestanding birthing center applications for licensure is anticipated if the proposed regulations become effective.

Direct adverse effects: The proposed regulations were modified based on the feedback that not allowing birth assistants to provide services in a freestanding birthing center creates an adverse financial effect; therefore, removing this direct adverse effect as noted in the first question listed in the summary of responses.

In addition, direct adverse financial impact on a small business opening a brand-new freestanding birthing center includes costs for building space, staffing costs, equipment and supplies, and other costs related to opening a new freestanding birthing center. The costs may vary depending on multiple factors, including but not limited to, location, size of the center, the number of staff employed, the staff mix, and other factors; therefore, the cost cannot be determined.

Indirect adverse effects: The small business questionnaire revealed the following indirect adverse effect:

Each renewal year of malpractice puts a potential indirect adverse effect on the business due to national premium increases. The continued rising prices of medical supplies can be costly.

3) Provide a description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.

The method the Division used to reduce the impact of the proposed regulations was to analyze which provisions would have an impact or not then determine if a reduction in impact could be made. After analysis, the following changes were made to reduce the financial impact on new and existing businesses:

1) By adopting by reference and requiring compliance with the most current version of the Commission for the Accreditation of Birth Centers Indicators of Compliance with Standards for Birth Centers, many of the provisions in the regulations were eliminated as they are addressed in the above-mentioned Indicators of Compliance. This also helps to align the proposed regulations with one of the standards required by AB 287 of the 2021 Legislative Session and may help reduce any additional burdens these sections may have created.

2) Birth assistants were also added as a clinical staff member who may be used to provide services within the scope of a birth assistant.

4) The estimated cost to the agency for enforcement of the proposed regulation.

The estimated cost to enforce the proposed regulations is equal to the initial licensing fee of \$1,564 with an annual renewal fee of \$782.

5) If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.

The proposed regulations do not provide a new fee or increase an existing fee. The fee to license obstetric centers is already established in regulations and will be the same fee used to license freestanding birthing centers. The licensing fee will be used to license and regulate freestanding birthing centers. The annual amount collected will be \$782 until such time that additional freestanding birthing centers become licensed, which is unknown at this time.

In addition, if a freestanding birthing center chooses to modify their license pursuant to NAC 449.0168, a \$250 fee will be assessed. As it is unknown whether a freestanding birthing center would submit a request to modify its license or how often a modification may be requested, the annual amount cannot be determined.

6) An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.

The proposed regulations are not duplicative or more stringent than any federal, state or local standards.

7) Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.

The conclusion is that opening a new business, including a freestanding birthing center, will result in significant costs, although the costs would be dependent on the size and complexity of the freestanding birthing center; therefore, the financial impact is unknown. Based on the feedback provided, the proposed regulations will have a positive financial impact on the existing licensed small business as the small business noted in the small business impact questionnaire: *"We are a current licensed birth center all of these new regulations will be a huge cost savings."*

The proposed regulations have taken into consideration the feedback from industry to reduce the financial impact but at the same time ensure client safety.

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to:

Leticia Metherell
Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV 89701
Phone: 775-684-1045
Email: lmetherell@health.nv.gov

Certification by Person Responsible for the Agency

I, Lisa Sherych, Administrator of the Division of Public and Behavioral Health, certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and is accurate.

Signature:  Date: September 23, 2021

Support Statements for 10/15/21 Workshop

"My name is Cheryl Rude. I am the Practice Manager at Serenity Birth Center in Las Vegas, Nevada. We are currently the first and only state licensed and nationally accredited freestanding birth center in NV. I have been employed with Serenity Birth Center for the past three years. I'm in favor of the proposed amendments to NV administrative code NAC 449. The new proposed regulations will have huge cost saving for our practice and center and for future Birth Centers in the state of Nevada. One of our biggest challenges from local, city, and state regulations to building regulations at the Birth Center was compared being to an ambulatory surgical center. We do not perform surgery. A simple example would be is that our life-safety equipment used in the center is battery operated whereas in a surgical center most life-safety equipment requires a wall-mounted voltage outlet. We also use portable oxygen, if needed. There are many other examples; the two are very different. The new regulations align with Freestanding Birth Center guidelines that have already in place in accredited and licensed freestanding birth centers nationwide. Our center, effective September 22, 2021, has been accredited by the Commission for the Accreditation of Birth Centers, which is currently a requirement of NAC 449.6113 and ensures the highest levels of evidence-based care and safety."

"My name is Genevieve Burkett. I am the Director of Nursing at Serenity Birth Center. My main role over the past 2 years has been to reviewing local, city, state, and national Birth Center laws and regulations. From there, I work to write and implement policies and procedures to ensure compliance at the physical birth center and for our staff. Our priority is evidence-based care and safety for the families seeking care with us. The proposed amendments align with national guidelines for scope of care, OSHA, HIPAA, and CLIA, staff education, facility, equipment and supplies, the health record, research, and quality improvement programs. There are many proposed changes that will have cost savings, improved safety and effectiveness that are in line with freestanding birth centers nationwide. We are one of 84 nationally accredited centers in the United States. Only 17% of freestanding birth centers are accredited. Nevada should be proud to hold us accountable to these standards."

"My name is April Clyde. I am a Certified Nurse Midwife, Advanced Practice Registered Nurse, and a Certified Professional Midwife. I am the owner and founder of Serenity Birth Center in Las Vegas, NV. Serenity Birth Center is the first state licensed and nationally accredited facility in NV. My vision for birth centers and more options for women in NV spans back over two decades. Myself and a northern NV Certified Nurse Midwife were an integral part of changing legislation to allow birth centers to exist in Nevada. Serenity Birth Center is a healthcare facility for childbirth where care is provided in the midwifery and wellness model. Birth Centers are an integrative part of the health care system and are guided by principles of prevention, sensitivity, safety, appropriate medical intervention and cost-effectiveness. While the practice of midwifery and the support of physiologic birth and newborn transition may occur in other settings, this is the exclusive model of care in a birth center. The birth center respects and facilitates a woman's right to informed choices about her health care and baby's health care based on her values and beliefs. The woman's family, as she defines it, is welcome to participate in the pregnancy, birth, postpartum period and well-woman care. Licensed and accredited birth centers are approved as a safe place of birth for healthy, low-risk women and neonates by the American College of Obstetricians and Gynecologists (ACOG). Additionally, the midwifery model of care improves outcomes for maternal and infant health. Preterm birth rates and cesarian sections are reduced. Infant birth weights are increased. Satisfaction by mothers and families are increased while costs are reduced for families. These statistics can be found at <https://www.birthcenters.org/general/custom.asp?page=strong-start-report>. I support these proposed changes as they will reduce costs at my current center in regard to staff salaries, unnecessary equipment, medical supplies, and building regulations. The proposed amendment will improve daily operations at my Center to continue providing evidence-based care which in turn helps me meet my multi-decade long goal of there being more birthing options for women and families in Nevada."





ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

November 19, 2021

Nevada Department of Health and Human Services
Division of Public and Behavioral Health
Attention: Jeffrey Murawsky, M.D., State Board of Health
4150 Technology Way, Suite 300
Carson City, Nevada 89706

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy
Attention: Jenifer Graham
1100 East William Street
First Floor Conference Room
Carson City, Nevada 89701

SUBMITTED VIA EMAIL to stateBOH@health.nv.gov; dph@health.nv.gov; jenifer.graham@dncfp.nv.gov

RE: Nevada Free Standing Birthing Center Accreditation, proposed amendments to Chapter 449 of NAC and Medicaid Services Manual (MSM) Chapter 200

Dear Dr. Murawsky and Ms. Graham,

The AAAHC is a private, independent, not-for-profit corporation with over 40 years of experience dedicated exclusively to quality improvement and patient safety in ambulatory care. With over 6,000 currently accredited organizations, including 88 facilities in Nevada, AAAHC accredits more ambulatory health care organizations than any other accrediting body in the nation and is recognized by government entities at both the federal and state levels including the Centers for Medicaid and Medicare Services under its deemed accreditation program for ambulatory surgical facilities. Additionally, AAAHC maintains accreditation contracts with the United States Health Resources Services Agency, the United States Indian Health Service, the United States Coast Guard, and the United States Department of Justice Bureau of Prisons. As a nationally-recognized accreditation organization, the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) mission to improve health care quality through accreditation is consistent with the Department's drive to promote the health and well-being of Nevada's residents.

AAAHC Standards are published annually after being reviewed and updated by professionals representing the highest levels of achievement in clinical practice and health care management. These standards are designed to be dynamic in order to reflect evolving trends in ambulatory health care and maintain applicability across a wide range of ambulatory care facilities.

We recently became aware of the proposed amendments to Chapter 449 of NAC¹ and Medicaid Services Manual (MSM) Chapter 200² to require freestanding birthing center (FSBC) accreditation. We noted that the authorizing statute, NRS 449.0302(12) provided opportunity for review of additional accreditation organizations not specifically listed in the law; however, it does not appear that the same language was included in the regulatory proposal. As such, AAAHC respectfully requests that the Division eliminate the barrier to entry into the Nevada FSBC accreditation market by providing the opportunity for additional organizations to become approved FSBC accreditors. Attached please find our recommendations for updating the language to allow for future competition in the Nevada FSBC accreditation market.

¹ <https://www.lsg.state.nv.us/Register/2021Register/R062-211.pdf>

² https://dncfp.nv.gov/uploadedFiles/dncfp.nv.gov/content/Public/AdminSupport/MeetingArchive/PublicHearings/2021/MSM_PH_11_30_21_Ch_200_ADA.pdf

Freestanding Birthing Center Accreditation
November 19, 2021
Page 2 of 4

AAAHC accreditation surveys are conducted by physicians, registered nurses, and administrators who are actively involved in the facility-type which they survey. These experienced professionals meet stringent recruitment qualifications, are screened by the AAAHC Surveyor Training and Education Committee, approved by the AAAHC Board of Directors, and trained by AAAHC on a biennial basis.

Thank you for taking the time to consider this request. AAAHC welcomes the opportunity for a conversation regarding quality and safety in health care facilities and our ambulatory health care accreditation programs with you at any time.

Sincerely,

/s/ Ann Carrera, JD
Sr. Counsel

ATTACHMENT A

Suggested Amendments to Proposed Language

NAC Chapter 449, Sec. 8

1. The State Board of Health hereby adopts by reference the most current version of the CABC Indicators of Compliance with Standards for Birth Centers which can be obtained for free by registering with the CABC at: <https://birthcenteraccreditation.org/go-get-cabc-indicators/?sfw=pass1631561235>. **The Division may choose to approve Standards from other accrediting organizations upon receipt of a request for recognition.**
2. The State Board of Health will review each revision of the publications adopted by reference **or approval** pursuant to subsection 1 to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 12 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference **or approval** pursuant to subsection 1.
3. A freestanding birthing center must comply with the most current **Standards** version of ~~the CABC Indicators of Compliance with Standards for Birth Centers adopted by reference pursuant to subsection 1~~ its chosen accrediting organization.
4. A freestanding birthing center must obtain accreditation by the CABC **or other accrediting organization approved by the Division** within six months of the date of the application for licensure and shall submit to the Division proof of such accreditation. If the ~~CABC or its successor~~ accrediting organization notifies the freestanding birthing center that it cannot be accredited within 6 months, the timeframe required to become accredited will be extended by 6 months.
5. Upon request, the freestanding birthing center shall provide the Division with any material submitted by the freestanding birthing center to the ~~CABC~~ accrediting organization as part of the accreditation process, including the accreditation application, the self-evaluation report, the accreditation decision letter ~~from the CABC~~, and any reports ~~from the CABC~~ following a site visit.
6. A freestanding birthing center shall maintain current accreditation by the CABC, ~~or~~ its successor organization, **or other accrediting organization approved by the Division**. If the freestanding birthing center loses its accreditation, the birth center must immediately notify the Division.
7. and 8. No change.
9. Each freestanding birthing center shall keep on its premises and make available to all clinical providers and clinical staff a copy of the most recent version of the ~~CABC Indicators of Compliance with Standards for Birth Centers~~ Standards published by its chosen accrediting organization.

NAC Chapter 449, Sec. 15

A pregnant person may give birth in a freestanding birthing center if:

1. The freestanding birthing center establishes risk eligibility criteria that aligns with the most current version of the CABC Indicators of Compliance with Standards for Birth Centers **or other approved accrediting organization**; and
2. through 9. No change.

NAC Chapter 449, Sec. 19

A freestanding birthing center must:

1. Provide services for labor, delivery, newborn and recovery care pursuant to the most current version of the CABC Indicators of Compliance with Standards for Birth Centers **or other approved accrediting organization adopted by reference pursuant to section 8**;
2. through 8. No change.

MEDICAID SERVICES MANUAL CHANGES; CHAPTER 200 – HOSPITAL SERVICES

Policy #02-01, Section E

E. PROVIDER REQUIREMENTS

Freestanding birthing center must meet the following criteria:

1. and 2. No change.
3. Accreditation by **the Commission for the Accreditation of Birth Centers (CABC) or other one of the following nationally recognized accreditation organizations recognized by the Division of Public and Behavioral Health Commission for the Accreditation of Birth Centers (CABC):**
~~a. The Accreditation Association for Ambulatory Health Care, (AAAHC) Inc.; b. The Commission for the Accreditation of Birth Centers, (CABC); or c. The Joint Commission, for institution-affiliated outpatient maternity care programs which principally provide a planned course of outpatient prenatal care and outpatient childbirth service limited to low risk pregnancies.~~
4. No change.



Commissioner's Office
625 Robert Street N., Suite 500
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5000

www.health.state.mn.us

Evaluation of the Quality of Care and Outcomes for Services Provided in Licensed Birth Centers

February 2014

**For more information, contact:
Compliance Monitoring Division
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, Minnesota 55164-0900**

Phone: 651-201-4101

Fax: 651-215-9697

TTY: 651-201-5797

As requested by Minnesota Statute 3.197: This report cost approximately \$7,400 to prepare, including staff time, printing and mailing expenses.

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording.
Printed on recycled paper.

Table of Contents

I. Executive Summary.....	1
II. Introduction.....	4
A. Report Requirements.....	4
B. Background Information on Birth Centers.....	5
1. Birth Center Definition and Concept.....	5
2. Birthing Center Staff.....	6
3. How Hospitals and Birth Centers Work Together.....	7
4. Number of Women Who Give Birth in Hospitals and Birth Centers.....	7
5. History of Birth Centers in Minnesota.....	8
III. Licensure of Birth Centers in Minnesota.....	8
A. State Licensure Requirements.....	8
B. National Accreditation Process.....	9
C. Number and Type of Licensed Birth Centers in Minnesota.....	11
D. Predicted Growth of Birth Centers in Minnesota.....	14
IV. Birth Center Safety and Quality.....	15
A. National Data and Information on Birth Center Safety and Quality.....	15
B. State Data and Information on Birth Center Safety and Quality.....	16
1. Sources of Data for Minnesota Licensed Birth Centers.....	17
2. Birth Record Data Obtained from Minnesota Licensed Birth Centers.....	19
3. Comments and Recommendations from Organizations Consulted.....	23
V. Conclusion.....	26
VI. List of Appendices.....	27
APPENDIX A: Birth Certificate Worksheet Mother and Medical Portion.....	27
APPENDIX B: Minnesota Hospital Associations Letter.....	27

List of Tables

Table 1: Number of Births in Minnesota's Licensed Birth Centers.....	20
Table 2: Prenatal Care, Gestational Age and Birth Outcomes.....	20
Table 3: Number of Mothers Transferred from Licensed Birth Centers.....	21
Table 4: Number of Infants Transferred from Licensed Birth Centers.....	22
Table 5: Number of Maternal Transfers Due To Risk Factor(s), 2010-2013	22

I. Executive Summary

During the 2010 Legislative Session, Minnesota Statutes §144.615 was passed which directed the Minnesota Department of Health to license free-standing birth centers beginning January 1, 2011. The law also required the Department to evaluate the quality of care and outcomes in services provided in licensed birth centers and report findings of that evaluation to the legislature by January 15, 2014. As part of the evaluation, the Department was to consult with several organizations including the Minnesota Department of Human Services, representatives of the licensed birth centers, American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the Minnesota Hospital Association, and the Minnesota Ambulance Association.

This report includes the finding of that evaluation. It also provides a brief overview of birth centers, explains the accreditation and licensure process, and includes national data on the safety and quality of birth centers.

Since the law was enacted, only five birth centers have been licensed by the Department. Two of those five birth centers, were recently licensed. The five licensed birth centers include: Alicia's Care Center in Eagle Bend, MN; Health Foundations Family Health and Birth Center in St. Paul, MN; Minnesota Birth Center in South Minneapolis, MN; Morning Star Women's Health and Birth Center in St. Louis Park, MN; and, Morning Star Women's Health and Birth Center in Duluth, MN.

One of the five birth centers, MDH withheld a license pending full accreditation by the Commission for the Accreditation of Birth Centers (CABC), and compliance with the licensure law which included evidence of no actions by the birth center that could be considered detrimental to the health and welfare of birth center clients.

MDH also reviewed complaint records from the Office of Health Facility Complaints, and found that only one complaint was received against a birth center. That complaint did not involve actual harm done to a birthing center client, but rather the complaint was related to a staffing concern which was investigated and determined that no violation had occurred and no further action was needed.

Regarding data on quality of care and outcomes in services provided in Minnesota licensed birth centers, MDH learned early on in the evaluation that such data is limited, in part because some of the birth centers were just recently licensed and others have only been licensed for a few years. Also, much of the data is voluntary and/or self-reported. The most comprehensive data available

at this time is the birth record information that is maintained by the MDH Centers for Health Statistics. However, that data had limitations too as it did not include reasons for transfer of mother or baby as directed by the legislation.

Data that was obtained from Minnesota birth records seems to support the national studies that were published in 1989 and more recently in 2013 on the quality and safety of birth centers. Those studies showed that birth centers can be a safe and effective option for low-risk women choosing to give birth in a non-hospital setting. The Minnesota birth record data suggests that mothers using licensed birth centers are more likely than other mothers to have received adequate prenatal care and were far less likely to give birth prematurely or to have a low birth weight baby. However, it's important to note that, the numbers of mothers using birth centers is small in comparison to total births and thus percentages may fluctuate widely from year to year. To yield more meaningful results it is not only recommended, but common statistical practice, to use five years of data to analyze small numbers of data. Unfortunately that was not possible with this study because birthing centers have been licensed in Minnesota for fewer than four years. Also, according to Minnesota Stats. §144.615,, Sub. 1, birth centers are only allowed to serve low risk pregnant women, whereas hospitals serve low risk and high risk pregnant women. This makes it difficult to make accurate comparisons between the two without further data collection and analysis.

In the future, better data should be available because the Commission for the Accreditation of Birth Centers is going to start requiring all accredited birth centers to participate in the American Association of Birth Centers (AABC) Perinatal Data Registry (PDR), (formerly called the Uniform Data Set or UDS), beginning with the birth center's next site visit. The PDR is an online data registry for the ongoing collection of perinatal data in all settings (hospital, birth centers, home) and by all providers (Certified Nurse Midwives, Certified Professional Midwives, OBGYNs, Family Physicians) who provide maternity services. The AABC PDR collects data on 189 variables that describe the demographics, risk factors, processes of care, and maternal-infant outcomes of women receiving care in birth centers. Data are collected prospectively, with the patient record created during the initial prenatal visit. MDH believes that this new requirement should help to provide more comprehensive and meaningful data on the quality of care and outcomes in services provided in Minnesota licensed birth centers and nationally.

Besides analyzing data for this report, the Department also consulted with a variety of stakeholders regarding their experiences with birth centers and requested comments and recommendations. Those comments are included in detail within the report.

With the licensure of birth centers in Minnesota being fairly new, data on quality of care and outcomes in services provided in licensed birth centers is limited. As more data becomes available on birth centers, MDH will have a better sense of the true quality of care and safety that is provided in all Minnesota licensed birth centers. The CABC's new requirement that all

accredited birth centers participate in a national data registry should be able to provide that picture for MDH, as Minnesota licensed birth centers will be included in that data base. Until then, MDH can only rely on data obtained from Minnesota birth records, complaints received by the Office of Health Facility Complaints, and concerns from stakeholders.

II. Introduction

A. Report Requirements

Minnesota Statutes §144.615 was passed in 2010 which directed the Minnesota Department of Health to license free-standing birth centers beginning January 1, 2011. The law also required the Department to evaluate the quality of care and outcomes in services provided in licensed birth centers and report findings of that evaluation to the legislature by January 15, 2014. Below is the legislative language regarding the evaluation and report requirement. A copy of the entire birthing center licensing law is available at <https://www.revisor.mn.gov/statutes/?id=144.615>

Subd. 11. Report.

(a) The commissioner of health, in consultation with the commissioner of human services and representatives of the licensed birth centers, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the Minnesota Hospital Association, and the Minnesota Ambulance Association, shall evaluate the quality of care and outcomes for services provided in licensed birth centers, including, but not limited to, the utilization of services provided at a birth center, the outcomes of care provided to both mothers and newborns, and the numbers of transfers to other health care facilities that are required and the reasons for the transfers. The commissioner shall work with the birth centers to establish a process to gather and analyze the data within protocols that protect the confidentiality of patient identification.

(b) The commissioner of health shall report the findings of the evaluation to the legislature by January 15, 2014

This report, prepared by staff in the Compliance Monitoring Division at MDH, includes the finding of that evaluation. It also provides a brief overview of birth centers, explains the accreditation and licensure process, and includes national data on the safety and quality of birth centers.

B. Background Information on Birth Centers

1. Birth Center Definition and Concept

The American Association of Birth Centers (AABC) defines a birth center as “*a home-like setting where care providers, usually midwives, provide family-centered care to healthy women before, during and after normal pregnancy, labor and birth*”.¹

Minn. Stat. §144.615, subd. 1(b), defines a birth center as a “*facility licensed for the primary purpose of performing low-risk deliveries that is not a hospital or licensed as part of a hospital and where births are planned to occur away from the mother's usual residence following a low-risk pregnancy.*” A low-risk pregnancy, as defined in Minn. Stats. §144.615, subd. 1. (d), is “*a normal, uncomplicated prenatal course as determined by documentation of adequate prenatal care and the anticipation of a normal, uncomplicated labor and birth, as defined by reasonable and generally accepted criteria adopted by professional groups for maternal, fetal, and neonatal health care.*” All birth centers are required to have procedures in place specifying criteria by which risk status will be established and applied to each woman at admission and during labor (See Minn. Stat. §144.615, subd. 6.) The law limits services in a birth center to those surgical procedures that are normally performed during an uncomplicated birth, including episiotomy and repair. No abortions may be administered and no general or regional anesthesia may be administered. Local anesthesia may be administered at a birth center if the administration of the anesthetic is performed within the scope of practice of a health care professional (See Minn. Stat. §144.615, subd. 7.)

Birth centers screen their clients to ensure the mother remains healthy and low-risk during pregnancy. They also offer extensive education throughout pregnancy to empower women to feel confident making informed decisions about their own and their baby's health care. Staff hold to the “wellness” model of birth, which means that they provide continuous, supportive care and interventions are used only when medically necessary. During labor, interventions that may be considered standard routine in a hospital, such as IV's, continuous electronic fetal monitoring, induction of labor, or epidurals, are not routine interventions found in a birth center. Birth centers encourage active birth with frequent position changes, hydrotherapy in the tub or shower including water birth, eating and drinking while in labor, wearing one's own clothing, immediate skin-to-skin contact with the baby, and breastfeeding, among other things. The freestanding birth center setting encourages specialized care to each woman's individual needs and concerns.²

¹ American Association of Birth Centers, What is a birth center. Available at <http://www.birthcenters.org/forparents/what-is-birth-center>.

² From Minnesota Birth Center website, available at <http://theminnesotabirthcenter.com/>

2. Birth Center Staff

Most birth centers have midwives as the primary care providers working with physicians and hospitals in a team approach to maternity care. Midwifery, as practiced by Certified Nurse Midwives (CNM) and Certified Midwives (CM), encompasses a full range of primary health care services for women from adolescence to beyond menopause. These services include primary care, gynecological and family planning services, preconception services, care during pregnancy, childbirth, and the postpartum period, care of the normal newborn during the first 28 days of life and treatment of male partners for sexually transmitted diseases. Midwives provide initial and ongoing comprehensive assessments, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling. Besides birth centers, midwives can practice in ambulatory care clinics, private offices, community and public health systems, homes, and hospitals.³

There are different types of midwives with varying degrees of education and scopes of practices working in licensed birth centers. The Certified Nurse Midwives is the most common type of midwife providing care in birth centers, but some have a mix of Certified Nurse Midwives (CNM), Certified Midwife (CM), and Certified Professional Midwife (CPM). The following link provides a chart that compares CNM, CM and CMP, including their education and training level and scope of practice:

<http://www.midwife.org/acnm/files/cclibraryfiles/filename/000000001031/cnm%20cm%20cpm%20comparison%20chart%20march%202011.pdf>.⁴

The Commission for the Accreditation of Birth Centers (CABC) requires midwives working in birth centers to be licensed according to the state's licensing laws, and MDH's application for licensure of a birth center requires applicants to list the names and license numbers of health professionals on staff at the birth center. In Minnesota CNMs are licensed by the Minnesota Board of Nursing and CPMs are licensed by the Minnesota Board of Medical Practice. According to data from the Board of Nursing, as of December 31, 2013 there were 263 Certified Nurse-Midwives licensed in the state.⁵ Licensing statistics from the Board of Medical Practice,

³ American College of Nurse Midwives, (2011) Definition of Midwifery and Scope of Practice of Certified Nurse Midwives and Certified Midwives.

⁴ American College of Nurse Midwives website, Comparison of Certified Nurse-Midwives, Certified Midwives, and Certified Professional Midwives, available at <http://www.midwife.org/acnm/files/cclibraryfiles/filename/000000001031/cnm%20cm%20cpm%20comparison%20chart%20march%202011.pdf>

⁵ Minnesota Board of Nursing, available at https://www.hlb.state.mn.us/mbn/reports/current_statistics.pdf

dated November 5, 2013, states that there are only 22 Traditional Midwives/Certified Professional Midwives licensed in the state (20 located in MN).⁶

Besides Midwives, other staff who may work in birth centers include registered nurses, physician assistants, an MD/obstetrician who may also serve as a medical director, nutritionists, certified medical assistants, and administrative staff.

3. How Hospitals and Birth Centers Work Together

Most birth centers are considered free-standing birth centers which are located separately from a hospital. There are a few in-hospital birth centers which are required to meet certain standards for independence and must be separate from the Labor and Delivery Unit in a hospital in order to be considered a legal birth center. For example, Hennepin County Medical Center has a midwifery led unit within its hospital which is licensed by the Minnesota Department of Health and is accredited by the Joint Commission on the Accreditation of Health Care Organizations. This report will focus on free-standing birth centers only, as directed by the legislation and as licensed by the Minnesota Department of Health.

Even though hospitals and birth centers operate independently, birth centers that are accredited by the Commission for the Accreditation of Birth Centers (CABC) and meet the standards of the American Association of Birth Centers, are integrated within the health care system. They may refer clients to physician care or transfer to a hospital if medical needs arise. Some midwives in birth centers also have hospital privileges, so there is no interruption in care if a woman needs to be transferred. In other cases, the midwives will stay with the mother through the transfer and provide support.⁷

4. Number of Women Who Give Birth in Hospitals and Birth Centers

According to statistics from the National Vital Statistics Reports (data from 2010), there are nearly 4 million births each year in the U.S. Approximately 99% of births take place in hospital labor and delivery units, with physicians attending 86% of those births. In contrast, only 0.3% of births take place in birth centers, where certified nurse midwives (86%) and midwives provide

⁶ Minnesota Board of Medical Practice, <http://mn.gov/health-licensing-boards/medical-practice/licensees/statistical-data/>

⁷ American Association of Birth Centers. What is a birth center. Available at <http://www.birthcenters.org/for-parents/what-is-birth-center>.

most of the care.⁸ Among the women who give birth in hospitals, approximately 85% are considered low-risk.⁹ The number of births taking place in birth centers will likely grow as birth centers become more accepted and integrated into the health care system as a safe and cost effective model of maternity care.

5. History of Birth Centers in Minnesota

The first out of hospital birth center in Minnesota was the Stork's Nest, which was established in March of 2002, in north Moorhead, Minnesota. It was a one-bed birthing center that was developed out of consumers' need for a non-hospital, non-home, birth place. The center was managed by a licensed traditional midwife who had 20 years of experience providing home births. It was at that time that the debate started about whether the center needed to be licensed, what state agency had jurisdiction, how it should be licensed, etc. The Stork's Nest was considered unique in that it did not fit the typical hospital licensure laws, in part because it did not have 5 or more beds. The Stork's Nest has since closed due to the high cost of medical liability insurance.

III. Licensure of Birth Centers in Minnesota

A. State Licensure Requirements

As stated previously, Minn. Stats. §144.615 requiring MDH to license birth centers was enacted in 2010. In order to be eligible for licensure in Minnesota, a birth center must be accredited by the Commission for the Accreditation of Birth Centers (CABC), a national accrediting organization, or it must obtain accreditation within six months of the date of their application for licensure. MDH may grant a temporary license for up to six months while a birth center seeks accreditation. If the accreditation has not been completed within six months, the Department may extend that temporary license for an additional six months. During the licensure review

⁸ Goer H, Romano AM. Optimal care in childbirth: The case for a physiologic approach. Seattle, WA: Classic Day Publishing: 2012. Available at <http://www.optimalcareinchildbirth.com/>

⁹ Martin JA, Hamilton BE, Ventura SF, et al. Births: Final data for 2010. National Vital Statistics Reports. 2012;16, Available at http://www.cdc.gov/nchs/data/nvsr/nvsr61_01.pdf.

process, the Department may request that the birth center provide the Department materials submitted to the CABC as part of the accreditation process, including the accreditation application, self-evaluation report, the accreditation decision letter, and any reports following the CABC's site visits.¹⁰

B. National Accreditation Process

The CABC's accreditation process involves an extensive review of all aspects of business and clinical operations of the applicant birth center, including but not limited to:

1. A detailed self-evaluation report from the birth center.
2. A 2-day site visit to verify the materials in that report. The site visitors do not make the accreditation decision, but serve to verify, amplify and clarify materials and findings from the site visit and self-evaluation report. This process includes:
 - A complete review of all birth center clinical and administrative policies and procedures
 - Assessment for good business practices to enhance birth center viability and continuity for consumers;
 - Review of personnel files to confirm appropriate credentials and certifications;
 - Review of risk criteria and transfer procedures;
 - Evaluation of risk management and Continuous Quality Improvement programs for thoroughness and implementation;
 - Detailed chart reviews;
 - Review of required birth center clinical outcome statistics;
 - Meticulous facility inspection; and,
 - Interviews with birth center staff, collaborative physicians and hospital personnel.
3. A team of panelists then review all materials and make the final decision regarding accreditation.¹¹

There are times when the CABC decision is to "Accredit with Requirements," which means the birth center has to meet certain standards or conditions before they are fully accredited. Birth centers have 90 days to meet those standards before being fully accredited.

¹⁰ Office of the Revisor of Statutes, Minn. Stat. 144.615, website available at <https://www.revisor.mn.gov/statutes/?id=144.615>

¹¹ From the Commission for the Accreditation of Birth Centers website available at <https://www.birthcenteraccreditation.org/find-accredited-birth-centers/cabc-accreditation-process/>

After a birth center has been accredited, the birth center provides MDH with a copy of the accreditation decision letter. The Department then issues a permanent license to the birth center which is effective for two years. The birth center must renew its license with the Department every two years.

As part of the CABC accrediting process, the CABC conducts site visits of accredited birth centers every three years to check compliance with standards. At least annually, birth centers are required to submit an Interim Report to the CABC that includes information such as new policies and procedures, changes in ownership or administration, and any adverse outcomes.

With the CABC's standards for accreditation and monitoring of birth centers, MDH relies on the CABC for monitoring and surveying birth centers. MDH may refuse to grant or renew, or may suspend or revoke a license according to any of the grounds described under section 144.55, subd. 6., or upon the loss of accreditation by the CABC.

There was one instance when MDH used its authority granted in the above mentioned law and refused to grant a license to a birth center until it had achieved full accreditation by the CABC and provided evidence of no actions that could be considered detrimental to the health and welfare of the birth center clients. For several months, the birth center had to suspend deliveries while it worked with the CABC and the Department to meet standards for accreditation and licensure.

While the CABC conducts most of the monitoring of licensed birth centers, MDH does investigate complaints regarding the quality of care provided to birth center clients. MDH received its first complaint against a birth center in November 2013. The complaint was in regard to a free-standing birth center that allegedly employed unlicensed midwives. The complainant stated that there was no harm done to clients, but that they were concerned about proper staffing levels. MDH's investigation into this matter revealed that the unlicensed midwife was licensed in another state but not yet in Minnesota, and was only providing administrative and training assistance to the birth center. She was not providing care to birth center clients. It was determined that no further action was needed and the complaint file was closed.

More information about MDH's licensing of birth centers can be found on the Department's website at <http://www.health.state.mn.us/divs/fpc/profinfo/lic/licbirthcenter.html>. Information about CABC and the accrediting process can be found on the CABC's website at: <http://www.birthcenteraccreditation.org/find-accredited-birth-centers/cabc-accreditation-process/>

C. Number and Type of Licensed Birth Centers in Minnesota

Since Minnesota Stat. 144.615 was enacted in 2010, which required free-standing birth centers to be licensed by MDH, five birth centers have been licensed. Two of the five were just recently licensed. Below is a table that describes the 5 licensed birth centers including the name, location, date of licensure, services provided beyond the standard services provided in a birth center, transfer hospital, and other information about that particular birth center. More specific information on birth centers, including client demographics, utilization of services, transfer and outcomes data, will be provided in Section IV, B, of this report.

Name and Address	Date Established/ Licensed	Services Provided Beyond Prenatal, Delivery and Post-Partum Services	Transfer Hospital(s)	Other Unique Info.
Alicia's Care Center 12550 County Road #38 Eden Valley	Est. 2009 Temp. Lic. 1/12/12 Perm. Lic. 08/05/13	Offers home births	CentraCare Health in Long Prairie	First rural birth center in MN. Serves low-income, uninsured & Amish comm.
Health Foundations Family Health and Birth Center 968 Grand Ave., St. Paul	Est. 2/1/2010 Temp. Lic. 01/01/11 Perm. Lic. 06/01/11	Full service midwifery and integrative clinic. Offers home birth delivery options, naturopathic medicine; chiropractic care; yoga, acupuncture; pediatric service, breastfeeding & educational classes	St. Joseph's Hospital/ Regions Hosp./ United Children's Hospital	First birth center to be licensed in Minnesota.
MN Birth Center 2606 Chicago Ave. S., Mpls.	Est. 12/2011 Lic. 12/03/11		Abbott Northwestern Hospital & Children's Mother and Baby Center	CNM's have hospital privileges at ABNW and Children's Mother Baby Ctr.
Morning Star Birth Center 6111 Excelsior Blvd., St. Louis Park	Est. 3/2010 Lic. 01/26/11	Multidisciplinary clinic group that provides a variety of services, beyond the standard maternity and delivery services.	Patient preference or nearest Twin Cities hospital w/open bed	Closed Clinic Model with most services in house via the Morning Star Health Assoc.
Morning Star Birth Center 1730 E. Superior St., Duluth	Est. 9/2013 Lic. 10/21/13		Patient preference or nearest Duluth hospital w/open bed	Second rural birth center. Recently opened.

Alisha's Care Center, Eagle Bend Minnesota

Alisha's Care Center was established in 2009. It is located in Central Minnesota, in Eagle Bend, Minnesota (12550 County Road #38) approximately 12 miles west of Long Prairie, Minnesota. CentraCare Health – Long Prairie is the closest transfer hospital to Alisha's Care Center. The Center provides maternity and prenatal care, well woman care, well child care and birthing services. The majority of their clients are low income and uninsured, and they serve a growing Amish community. Alisha's care center is the first rural birth center to be licensed and was developed as a result of consumer demand for a center that serves women who would typically give birth at home assisted by a midwife.

Alisha's Care Center was issued a temporary license by MDH effective January 12, 2012, while awaiting full accreditation by the CABC. Accreditation was obtained and a permanent license was issued on August 5, 2013. From the time the law went into effect to the time Alisha's was accredited and licensed, they had to suspend deliveries at the center. However, they were able to continue providing prenatal exams, well baby checks, and women's health checks.¹²

Health Foundations Family Health and Birth Center, St. Paul, Minnesota

Health Foundations, LLC first opened for business on February 1, 2010. The birth center is located on Grand Ave. in St. Paul, Minnesota (968, Grand Ave.) and serves the Twin Cities Metro Area. Health Foundations, LLC is a full-service midwifery practice and integrative clinic offering a variety of services including, but not limited to the following: birth center and home birth delivery options; well-woman care; comprehensive midwifery care (including family planning, preconception counseling, maternity care, postpartum care, and breastfeeding support); lactation center; naturopathic medicine; chiropractic care; acupuncture; pediatric service, new mama and breastfeeding groups, yoga, and educational classes. There are three hospitals nearby that serve as transfer hospitals; St. Joseph's Hospital, Regions Hospital, and United/Children's Hospital.

MDH issued a temporary license to Health Foundations, LLC on January 1, 2011, while the center pursued full accreditation by CABC. The center was accredited and a permanent license was issued on June 6, 2011. The license was recently renewed on June 6, 2013 for an additional two years.¹³

¹² Alicia's Care Center website available at <http://www.alishascarecenter.com/>. Also MDH's licensing records.

¹³ Health Foundations website available at <http://www.health-foundations.com/> and MDH's licensing records.

Minnesota Birth Center, South Minneapolis, Minnesota

Minnesota Birth Center is located in South Minneapolis (2606 Chicago Ave.) across the street from Abbott Northwestern Hospital (ABNW) and Minneapolis Children's Hospital's Mother and Baby Center. Minnesota Birth Center provides a unique model of care with Certified Nurse Midwives (CNM) providing the care. All of the CNMs have hospital privileges at the Mother and Baby Center, should a transfer be necessary. They can admit, deliver, and discharge patients independently. The midwives also have the ability to consult with their collaborative physician group, Associates in Women's Health/Mother Baby Center, as needed and call upon an obstetrician on staff for specific physician type services. Minnesota Birth Center provides an array of services including midwifery care, prenatal care, labor and delivery care, water births, postpartum care, and breastfeeding support. They do not provide home births.

The Birth Center was accredited and received a permanent license from MDH effective December 3, 2011 through December 2, 2013. Minnesota Birth Center just recently renewed their license for an additional two years effective December 3, 2013.¹⁴

Morning Star Women's Health and Birth Center in St. Louis Park and Duluth, Minnesota

Morning Star Women's Health and Birth Center has three locations; two in Minnesota and one in Menomonie, Wisconsin. The two in Minnesota include one in St. Louis Park (6111 Excelsior Boulevard) and one that just recently opened in Duluth in September of 2013. The Birth Centers provide a variety of services including initial consultations; nutritional care; comprehensive prenatal care; labor and delivery options; medical referral; breast feeding support and counseling; post-partum follow-up care; and, well woman care and family care. The center uses a midwifery model of care.

If hospital care is necessary, women are transferred to their hospital of choice or according to their insurance coverage. If there is an emergency, patients are transferred to the nearest hospital with an open bed (e.g. Methodist Hospital, Fairview Southdale Hospital, Hennepin County Medical Center, and Regions Hospital). Women are encouraged to have a back-up physician identified should the need for a physician arise. An OBGYN, practicing in Hudson, WI, is available for consultation and physician related care when necessary.

Besides the birth center itself, the Center has a multidisciplinary clinic group which is Morning Star Health Associates. The staff at Morning Star Women's Health and Birth Center includes

¹⁴ Minnesota Birth Center's website available at <http://theminnesotabirthcenter.com/> and MDH's licensing records.

nurse midwives, professional midwives, and an RN. They would like to hire a dietician and family physician's assistant eventually and maybe a pediatrician. However, they have explained that the Birth Center license limits the services they may provide. Morning Star Women's Health and Birth Center operates under a "closed clinic model," where most of the services to clients are provided in-house and staff are employees of Morning Star Health Associates or have the ability to affiliate with them. This clinic model is different from the other birth centers which refer out to health care providers for services.

Morning Star Women's Health and Birth Center's St. Louis Park location opened in March 2010, it was accredited by the CABC in May of 2010 and received a license from MDH on January 26, 2011. The license was renewed June 15, 2013. The Duluth location was accredited in August 2013 and received a permanent license from MDH on October 21, 2013.¹⁵

D. Predicted Growth of Birth Centers in Minnesota

According to 2012 data from the American Association of Birth Centers, the number of birth centers has grown 30% in the last five years, reaching 240 nationwide. Currently 82% of states have some type of regulation for birth centers.¹⁶ There has been an increased interest in birth centers since the Affordable Care Act was passed which requires federal and state government programs to cover birth center deliveries. We understand from the licensed birth centers in Minnesota that more birth centers are being developed and some existing birth centers have plans for expansion.

¹⁵ Morning Star Women's Health and Birth Center website available at <http://www.morningstarbirth.com/> and MDH licensing records.

¹⁶ American Association of Birth Centers website available at <http://www.birthcenters.org/>

IV. Birth Center Safety and Quality

A. National Data and Information on Birth Center Safety and Quality

Most of the studies published on the quality of care and outcomes in services provided in birth centers were conducted in the United Kingdom. The first national study in the United States was published in the *New England Journal of Medicine*, in 1989, titled, “Outcomes of Care in Birth Centers”, the National Birth Center Study. The study was conducted in response to a 1982 Institute of Medicine committee recommendation that called for reliable information about the safety and efficacy of all birth settings. Prior to that study, the American Academy of Pediatrics and the American College of OB-GYN discouraged the use of birth centers until better data was available. This landmark study was a nationwide prospective descriptive study of the care provided in free-standing birth centers. The report examined the labor, delivery, follow-up care and outcomes of 11,814 women who were admitted in labor to 84 birth centers from 1985-1987. The study concluded that:

*“ few innovations in health service promise lower cost, greater availability, and a high degree of satisfaction with comparable degree of safety.” “Birth centers offer a safe and acceptable alternative to hospital confinement for selected pregnant (low-risk) women, particularly those who have had children, and that such care leads to relatively few cesarean sections”.*¹⁷

Since then, birth centers have been endorsed by the American College of Obstetrics and Gynecology (ACOG) as a safe alternative to home birth.

A more recent study of birth centers in the United States was published in 2013, by the American College of Nurse Midwives. The study was the second national birth study in the U.S (National Birth Center Study II) The study involved a prospective study of 79 midwifery-led birth centers in 33 U.S. states from 2007 to 2010. Data was entered into the American Association of Birth Centers Uniform Data Set, an online data registry for the ongoing collection of perinatal data in all settings (hospital, birth centers, home) and by all providers (Certified Nurse Midwives,

¹⁷ Rooks JP, Weatherby NL, et al. 1989. Outcomes of care in birth centers, the national birth center study. *The New England Journal of Medicine*.

Certified Professional Midwives, OBGYNs, Family Physicians) who provide maternity services. More information about this data source will be provided later in the report.

Demographics of the women in the study included mostly white women, non-Hispanic; between the ages of 18 and 34 years; with college degrees. Most women were married and slightly fewer than half were nulliparous (no previous births). The reports of smoking and substance abuse were very low among the women studied. Private insurance and self-pay was the main payment source, with nearly a third of the births being paid by federal or state government programs.

Of the 15,574 women who planned and were eligible for birth center birth at the onset of labor, 84% gave birth at the birth center. Four percent were transferred to a hospital prior to birth center admission, and 12% were transferred in labor after admission (63% for prolonged labor or arrest of labor). Regardless of where they gave birth, 93% had a spontaneous vaginal birth, 1% an assisted vaginal birth, and 6% a cesarean birth. Of the women giving birth in the birth center, 2.4% required transfer postpartum, whereas 2.6% of newborns were transferred after birth. Most transfers were non-emergent, with 1.9% of mothers or newborns requiring emergent transfer during labor or after birth (50% related to fetal heart tones). There were no maternal deaths. The intrapartum fetal mortality rate for women admitted to the birth center in labor was 0.47/1000 (0.47 stillbirths per 1,000 women). The neonatal mortality rate was 0.40/1000 excluding anomalies (0.40 newborn deaths (first 28 days) per 1,000 women).

One of the most important findings of this study was that more than 9 out of 10 women (94%) who entered labor planning a birth at a birth center achieved a vaginal birth. In other words, the C-section rate for low-risk women who chose to give birth at a birth center was only 6% -- compared to the U.S. C-section rate of 27% for low-risk women. This is more than 4 times lower than what is seen among low-risk women in general in the U.S.

Another important finding is that the results of this study are similar to those found in the landmark national study of birth centers published in the *New England Journal of Medicine* in 1989, and described earlier.¹⁸

B. State Data and Information on Birth Center Safety and Quality

As directed by the legislation, MDH was to evaluate the quality of care and outcomes in services provided in licensed birth centers, including, but not limited to, the utilization of services provided at a

¹⁸ Stapleton SR, Osborne C, Illuzzi J (2013). Outcomes of care in birth centers. Demonstrations of durable model. *Journal of Midwifery and Women's Health*. Retrieved from <http://onlinelibrary.wiley.com/doi/jmwh.12003/full>.

birth center, the outcomes of care provided to both mothers and newborns, and the numbers of transfers to other health care facilities and the reasons for the transfers.

MDH was to consult with a variety of organizations listed in legislation including : representatives of the licensed birth centers, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the Minnesota Hospital Association, the Minnesota Ambulance Association, and Minnesota Department of Human Services. MDH contacted all of those organizations as well as others including the local chapters of the national organizations listed in legislation in order to obtain more specific information related to birth centers in Minnesota, the Minnesota Board of Nursing, the Minnesota Board of Medical Practice, the Commission for the Accreditation of Birth Centers, and MDH's Center for Health Statistics. Consultation was done via e-mail messages to identified organizations, follow-up phone calls, and some in person meetings. Additionally, MDH accepted invitations to tour two of the five licensed birth centers.

1. Sources of Data for Minnesota Licensed Birth Centers

MDH learned early on in the evaluation that data on Minnesota licensed birth centers is limited, in part because some of the birth centers were just recently licensed and others have only been licensed for a few years. Also, much of the data is voluntary and/or self-reported. Sources that do collect data on birth centers are described below.

1. Commission for the Accreditation of Birth Centers Data

As part of the accreditation process, the CABC requires birth centers to have a quality improvement program and systems in place to collect and analyze data and evaluate customer satisfaction. Standard VIII, Evaluation of Quality of Care, in the CABC's Indicators for Compliance document requires birth center to complete a Self-Evaluation Report (SER) which includes the type evaluative information requested by the legislature for this report including, but not limited to, utilization of services, the outcomes of care provided to both mothers and newborns, and the number of transfers to other health care facilities and reasons for transfers.¹⁹ This information is required at the time a birth center applies for accreditation. MDH reviews the SER, as well as other information from the CABC, such as the Commission's accrediting decision letter, as part of its licensure process. More information about the CABC's Indicator's for Compliance is available at <https://www.birthcenteraccreditation.org/get-accredited/buy-accreditation-manual/>.

¹⁹ Commission for the Accreditation of Birth Centers website available at <https://www.birthcenteraccreditation.org/>

2. American Association of Birth Centers Perinatal Data Registry

The American Association of Birth Centers (AABC) has a Perinatal Data Registry (PDR), (formerly called the Uniform Data Set or UDS), which is an online data registry for the ongoing collection of perinatal data in all settings (hospital, birth centers, home) and by all providers (Certified Nurse Midwives, Certified Professional Midwives, OBGYNs, Family Physicians) who provide maternity services. This data registry is designed to provide comprehensive data on both the process and outcomes of the midwifery model of care. The AABC PDR collects data on 189 variables that describe the demographics, risk factors, processes of care, and maternal-infant outcomes of women receiving care in birth centers. Data are collected prospectively, with the patient record created during the initial prenatal visit. The large prospective data set generated from the registry can be used to evaluate and improve the delivery of care to childbearing women and their families. Currently, participation in this data set by birth centers is voluntary. However, the CABC recently instituted a policy requiring all accredited birth centers to participate in this data registry effective at the time of their next site visit by the CABC. More information about the PDR is available on the AABC's website at <http://www.birthcenters.org/data-collection/pdr-features>

3. Minnesota Department of Human Services Public Programs Payment Records

The Minnesota Department of Human Services (DHS) collects data from claims paid by Minnesota Health Care Programs (MHCP). The Affordable Care Act (ACA), that was passed in 2011, required government funded health plans to cover services provided in a licensed birth center by a licensed health professional if the service would otherwise be covered if provided in a hospital. Following the passage of the ACA, Minnesota Statute 256B.0625, Subd. 54 was passed which states that MHCP covers low risk pregnancy and delivery services provided in licensed, free-standing birth center if the service is covered when provided in a hospital by a licensed health professional. The legislation states further that facility services provided by a birth center shall be paid at the lower of billed charges or 70% of the statewide average for a facility. Nursery care services provided by a birth center shall be paid the lower of billed charges or 70% of statewide average for a facility.

MHCP reimburses Certified Nurse Midwives licensed by the Minnesota Board of Nursing as well as Certified Traditional Midwives licensed by the Minnesota Board of Medical Practice who work in licensed free-standing birth centers. Covered services include antepartum visits (prenatal care), uncomplicated vaginal births, newborn care services and the first post-partum visit. MHCP does not cover home births. If a home visit is done, MHCP does not cover travel time or a facility charge. More information about MHCP coverage for birth center services is available on DHS' website at

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_156145#

Since there are only five licensed birth centers in Minnesota, and two of the five birth centers were recently licensed, and since discussions with birth centers indicated that most of their clients were not MHCP clients, the evaluators decided not to pursue obtaining claims data from DHS as the data would not be representative of all clients receiving services from birth centers (e.g. self-pay, private insurance).

4. MDH Center for Health Statistics' Birth Record Data

The MDH Center for Health Statistics maintains records on all births that occur in Minnesota and to Minnesota residents. The birth record contains data on the demographics of the mother and father as well as medical information on the mother and infant. The birth record also includes information on whether the mother or infant were transferred from or to another facility and the name of that facility. Unfortunately, reasons for transfer are not specifically collected. The birth record establishes a person's legal identity and demographics and health data are used in multiple ways including assessment, identifying trends, establishing a need for programming, identifying clients for public health programs and establishing policy. A copy of the birth certificate form can be found in Appendix A of this report.

2. Birth Record Data Obtained from Minnesota Licensed Birth Centers

MDH used data from birth records maintained by the Centers for Health Statistics for the evaluation, since it appeared to be the most comprehensive data available on all Minnesota licensed birth centers at this time. Birth record data was used to provide a demographic profile of birth center women including their age and race. It was also used to compare transferred/non-transferred mothers and infants by selected medical risk factors and birth outcomes. The calendar years 2010-2013 were chosen because 2010 was the first year for which births occurring at a birth center could be positively identified in the birth dataset, and 2013 is the most recent year available (2013 data are preliminary). It should be noted that not all birth centers opened in 2010, and those that did open in 2010 opened on different dates (see table 1 for years in which the centers opened).

Table 1: Number of Births in Minnesota’s Licensed Birth Centers

Birth Center Name	Number of Births				
	2010	2011	2012	2013 YTD	2010-2013
Morning Star Birth Center, St. Louis Park	27	50	80	65	222
Health Foundations	14	19	35	56	124
Minnesota Birth Center	0	0	20	60	80
Alisha's Care Center	2	10	15	10	37
Total	43	79	150	191	463

Source: Minnesota Department of Health, Center for Health Statistics; 2013 data are preliminary

2010-2013 birth record data on clients who received services from Minnesota licensed birth centers provided the following demographic information:

- The majority were between the ages of 20 and 34 years and were U.S. born
- 91 percent of the mothers were Caucasian
- 86.4 percent had attended at least some college
- 84.0% were residents of the 7-County Twin Cities Metro Area

Table 2 compares prenatal care (PNC) visits and selected birth outcomes (premature births & low birth weight births) of birthing center clients to overall Minnesota birth data from 2010-2013.

Table 2: Prenatal Care, Gestational Age and Birth Outcomes

Prenatal Care Visits and Birth Outcomes, Minnesota 2010-2013		
	Birth Centers	Minnesota
At least 10 PNC visits	84.7%	74.2%
Premature births	0.6%	8.5%
Low birth weight births	0.9%	6.4%

Source: Minnesota Department of Health, Center for Health Statistics

The data indicates that:

- 87.3 percent of the mothers who were clients of Minnesota birth centers had at least 10 prenatal care visits during their pregnancy. During the same time period, 74.2 percent of all Minnesota resident mothers received at least 10 PNC visits.
- 0.6 percent of infants born at Minnesota licensed births centers were born prematurely (less than 37 weeks) and 0.9 percent of infants born at MN licensed birth centers were low birth weight (under 2500 grams). Comparatively, the overall percentages for Minnesota resident mothers were 8.5 percent premature and 6.4 percent low birth weight births.

These data would suggest that mothers using licensed birth centers are more likely than other mothers to have received adequate prenatal care and were far less likely to give birth prematurely or to have a low birth weight baby. However, the numbers of mothers using birth centers is small in comparison to total births and thus percentages may fluctuate widely from year to year. To yield more meaningful results it is common statistical practice to use five years of data to analyze small number data. Unfortunately that was not possible with this study because birthing centers have been licensed in Minnesota for fewer than four years. Additionally, it should be noted that birth centers are only allowed to serve low-risk pregnant women, as defined in Minn. Stats. §144.616, Sub. 1(d). Hospitals on the other hand, serve low-risk and high risk pregnant women. Because of this difference in clientele served, it is difficult to make comparisons between the two and form any accurate conclusions without further data collection and analysis.

Birth data shows that 6.3 percent of mothers were transferred from a birthing center to another facility before giving birth.

Table 3: Number of Mothers Transferred from Licensed Birth Centers

	2010	2011	2012	2013 YTD	2010-2013
Transfers	1	6	14	10	31
Non Transfers	43	79	150	191	463
Total Births	44	85	164	201	494
Percent Transferred	2.3%	7.1%	8.5%	5.0%	6.3%

Source: Minnesota Department of Health, Center for Health Statistics
2013 data are preliminary

Additionally, data shows that 2.6 percent of infants were transferred to another facility following delivery at a birthing center.

Table 4: Number of Infants Transferred from Licensed Birth Centers

	2010	2011	2012	2013 YTD	2010-2013
Transfers	1	3	3	5	12
Non Transfers	42	76	147	186	451
Total	43	79	150	191	463
Percent Transferred	2.3%	3.8%	2.0%	2.6%	2.6%

Source: Minnesota Department of Health, Center for Health Statistics
2013 data are preliminary

Transfers and Risk Factors

As noted previously, the birth record does not specifically ask the reason(s) for a transfer. Additionally, transfer criteria vary somewhat from one facility to another. However, data on maternal risk factors and issues occurring at the time of birth may shed some light on factors involved in the decision to transfer. Table 5 compares risk factor indicators and birth issue indicators of mothers who were transferred to those of mothers who were not transferred using birth record data from 2010 -2013. The maternal risk factors include conditions such as diabetes, eclampsia (high blood pressure) and infections. Birth issues include factors such as fetal intolerance of labor, premature rupture of membranes, cord prolapse and prolonged labor. In all categories a higher percentage of mothers with at least one risk or issue were transferred than those that had none. It should be noted that the risk factors and birth issues listed on the birth certificate vary in severity—some may warrant a transfer, others may not. This analysis did not attempt to separate risk factors/birth issues by level of severity.

Table 5: Number of Maternal Transfers Due To Risk Factor(s), 2010-2013

	Maternal Risks		Birth Issues	
	Not Transferred	Transferred	Not Transferred	Transferred
None	305	14	314	11
At least one Risk/Issue	114	16	109	21
Percent with at least one	27.2%	53.3%	25.8%	65.6%

Source: Minnesota Department of Health, Center for Health Statistics

Note that the counts in the above table do not include records where maternal risks or birth issues were listed as ‘unknown’. Percentages are computed on the total number of records with ‘known’ data.

The data obtained from birth records, although limiting, appears to support the national data that has been published on birth centers which shows that birth centers can be a safe and effective option for low-risk women choosing to give birth in a non-hospital setting.

3. Comments and Recommendations from Organizations Consulted

American Academy of Pediatrics

The American Academy of Pediatrics informed MDH that they do not keep statistics on the utilization of services and outcomes in care provided in birth centers. MDH did have record of receiving a letter from the Minnesota Chapter of the American Academy of Pediatrics from May of 2012, which was written on behalf of several pediatricians inquiring about the safety standards that were being used by MDH in their licensing of birth centers. MDH’s response to that letter pointed out Minnesota law, which requires birth centers to be accredited by the Commission for the Accreditation of Birth Centers before they are licensed or within six months of their application for licensure. MDH included a copy of the standards that are used by the CABC as well as the American Association of Birth Centers, the entity that established the CABC.

American Congress (formerly College) of Obstetricians and Gynecologists

MDH contacted the American Congress (College) of Obstetricians and Gynecologist (ACOG) for input. ACOG informed MDH that they did not have current guidelines on American Birth Centers. However, birth centers are covered in the general College guidelines on obstetric services which are available for purchase.

MDH also contacted the ACOG – District VI or the Central Chapter that includes Minnesota. The MN ACOG sent inquires out to their members, but members indicated a need to see data on birth centers before they could comment. MN ACOG members did provide some general comments on birth centers including the following:

“Birth centers were discussed at the annual state legislative meetings held by ACOG and that it was explained that state policy varies considerably. “Some states, such as Minnesota, have worked with their birth centers, while other states have worked to oppose them. In general Minnesota has done well. Patients seem to be transferred in a timely manner, and OBGYNs have good relationships with the midwives, both professional and certified nurse midwives, who work at the centers”.

“I am not aware of any patients who have had serious complications that have been transferred to a hospital.”

Minnesota Hospital Association

The Minnesota Hospital Association sent MDH a letter with their comments and recommendations (see Appendix B for a copy of the letter). Specific recommendations are listed below.

- *Birth Centers should be required to establish risk criteria procedures and transfer and communication protocols with hospitals.*

As noted above, the CABC requires birth centers to establish risk criteria and transfer protocols. They also require birth center operators to build relationships with consultants, hospitals and other providers within the community. CABC does not allow “ER dumping” and they conduct site visits of accredited birth centers every three years to assess how birth centers are managing their transfers. While the CABC standards require these relationships, that doesn’t mean that some birth centers and hospitals couldn’t do more to build relationships, and have clear communication and transfer protocols.

- *Birth Centers should require patients to sign a form that designates transfer hospital preference.*

The CABC’s standards also require birth centers to orient the client to the birth center program which includes, but is not limited to, obtaining informed consent; explaining the limits of the program; discussing the emergency clause covering transfer of care (authorization to transfer); delineating risks and providing a glossary explaining terms used; and, securing a signature from the client that affirms their understanding and acceptance of the birth center program. The client record must include documentation of all of these discussions and the CABC reviews these records during their site visit to assure that the birth center is complying with standards.²⁰

Minnesota Ambulance Association

The Minnesota Ambulance Association/Metro Area EMS Systems was contacted and they offered to send a survey to their members in the counties that service the Minnesota licensed birth centers. MDH received one response to that survey, which indicated that they had not made any medical calls to the birth center in their county.

²⁰ Commission for the Accreditation of Birth Centers, Indicators for Compliance with Standards document (10/22/11) available at <https://www.birthcenteraccreditation.org/get-accredited/buy-accreditation-manual/>

Minnesota Licensed Birth Centers

MDH sent the same letter that they sent to other organizations listed in legislation explaining the legislative report and requesting information, comments, concerns, recommendations, etc. for it. As mentioned previously, MDH also accepted invitations from two licensed birth centers to meet with them in person and tour their center. Comments and recommendations from the licensed birth centers are listed below.

- *MDH/Minnesota Should Develop its Own Standards for Licensing Birth Centers and Streamline the Licensing Process.*

It should be noted that this recommendation was not shared by all birth centers. Since there is a national and reputable accrediting organization that already exists (CABC), it would be duplicative and costly to create separate standards for Minnesota, given the small number of birth centers that currently exist.

- *MDH/Minnesota Should Require Some Type of Incident Reporting and a Peer Review Committee Should Be Established.*

The CABC collects adverse events information from licensed birth centers as part of Standard 8, Evaluation of Quality of Care, of the accreditation process. The MDH Center for Health Statistics also collects and maintains birth record data from birth certificates which could be used to develop quality improvement measures if need be. With these reporting systems in place, there is not a need for MDH to develop a separate incident reporting system for birth centers at this time.

- *Advisory Committee for Birth Centers Should be Established.* MDH should establish an advisory board or committee for birth centers to provide a forum for discussion, review data, and offer a unified voice. Currently no such forum exists at the state level.

Establishing an Advisory Committee for such few number of licensed birth centers at this time is not necessary and could be costly to the state. However, MDH could meet annually with representatives from birth centers to discuss issues and concerns.

- *DHS Should Work with Birth Centers to Resolve Medicaid Reimbursement Issues.* Some birth centers are experiencing problems receiving reimbursements for services provided. Under Minnesota Stats. §256 B, birth centers may only provide labor and delivery care and immediate newborn care until the mother is sent home. That appears to conflict with

a midwife's scope of practice which allows them to provide care to newborns up to 28 days postnatal. Also, some birth centers are not being paid for the newborn facility service fee

As noted in the concern stated, DHS is the agency which has jurisdiction over Minn. Stat. 256B and is responsible for paying Minnesota Health Care Program claims, and they should be engaged in finding the solution.

V. Conclusion

The data that MDH was able to obtain on Minnesota licensed birth centers, although limited, seems to support the national data which shows that birth centers can be a safe and effective option for low-risk women choosing to give birth in a non-hospital setting. However, it's important to note that the numbers of mothers using birth centers is small in comparison to total births and thus percentages may fluctuate widely from year to year. To yield more meaningful results it is not only recommended, but common statistical practice, to use five years of data to analyze small numbers of data. Unfortunately that was not possible with this study because birthing centers have been licensed in Minnesota for fewer than four years

As discussed earlier in the report, the CABC is going to start requiring all accredited birth centers to report to the PDR, a national data base, beginning with the birth centers' next site visit. Prior to this new requirement, a birth centers' participation in a national data base was voluntary and only some birth centers in Minnesota participated. MDH believes that this new requirement should help to provide more comprehensive and meaningful data on the quality of care and outcomes in services provided in Minnesota licensed birth centers and nationally.

VI. List of Appendices

APPENDIX A: Birth Certificate Worksheet Mother and Medical Portion

APPENDIX B: Minnesota Hospital Association's Letter

Appendix A -

NAMING YOUR BABY AND BIRTH CERTIFICATE INFORMATION



The information provided on this worksheet will be used to create your child's birth certificate. Please complete this information carefully and completely.

MOTHER'S INFORMATION		
CURRENT FIRST NAME	CURRENT MIDDLE NAME	CURRENT LAST NAME
NAME BEFORE FIRST MARRIAGE (first)	NAME BEFORE FIRST MARRIAGE (middle)	NAME BEFORE FIRST MARRIAGE (last)
BIRTHPLACE – STATE OR FOREIGN COUNTRY	BIRTHPLACE - CITY	DATE OF BIRTH / /
RESIDENCE ADDRESS (Include city and zip code)		
COUNTY OF RESIDENCE	IF NOT WITHIN CITY LIMITS, NAME OF TOWNSHIP	SOCIAL SECURITY NUMBER - -
MAILING ADDRESS		<input type="checkbox"/> SAME AS RESIDENCE ADDRESS

BABY'S INFORMATION			
<p>You can give your baby any name you choose. Legally, it is permissible to give your child the last name of the mother or father, or any name of your choosing. Names print on birth certificates in all capital letters. Apostrophes and hyphens can be placed between two letters, but not at the beginning or end of a name. No other special characters are permitted.</p>			
BABY'S FIRST NAME	BABY'S MIDDLE NAME	BABY'S LAST NAME	
DATE OF BIRTH / /	SEX	<input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	IF NOT A SINGLE, BIRTH ORDER
Do you wish to apply for a free Social Security Number for your baby now? Checking the box authorizes the State to give the Social Security Administration information from this form which is needed to assign a number. <input type="checkbox"/> Yes <input type="checkbox"/> No			
BIRTH ATTENDANT	PLACE OF THIS BIRTH <input type="checkbox"/> Hospital <input type="checkbox"/> Mother's Residence <input type="checkbox"/> Other (specify):		

PARENTS' INFORMATION	
<p>MARRIED</p> <p>Are you legally married? (at birth, conception or any time between) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you were married at any time during the pregnancy, even if you are divorced or widowed now, your husband is legally the father of your baby and his name and place of birth will appear on the birth certificate.</p> <p>If you are unmarried, no father's information will print on the birth certificate unless you and the biological father choose to complete a <i>Voluntary Recognition of Parentage</i> form to establish paternity.</p> <p>If you are married and your husband is not the father of your baby, do you wish to complete a <i>Husband's Non-Paternity Statement</i> and a <i>Voluntary Recognition of Parentage</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No Both forms are required to remove the husband's name and add the father.</p>	<p>SINGLE</p> <p>If you are single and would like the father's name on this birth record, you and the biological father can sign a <i>Voluntary Recognition of Parentage (ROP)</i> form. This means the father accepts legal responsibility for this child.</p> <p><input type="checkbox"/> Yes we will sign a Recognition of Parentage (ROP) form <input type="checkbox"/> No the Recognition of Parentage will not be signed at this time. I understand no father's information will appear on the birth certificate.</p> <p>If you are single, your baby's birth record is considered confidential unless you request a public record. Confidential birth records may be purchased by a parent or guardian of the child, the child at age 16, or disclosed according to court order, but they are not available for grandparents, siblings or spouses.</p> <p><input type="checkbox"/> Yes change the birth record to a public record <input type="checkbox"/> No leave the birth record as a confidential record</p>

Father's Information			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
DATE OF BIRTH / /	BIRTHPLACE – STATE OR FOREIGN COUNTRY	BIRTHPLACE - CITY	
SOCIAL SECURITY NUMBER - -	MAILING ADDRESS	<input type="checkbox"/> SAME AS MOTHER'S ADDRESS	

For birth research. The information on this page does not print on the birth certificate.

ADDITIONAL INFORMATION

DID YOU PARTICIPATE IN WIC NUTRITIONAL PROGRAM DURING THIS PREGNANCY? Yes No

If yes, what month of pregnancy did WIC begin? (1st, 2nd, 3rd, etc.)

SMOKING – Did you smoke cigarettes 3 months before or during this pregnancy? Yes No

If yes, indicate number of cigarettes or packs per day
 _____ 3 months before _____ First trimester
 _____ Second trimester _____ Third trimester

BOTH PARENTS' DEMOGRAPHICS – EDUCATION

Check the box that best describes your highest level of school completed at the time of this baby's birth

MOTHER

FATHER

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> 8 th grade or less |
| <input type="checkbox"/> | <input type="checkbox"/> 9 th – 12 th grade, no diploma |
| <input type="checkbox"/> | <input type="checkbox"/> High school graduate or GED completed |
| <input type="checkbox"/> | <input type="checkbox"/> Some college credit, but no degree |
| <input type="checkbox"/> | <input type="checkbox"/> Associate degree (e.g. AA, AS) |
| <input type="checkbox"/> | <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) |
| <input type="checkbox"/> | <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MEd, MSW, MBA) |
| <input type="checkbox"/> | <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) |

BOTH PARENTS' DEMOGRAPHICS – HISPANIC ORIGIN

Check all that apply

MOTHER

FATHER

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> No, not Spanish/Hispanic /Latina/Latino |
| <input type="checkbox"/> | <input type="checkbox"/> Yes, Mexican, Mexican American |
| <input type="checkbox"/> | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> | <input type="checkbox"/> Yes, other Hispanic (e.g. Salvadoran, Dominican, Colombian) (specify) _____ |

BOTH PARENTS' DEMOGRAPHICS – RACE/ETHNICITY

Check all that apply

MOTHER

FATHER

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> White |
| <input type="checkbox"/> | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> | <input type="checkbox"/> Somali |
| <input type="checkbox"/> | <input type="checkbox"/> Liberian |
| <input type="checkbox"/> | <input type="checkbox"/> Kenyan |
| <input type="checkbox"/> | <input type="checkbox"/> Nigerian |
| <input type="checkbox"/> | <input type="checkbox"/> Ethiopian |
| <input type="checkbox"/> | <input type="checkbox"/> Ghanaian |
| <input type="checkbox"/> | <input type="checkbox"/> Other African (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> American Indian or Alaska Native (specify name of enrolled or principal tribe) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Asian |
| <input type="checkbox"/> | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> | <input type="checkbox"/> Korean |
| <input type="checkbox"/> | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> | <input type="checkbox"/> Other Asian (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> | <input type="checkbox"/> Other Pacific Islander (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Other Race (specify) _____ |



BIRTH CERTIFICATE INFORMATION – MEDICAL PORTION

This information is required by law and will be confidentially used by public health. The preferred source of this data is the medical professional in attendance at the time of delivery and/or newborn examination.

Child's Medical Information								
DATE OF BIRTH	TIME <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> 24hr	MOTHER'S NAME OR MEDICAL RECORD NUMBER		Congenital anomalies				
INFANT TRANSFERRED? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, WHERE?	BIRTH ATTENDANT		<input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningomyelocele /Spina bifida <input type="checkbox"/> Hypospadias <input type="checkbox"/> Other urogenital anomalies <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Limb reduction defect <input type="checkbox"/> Polydactyly /syndactyly /adactyly <input type="checkbox"/> Club foot <input type="checkbox"/> Other musculoskeletal/integumental <input type="checkbox"/> Cleft lip <input type="checkbox"/> Cleft palate <input type="checkbox"/> Down syndrome – confirmed? _____ <input type="checkbox"/> Other chromosomal – conf? _____ <input type="checkbox"/> Other anomalies _____ <input type="checkbox"/> None					
BABY'S MEDICAL RECORD NUMBER	BIRTH WEIGHT <input type="checkbox"/> lb/oz <input type="checkbox"/> grams	EST GESTATION weeks						
APGAR Scores 1 min _____ / 5 min _____ / 10 min _____		Abnormal conditions						
PLURALITY / live born / baby's birth order		<input type="checkbox"/> Assisted ventilation immediately after birth <input type="checkbox"/> Assisted ventilation > 6 hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn surfactant therapy <input type="checkbox"/> Antibiotics for suspected sepsis <input type="checkbox"/> Confirmed bacterial infection <input type="checkbox"/> Seizure or neurologic dysfunction <input type="checkbox"/> Birth injury <input type="checkbox"/> Other _____ <input type="checkbox"/> None						
MOTHER'S HEP B STATUS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Unknown								
Baby get Hep B vaccine? <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Yes - when?								
HBIG given to baby? <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Yes - when?								
BREASTFEEDING or fed breast milk <input type="checkbox"/> No <input type="checkbox"/> During stay <input type="checkbox"/> At discharge								
		INFANT ALIVE AT TIME OF FILING? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Mother's Medical Information I - Prenatal								
Prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No	First prenatal visit / /	Date of last prenatal visit / /	Total prenatal visits	Month care began	Mother's height			
Risk factors this pregnancy			Pre-preg. weight	Weight at delivery	Last menstrual period / /			
<input type="checkbox"/> Diabetes – pre pregnancy <input type="checkbox"/> Diabetes – gestational <input type="checkbox"/> Hypertension – pre pregnancy <input type="checkbox"/> Hypertension – gestational (PIH, preeclampsia) <input type="checkbox"/> Eclampsia <input type="checkbox"/> Pregnancy resulted from infertility treatments <input type="checkbox"/> Fertility enhancing drugs <input type="checkbox"/> Assisted reproductive technology (IVF, GIFT) <input type="checkbox"/> Anemia <input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Other previous poor outcome (perinatal death, SGA, IUGR) <input type="checkbox"/> Previous cesarean birth. Number of prev. C/S _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> None			Prev live births living	Prev live births dead	Other outcomes			
			Date of last live birth / /		Date of last other outcome / /			
			Toxicology – were toxicology tests administered to mother and/or the newborn <input type="checkbox"/> No <input type="checkbox"/> Yes			Results:		
			Principal source of payment for this delivery			<input type="checkbox"/> Private insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self pay <input type="checkbox"/> Indian health service <input type="checkbox"/> Champus/Tricare <input type="checkbox"/> Other government <input type="checkbox"/> Other _____		
Mother's Medical II - Delivery								
Infections present/treated		Prenatal OB procedures		Onset of labor				
<input type="checkbox"/> Chlamydia <input type="checkbox"/> Hep C <input type="checkbox"/> Genital herpes <input type="checkbox"/> HIV positive <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> GBS <input type="checkbox"/> Other _____ <input type="checkbox"/> Hep B <input type="checkbox"/> None		<input type="checkbox"/> Cerclage <input type="checkbox"/> Tocolysis <input type="checkbox"/> Version <input type="checkbox"/> Successful <input type="checkbox"/> No <input type="checkbox"/> None		<input type="checkbox"/> PROM (> 12 hours) <input type="checkbox"/> Prolonged labor (>20 hours) <input type="checkbox"/> Precipitous labor (< 3 hours) <input type="checkbox"/> None				
Characteristics of labor			Method of birth					
<input type="checkbox"/> Induction <input type="checkbox"/> Augmentation <input type="checkbox"/> Non-vertex presentation <input type="checkbox"/> Steroids for fetal lung maturation <input type="checkbox"/> Antibiotics during labor <input type="checkbox"/> Chorioamnionitis diagnosed <input type="checkbox"/> Maternal temp >38 C <input type="checkbox"/> Meconium staining Mod-heavy <input type="checkbox"/> Fetal intolerance of labor <input type="checkbox"/> Epidural or spinal anesthesia <input type="checkbox"/> Other _____ <input type="checkbox"/> None			<input type="checkbox"/> Forceps attempted <input type="checkbox"/> Successful <input type="checkbox"/> No <input type="checkbox"/> Vacuum attempted <input type="checkbox"/> Successful <input type="checkbox"/> No Fetal presentation <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other _____ <input type="checkbox"/> Vaginal/spontaneous <input type="checkbox"/> Vaginal / forceps <input type="checkbox"/> Vaginal/vacuum <input type="checkbox"/> VBAC <input type="checkbox"/> Cesarean Was trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
			Maternal morbidity					
			<input type="checkbox"/> Maternal transfusion <input type="checkbox"/> 3 rd or 4 th deg. perineal laceration <input type="checkbox"/> Cord prolapse <input type="checkbox"/> Seizure during labor <input type="checkbox"/> Placental abruption <input type="checkbox"/> Placenta previa <input type="checkbox"/> Ruptured uterus <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Admission to ICU <input type="checkbox"/> Unplanned Operating Rm procedure <input type="checkbox"/> None <input type="checkbox"/> Other _____					
Mother transferred prior to delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Facility she was transferred from:								
BIRTH ATTENDANT SIGNATURE (not required for hospital births)								

I certify this information is correct to the best of my knowledge: _____

Appendix B -



Minnesota Hospital Association

2550 University Ave. W., Suite 350-S
St. Paul, MN 55114-1900
phone: (651) 641-1121; fax: (651) 659-1477
toll-free: (800) 462-5393; www.mnhospitals.org

October 15, 2014

Compliance Monitoring Division
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975

Dear MDH:

Thank you for your recent message inviting the Minnesota Hospital Association (MHA) to provide input and information for the Minnesota Department of Health (MDH) to consider as it completes its evaluation of the quality of care and outcomes for services provided in birth centers. MHA appreciates the opportunity to share the following comments and attached information on behalf of our members, which include 144 hospitals and their health systems serving patients and communities throughout Minnesota.

MHA supports care delivery models that are designed to provide patients with the right care, in the right setting at the right time. Although such objectives may seem straightforward, patients' care needs can be difficult to predict or they can change quickly. The nature of labor and delivery inherently includes a degree of uncertainty and unpredictability of care needs for both the mother and the infant.

Accordingly, hospitals' labor and delivery services are designed, resourced and staffed to meet the mother's and infant's needs, whether the delivery turns out to be an uncomplicated, low-risk birth or, in some circumstances, unexpected complications or high-risk deliveries result in the need for significant medical intervention to save the life of the mother or child. Because hospitals must ensure the availability of this standby capacity if a low-risk delivery unexpectedly becomes high risk, we understand how people may question the costs for uncomplicated or low-risk births at hospitals. At the same time, we also understand the gratitude from those occasional patients whose lives and families are saved because a hospital's highly trained care teams, technology and sophisticated services are immediately available as an emergency arises.

By comparison, the few birth centers that have entered Minnesota's array of options for labor and delivery services do not offer the span of services, resources or staffing to meet the broad spectrum of care needs that patients may need. Instead, they are intended to be limited to low-risk deliveries that are expected to be normal and uncomplicated labor and birth. Because it remains impossible to know ahead of time whether a particular patient who appears to have an uncomplicated pregnancy will, in fact, have an uncomplicated labor and delivery, hospitals are effectively in the position of providing the standby capacity, staffing and resources for these birth centers when complications arise.

MDH

October 15, 2013

Page 2

Since it is inevitable that birth centers will need to transfer patients to hospitals for life-saving care from time to time, MHA and our members believe that it is critical for birth centers to have transfer agreements, engage in advance planning and establish communication expectations with hospitals, and at times accompanying the laboring mother. Taking these proactive measures will make the emergency, life-and-death steps the birth center and hospital will need to coordinate during the highly stressful crises more predictable, streamlined and, most importantly, safer for the patients.

To respond to MDH's request for our input for this evaluation, MHA asked our members to provide information about their experiences. Thirty nine hospitals responded to our survey and six of those reported regularly receiving transfers from birth centers. The number of transfers ranged from hospitals that receive one to five transfers per year to one that receives up to twenty transfers in a year.

According to the six members who have the most experience with the birth centers operating in Minnesota, it appears that some centers have taken those proactive steps to promote safe, quality care. Feedback MHA received indicated that these birth centers work closely and coordinate with local hospitals to make the transfer and emergency care processes as safe, effective and successful as possible given the fact that meeting the patients' care needs will not occur as quickly as they would if the mother was in the hospital because of the need to relocate the patient when complications become apparent or expected.

However, MHA is troubled by feedback we received from hospitals indicating that some of the birth centers that appear to delay needed transfers and transfer patients in the midst of a crisis or life-threatening situation without having taken the reasonable steps of establishing transfer or communication protocols with the receiving hospital. Our members believe that such lack of due diligence can result in increased risk for patients, less than optimal hand-offs from the birth center to the hospital, and the potential for miscommunication or confusion among caregivers. It is unknown whether birth center patients, families or staff has reported concerns to MDH's Office of Health Facility Complaints.

The following are a representative sample the comments MHA members provided to us as we prepared to respond to MDH's request for comments related to this evaluation:

"We have had a few cases [of transfers from a birth center] over the last year and one over the weekend that raised some huge concerns."

"Relationships between hospitals and Birth Centers are quite variable and unique, formal and informal. For example, [Birth Center A] is a formal relationship including neonatal providers that will go to the Birth Center to check on babies if needed. [Birth Center B] has a very cordial and respectful relationship with their frequent referral hospital. [Birth Center C] has their formal hospital relationship in Wisconsin and has no formal or informal relationship with [Hospital 1] except as need[ed] for 911 type care."

"It is helpful to have an agreement and credentialed providers who can follow the patient from the birth center to the hospital."

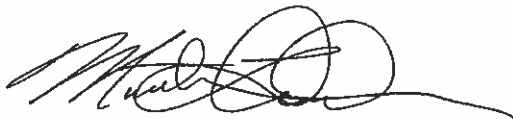
"[W]e have had nothing but great things to say about [Birth Center B], always appropriate and timely transfers with well-prepared patients, great pre-natal records and reports from the midwife who accompanies the patients. Our experience with transfers from [Birth Center C] has not always been so collaborative."

". . . greatly prolonged labors and when patients finally get here, they expect to be able to get an epidural and sleep, rather than be actively managed after their egregiously prolonged labors (that probably should have result in section many hours beforehand)." *(parenthetical original)*

In the interest of patient safety and ensuring high-quality care, MHA suggests that MDH recommend that the Legislature amend Minn. Stat. sec. 144.615, subd. 6 (b). Currently, this provision requires birth centers to "have procedures in place specifying criteria by which risk status will be established and applied to each woman at admission and during labor." MHA respectfully suggests that state law go further to require birth centers to (a) establish those procedures, as well as transfer and communication protocols, in conjunction with the hospital expected to receive the patient when complications arise, and (b) have similar procedures and protocols in place for establishing risk status for each born or unborn child.

In addition, MHA encourages MDH to revise its licensing standards or propose legislation requiring birth centers to inform patients about the criteria that it will use to establish risk status and determine when a patient needs to be transferred to a hospital, and to have a written and signed form from each patient designating the hospital to which she prefers to be transferred and the hospital to which she prefers her child to be transferred unless the particular complications or risks that arise necessitate a transfer to a different facility in the judgment of her caregivers.

Sincerely,



Matthew L. Anderson, JD
Vice President, Regulatory/Strategic Affairs



Tania Daniels, PT, MBA
Vice President, Patient Safety