Commission for the Accreditation of Birth Centers

Supporting Standards & Inspiring Excellence through Learning

CABC Indicators of Compliance

with Standards for Birth Centers

Reference Edition 2.3

(effective **09/15/2023**)

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About this document

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The *CABC Indicators for Compliance* were first published in September 1997.

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The digital version of the AABC Standards without CABC Indicators is available from AABC at https://www.birthcenters.org/birth-center-standards.

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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.

Revised 4/02, 6/03, 2/2004 7/2004, 1/2005, 8/2006, 9/2008, 4/2010, 5/2013, 9/2013, 2/2014, 9/2015, 6/2016, 11/2018, 4/2020, 9/2023

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.

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 Adobe, select this icon near the top corner of the PDF, to open a view of the headings in the side panel of the PDF. 

- **Tags and Tag Topic Index:** We have added common topic links, called *Tags,* in order to index the Standards by topic.
    - When viewing a tag in the Tag Topic Index, click a standard to see the Attribute 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:
    - Double click on the roman numeral

- **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

The changes to the Indicators in this edition range from fixed typographical errors, deletions to reduce redundancy and additions to address evidence-based practice. All sections were affected.

- When CABC Indicators simply repeated what was in the Attribute, they were deleted.

- CABC Indicators were scrutinized to distinguish REQUIRED Indicators from Best Practices. Many CABC Indicators have been moved into a "**BEST PRACTICE**" list and are not required in order to be CABC-accredited. CABC will not review these for compliance during the survey visit; however, birth centers are encouraged to review All Best Practice Indicators and implement them into their practice. The CABC Accreditation Specialist who conducts the survey visit will discuss any of the Best Practice Indicators, why they are considered Best Practices, and strategies for implementing them in the birth center.

Areas that had a change or addition can be found under these Standards:

- 1C.1.c – Criteria for admission
- 1C.1.e – Risk assessment
- 1C.1.f – Perinatal care
- 1C.1.i – Intrapartum care
- 1C.1.k – Postpartum and newborn care
- 5.1.f – Consultation and referral
- 7A.1.a – Ongoing prenatal assessment and birth center eligibility

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 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 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 - 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, 4B.1.c - readiness for maternal and newborn emergency: postpartum hemorrhage IV & meds; NRP supplies and equipment
- 5.1.i, 5.1.j) Intrapartum procedures: unacceptable column for use of pharm agents for ripening/augmentation/induction of labor, EFM
- 5.6 - Provision of health records to receiving provider/hospital in the event of transfer
- 7A.1.g, 7A.1.h - Review of complications and urgent/emergent transfers for quality assurance

Contents

Standard 1. Philosophy and Scope of Services

The birth center is a health care facility for childbirth where care is provided in the midwifery and wellness model. The birth center is freestanding and not a hospital.

Birth centers are an integrated part of the health care system and are guided by principles of prevention, sensitivity, safety, cost-effectiveness, and appropriate medical intervention. 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 pregnant person's right to make informed choices about their health care and their baby's health care based on their values and beliefs. The person's family, as they define 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:
The attribute is self-evident.

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

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

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

Indicators of Compliance:

The attribute is self-evident.

1B.1.d) Respect cultural diversity

Indicators of Compliance:

The attribute is self-evident.

1B.1.d BEST PRACTICE INDICATORS

- Awareness for community by:
  - Considering cultural diversity[i] in initial or ongoing needs assessment
  - Involvement of community representatives in program planning
  - Providing opportunity for formal and informal feedback
- **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.

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

Indicators of Compliance:

The attributes are self-evident.

1B.1.e BEST PRACTICE INDICATORS

• Information and discussion to aid in family evidence-based decision-making regarding plans for:
  ○ 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

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:

The attribute is self-evident.

1C.1.a BEST PRACTICE INDICATORS

- Shared decision making processes generally reflect 8 elements[ii]:
  - Establishing values, beliefs, roles and decision-makers
  - Naming or explaining the issue
  - Establishing preferences about learning
  - Present options and their pros and cons
  - Clarify and check for everyone's understanding
  - Personalize the care plan
  - Give time and space for consideration and reflection
  - Make or defer decision with mutual agreement and follow up

- If birth center's EHR provides a platform for client engagement, birth center:
  - Has implemented use of this platform
  - Is actively evaluating client use and satisfaction with the platform
- Provision of evidence-based information to inform their decision making.
  - Books, movies, websites offered to clients to provide evidence-based information
  - Resource list available to clients for information and community resources
  - Culturally competent care

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

Indicators of Compliance:

The attribute is self-evident.

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:

REQUIRED:

- 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):
    - Birth center uses an informed consent process with the client that includes a complete verbal discussion of the specific risks associated with TOLAC in *a community birth setting*[iii], including:
        - 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.
- IF the birth center is caring for clients with medication dependent gestational diabetes (A2 GDM)[iv v vi]:
    - Birth center uses an informed consent process with the client that includes a verbal discussion of specific risks associated with A2 GDM and birth in a birth center setting including:
        - Metformin as only accepted medical treatment in a birth center (Insulin or glyburide is unacceptable, as are other agents)
        - Discussion of metformin as a second line medical therapy, inconsistent with current standards for A2 GDM management
        - Discussion and client agreement to submit blood sugars for review to birth center (frequency as instructed by birth center) and review by the consulting physician team periodically.
        - Discussion regarding antenatal fetal surveillance
        - Discussion of delivery planning (timing, induction)
        - Discussion of maternal blood sugar monitoring plan in labor.
        - Maternal hyperglycemia transfer criteria
        - Discussion of plan for monitoring neonatal hypoglycemia after birth
        - Neonatal hypoglycemia transfer criteria.
        - Newborn pediatric follow up
    - Consultation with MFM or OB and collaboration for ongoing monitoring of client glycemic status, antenatal fetal surveillance, and labor and birth planning as indicated
    - Client must meet all other risk criteria for birth center birth.
    - Consent process with the client is documented with a signed consent form for birth center A2 GDM.

1C.1.c BEST PRACTICE INDICATORS

- Glossary of terms used in client education and informed consent materials.
- Glossary is reviewed with each client

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:

REQUIRED:	UNACCEPTABLE:

• 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:
  ○ Midwifery services
  ○ Laboratory and imaging services
  ○ Obstetric and pediatric consult or referral
  ○ Newborn screening, including metabolic, CCHD and hearing screening
• Referrals to meet the needs of each client 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 *required* between birth center and receiving facility[vii]):
  ○ 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.
  ○ P&P's provide for some level of follow-up by birth center for the client who has experienced a transfer of client and newborn. This may range from phone call(s) to resuming full responsibility for follow-up care.
• Clients being informed of the birth center's plan for provision of emergency and non-emergency care in the event of complications with client and newborn
• Referral or transfer of care antepartum, intrapartum, postpartum and newborn that is consistent with:
  ○ Birth center's P&P's
  ○ Generally accepted standards for midwifery care community birth
  ○ CABC Indicators
  ○ P&P of the birth center do not violate licensure regulations for the jurisdiction in which the birth center is located.
	• Failure to refer or transfer client 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.

1C.1.d BEST PRACTICE INDICATORS

• 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:
  ○ Childbirth education
  ○ Doula services (if available)
• Prearranged plan for access to acute care services that meets the following criteria:
  ○ If possible, client is offered the option of the birth center staff remaining to provide support.
  ○ Whenever possible, the client and newborn are kept together during the transfer and after admission to the hospital
  ○ 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
• 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.

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:

REQUIRED:	UNACCEPTABLE:

Evidence of:
• Prenatal care that includes a process of continuous risk screening and evaluation regarding appropriateness for birth center birth at least at the following intervals:
  ○ 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.
	Evidence of: Pre-planned births to take place at the birth center in any of the following situations:
	• 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
	• A2 GDM with use of any medication with exception of Metformin
	• A2 GDM that does not meet criteria for birth center care per P&P (inconsistent blood sugar monitoring, elevated blood glucose despite metformin, lack of consultation or collaboration with MFM/OB)
	• Risk criteria allowing intrapartum admission of client with hypertensive disorder even if characterized as "mild", "under control" or "controlled with meds"

REQUIRED:	UNACCEPTABLE:
	• Risk criteria that are inconsistent with risk criteria as defined in midwifery and/or birth center regulations in birth center's jurisdiction

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

Indicators of Compliance:

REQUIRED:

- P&P's for the diagnosis and management including, but not limited to, the following:
  - Gestational Diabetes
    - If birth center provides care for clients with A2 GDM must have written policy that addresses:
      - Consultation with MFM/OB
      - Medication management
      - Blood glucose monitoring during pregnancy with submission of values and weekly review by consultant and/or birth center provider
      - Criteria for transfer during pregnancy including lack of weekly blood sugar submission
      - Gestation age cut off for normal blood sugars as per consult and standard of care
      - Antenatal fetal surveillance (growth ultrasounds and NST/BPPs)
      - Delivery timing
      - Blood glucose monitoring in labor
      - Neonatal blood glucose monitoring
      - Hypoglycemia treatment and follow up
      - Criteria for maternal transfer in labor
      - Criteria for newborn transfer
      - Newborn discharge criteria
      - Newborn pediatric follow up

1C.1.f BEST PRACTICE INDICATORS

- Information and education in regards to nutrition and providing nutritional counseling as needed[viii].
  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)
- Documentation of complete physical exam. If any component is excluded/deferred, there should be documentation as to why, or there is informed client refusal.
  Note: If client has had care with a previous provider during current pregnancy, a copy of those records may substitute.
- Evidence-based education and care regarding breastfeeding consistent with the World Health Organization *Ten Steps for Successful Breastfeeding*[ix].

1C.1.f BEST PRACTICE INDICATORS

- P&P's for the diagnosis and management including, but not limited to, the following:
  - Substance use disorder screening and referral[x] [xi] [xii]
  - Hypertensive disorders (prenatal, intrapartum, and post-partum)[xiii]
  - Gestational Diabetes (A1)
  - BMI <19 or >30 (per established indicators)
  - Intrauterine growth restriction, 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 client/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
    - If birth center uses immersion in water during labor and/or attends water births, P&P's are in place that address:[xiv] [xv]
      - water temperature guidelines, measurement and documentation
      - maternal temperature monitoring during immersion
  - Late pre-term (36 week) newborn management (if applicable)
  - Post-dates
  - Retained placenta
  - Newborn glucose assessment
  - Temperature management of the newborn
    - If birth center uses a heating pad or other heating device, 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
- 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

1C.1.f BEST PRACTICE INDICATORS
• 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

1C.1.g) Laboratory services

Indicators of Compliance:

REQUIRED:
• 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

1C.1.g BEST PRACTICE INDICATORS

• Initial lab tests include:
  ○ 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:
  ○ 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
  ○ Gestational diabetes screening at 24-28 weeks gestation
  ○ 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

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

Indicators of Compliance:

REQUIRED:
• 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

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:

REQUIRED:	UNACCEPTABLE

• 2 birth attendants shall be present for AROM for Induction of Labor
• 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:
  ○ 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:
  ○ On admission to the birth center in labor;
  ○ Ongoing FHTs should be taken and documented at a minimum to conform to ACNM & AWHONN guidelines for intermittent auscultation:[xvi] [xvii]
	• Nonpharmacologic or mechanical induction or augmentation of labor without an evidence-based clinical indication
	• AROM for IOL prior to 39 weeks gestation
	• AROM for IOL with unengaged fetal head
	• Evidence of use of medications that are not

REQUIRED:	UNACCEPTABLE
▪ 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: ▪ 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[xviii xix xx xxi] • Group B Strep intrapartum treatment according to current AAP/ACOG 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:[xiv xv] ○ criteria for exclusion during each stage of labor • If birth center provides care for clients with A2 GDM P&P in place for glucose monitoring during labor with transfer criteria	considered appropriate for use in community birth setting • P&P and Evidence of use of Valium (diazepam) or other medications for IV administration for conscious sedation • P&P and/or evidence of providing for external cephalic version in the birth center • Evidence of continuing labor care at birth center with elevated maternal blood glucose outside compliance with P&Ps

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:

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:

REQUIRED:
• Prostaglandins used only postpartum in the management of postpartum hemorrhage No evidence of the following interventions in the birth center: • 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 client for transport.

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

Indicators of Compliance:

REQUIRED:	UNACCEPTABLE:
• 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. • Newborn assessment, with the monitoring of vital signs done in a manner that does not interfere with bonding while still maintaining safety. • Evidence-based policy for infants at risk of hypoglycemia specifying assessment parameters, treatment and follow up • 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 • Support and education as needed for client's chosen feeding method. • P&P's indicate criteria that must be met by client and newborn in order to be eligible for discharge to home • Client 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.	• 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. Note: the preferred heat source is skin to skin. • Failure to treat neonatal hypoglycemia or transfer according to P&P

1C.1.l) 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) Psychosocial assessment
6) Family planning services or referral

Indicators of Compliance:

REQUIRED:	UNACCEPTABLE
• 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 client and newborn with early discharge, • Mechanism in place for referral to ongoing well-child care if it is not provided by the birth center, • A Program of Well Baby Care past the initial 48-hour immediate newborn timeframe • Strong support for breastfeeding • Prenatal screening for depression and risk factors for postpartum mood disorder[xxii xxiii]	• No follow-up in home or office or by phone for client within first 24-72 hours after discharge from birth center.

D. CLIENT RIGHTS

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

Indicators of Compliance:

The attribute is self-evident

1D.1 BEST PRACTICE INDICATORS
• Respect client's dignity and consideration in all client communications and interactions

1D.2 Be assured of confidentiality.

Indicators of Compliance:

REQUIRED:
• HIPAA guidelines are followed.

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

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

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

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

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.

1D.8 Be provided with a written statement of fees for services and responsibilities for payment.

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.

1D.10 Be informed of the client's rights with regard to participation in research or student education programs.

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

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

Indicators of Compliance:

The attributes are self-evident

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:

The attribute is self-evident.

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:

REQUIRED:
• Tracks availability of and access to services listed, *as much as is feasible.*

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:
The attribute is self-evident.

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

Indicators of Compliance:
The attribute is self-evident.

B. GOVERNANCE

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

Indicators of Compliance:
The attribute is self-evident.

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:
The attribute is self-evident.

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:

REQUIRED:
• If midwives are part of the organization, there is clear evidence of midwifery input and representation to the governing body, through chain of command or in leadership positions.

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

Indicators of Compliance:

REQUIRED:
• Ability to monitor accounts receivable and payable, particularly in relation to monitoring insurance billing and collection

2B.3.b BEST PRACTICE INDICATORS
• Administrative and/or clinical input in birth center specific budget(s)

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:
• 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

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:

The attribute is self-evident.

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

Indicators of Compliance:

The attribute is self-evident.

2B.3.e BEST PRACTICE INDICATORS
• Add an Advisory Board with a clear purpose, governing structures and accountability to the birth center. • Have at least one birth center client/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:

The attribute is self-evident.

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

Indicators of Compliance:

The attribute is self-evident.

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

Indicators of Compliance:

REQUIRED:
• Approves a written plan for operation of the birth center in the absence of the Clinical Director

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

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

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

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:

The attributes are self-evident.

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

Indicators of Compliance:

The attribute is self-evident.

2B.4.g BEST PRACTICE INDICATORS

- Holds the birth center accountable regarding:
  - Any staff in sensitive positions related to finance, by requiring that:
    - 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:
    - 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:
    - 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.
    - 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.
- Establishes charges for services
- Has access to and the ability to retrieve all revenue and expense information specific to the birth center

2B.4.h) Approval of contractual agreements

Indicators of Compliance:
The attribute is self-evident.

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

Indicators of Compliance:
The attribute is self-evident.

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.

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

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

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

Indicators of Compliance:
The attributes are self-evident.

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

Indicators of Compliance:

The attribute is self-evident.

2C.5 BEST PRACTICE INDICATORS

- 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:
  - 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
  - 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
    - 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

2C.6 The birth center complies with applicable local, state and federal regulations for protection of client privacy and safety.

Indicators of Compliance:

REQUIRED:
• HIPAA Compliance as required by Federal law

2C.7 Personnel policies and procedures are maintained (*refer to Standard 3*).

Indicators of Compliance:

The attribute is self-evident.

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

Indicators of Compliance:

The attribute is self-evident.

2C.8 BEST PRACTICE INDICATORS

• Educational program objectives for clinical experience
• Review of educational program objectives by birth center's Governing Body or delegate
• For each student:
  ○ Signed contract with educational program
  ○ Malpractice insurance in each student's file (if coverage is in place)
• 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 preceptor

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
2C.9.b) Childbirth education/parent education support services
2C.9.c) Obstetric consultation services
2C.9.d) Pediatric consultation services
2C.9.e) Transport services
2C.9.f) Obstetric/newborn acute care in licensed hospitals
2C.9.g) Home health care services

Indicators of Compliance:

The attributes are self-evident.

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

Indicators of Compliance:

The attribute is self-evident.

2C.10 BEST PRACTICE INDICATORS

- *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, should do so if requested.)

AND EITHER

- 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.)

OR

- Other method for birth center providing their protocols to their Collaborative Physician, Consulting Clinical Specialist and transfer hospital.
- 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.
- 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:

The attribute is self-evident.

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

Indicators of Compliance:

The attribute is self-evident.

2C.12 BEST PRACTICE INDICATORS	UNACCEPTABLE:
• 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	If birth center is: • "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:

The attribute is self-evident.

2C.13 BEST PRACTICE INDICATORS

- An annual budget
  - The annual budget has been approved by the Governing Body.
  - The budget is one of the following:
    - 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 *at least every six months.*
  - 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*, such as:*
  - 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.

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

Indicators of Compliance:

The attribute is self-evident.

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

Indicators of Compliance:

The attribute is self-evident.

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:

The attribute is self-evident.

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 *r*equired to provide the services offered by the birth center, including promoting physiologic birth and breastfeeding.

Indicators of Compliance:

REQUIRED:

- Written job descriptions for all classifications of Clinical Staff that include:
  - Job qualifications
  - Job definition
  - Lines of authority
  - Duties and responsibilities

- 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:
  - 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:
    - 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:
  - Adequate and appropriate credentialing process, including:
    - Staff membership qualifications for each category
    - Definition of responsibilities
    - Delineation of privileges
    - Mechanism for processing new member applications
    - Emergency and temporary privileges
    - Orientation mechanism

REQUIRED:

- Peer review and performance evaluation mechanism
- Disciplinary action procedures, including suspension or reduction of privileges
- Appeals procedure
- Standing committees and CQI responsibilities

- Contracted, per diem and credentialed professional staff must have all above documentation, as required for Clinical Staff/Clinical Provider.
- Credentialing Process is in use for all current Credentialed Providers. Any individuals who provide clinical care at the birth center must be fully credentialed, regardless of how often or infrequent.
  - A Medical Director is a Clinical Provider and must be credentialed. If they 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:
  - 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
  - Review of birth center P&P

3.1 BEST PRACTICE INDICATORS

- IF birth center is using Open Staff Model:
  - Adequate and appropriate credentialing process, also including:
    - Reappointment intervals and process
    - Management of amendments or changes to the process

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

Indicators of Compliance:

REQUIRED:

For each Clinical Provider, Collaborative Physician, and Consulting Clinical Specialist, evidence of:
• 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:
  ○ 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:
  ○ Birth Center must provide copy of regulations pertaining to midwifery practice in that state *and* 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.
NOTE: All other attributes of Standard 3 apply to all midwives practicing in the birth center, including those for whom licensure is unavailable.

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

Indicators of Compliance:

REQUIRED:

• Proof of malpractice coverage for the following (should cover that professional's behavior at the birth center):
  ○ 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.)

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:

REQUIRED:

- Plan to ensure continuity of routine care for one client, or when more than one client needs care simultaneously.
- Plan for staffing patterns to accommodate high volume or emergency situation.
- 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 clients' homes), there is a plan for coverage in the event clients 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:
  - 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
    - 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 client and newborn are stable and have met all discharge criteria, or as otherwise required by law.

3.4 BEST PRACTICE INDICATORS

- If the non-licensed birth assistant is the only staff member present, the following criteria should be met:
  - Client 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 non-licensed birth assistant will contact the clinical provider with any concerns regarding the client or newborn and at the request of the client and/or family who have concerns or questions.
  - There should be evidence of full disclosure and informed consent regarding the level of care available from unlicensed assistive personnel.
  - The birth center should provide evidence that its medical liability carrier has been consulted.
- Schedule on paper or online for Clinical Staff and any Collaborative Physician.
  - May not be needed if number of Clinical Providers 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.
- When planning to add staff in the future, create those job descriptions as part of the initial planning process.

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:

The attribute is self-evident.

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

Indicators of Compliance:

The attribute is self-evident.

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:

The attribute is self-evident.

3.6 BEST PRACTICE INDICATORS

- Personnel files, including health information, are accessible to other staff only as *necessary in their administrative or supervisory capacity.*
- 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

3.6.a. Qualifications

Indicators of Compliance:

The attribute is self-evident.

3.6.a BEST PRACTICE INDICATORS

- Signed Confidentiality Statement on file.
- Credit check for any staff involved in financial operations in any way.

3.6.b. Current licensure with independent verification

Indicators of Compliance:

REQUIRED:
• Current copies of certifications by AMCB, NARM or relevant certification board based on licensee's designation.

3.6.b BEST PRACTICE INDICATORS
• Evidence of direct verification of licensure on file, if available in the state

3.6.c. Health screening

Indicators of Compliance:

The attribute is self-evident.

3.6.c BEST PRACTICE INDICATORS

• Storing staff and student health records in compliance with HIPAA
• Current health status for All Staff and students:
  ○ Health exam only as required by state law or by birth center's P&P including personnel policies
  ▪ If required, documentation of exam should be in every personnel file
  ○ TB screening: Birth Center should determine if it is low-moderate or high risk according to CDC guidelines:[xxiv]:
  ▪ low risk = less than three TB patients for preceding year for outpatient facilities
  • 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
  • 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

3.6.d. Malpractice insurance coverage

Indicators of Compliance:

REQUIRED:
• Current copy of a malpractice insurance policy – if All Staff covered by same policy, do not have to maintain copy in each personnel file.

3.6.e. Disclosure of malpractice claims

Indicators of Compliance:

The attribute is self-evident.

3.6.f. Evidence of peer review and may include letters of reference (where required)

Indicators of Compliance:

The attribute is self-evident.

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

Indicators of Compliance:

REQUIRED:
• Current CPR training as recognized by American Heart Association. • A current NRP eCard that includes the skills for advanced airway placement, emergency intravenous access and medication administration. • Staff who serve as birth assistants or provide postpartum and newborn care must have CPR certification and NRP training.

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

Indicators of Compliance:

REQUIRED:
• Reviews Clinical and Administrative Director's performance annually

3.7 BEST PRACTICE INDICATORS
• 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 • 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:

REQUIRED:
• 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

3.8.a. Conditions of employment

3.8.b. Respective obligations of employer and employee

Indicators of Compliance:

The attributes are self-evident.

3.8.c. Benefits

Indicators of Compliance:

The attribute is self-evident.

3.8.c BEST PRACTICE INDICATORS
• Any benefits provided. • 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:

The attribute is self-evident.

3.8.e. Grievance procedures.

Indicators of Compliance:

The attribute is self-evident.

3.8.f. Sexual harassment and workplace violence.

Indicators of Compliance:

The attribute is self-evident.

3.8.g. Non-discrimination

Indicators of Compliance:

REQUIRED:
• Prohibits discrimination in hiring practices, evaluation and retention

3.8.g BEST PRACTICE INDICATORS
• Annually reviews policies and procedures for this prohibition, including grievance proceedings for staff related to discrimination.

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:

REQUIRED:

• 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.
• Content of orientation is appropriate for the job description and education/training of employee.
  ○ 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[xxv]
• Chain of command clearly articulated to all staff
  ○ Individuals in chain of command have readily available contact information

3.9.b. Access to evidence-based resources

Indicators of Compliance:

The attribute is self-evident.

3.9.b BEST PRACTICE INDICATORS
• Accessible logins to midwifery, nursing and medical journals • May be accomplished by birth center subscriptions or by individual subscriptions of staff members

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

Indicators of Compliance:

The attribute is self-evident.

3.9.c BEST PRACTICE INDICATORS
• Appropriate in-service education • Trainings or outreach on issues regarding cultural sensitivities within communities served. • 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). • Training and/or qualifications of staff performing initial and ongoing assessment, for equipment maintained by birth center

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

Indicators of Compliance:

REQUIRED:
• Attendance at any staff in-services, CEU offerings and staff development activities.   ○ Specific in-service sessions and who attended them. • Orientation for Clinical Staff to any new clinical procedures.

3.9.d BEST PRACTICE INDICATORS

• Birth Center should maintain documentation of formal outside continuing education if:
  ○ 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.

3.9.e. Involvement in activities of professional organizations

Indicators of Compliance:

The attribute is self-evident.

3.9.e BEST PRACTICE INDICATORS
• Birth Center staff attending professional organization meetings/conferences and reporting back to the birth center

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

Indicators of Compliance:

REQUIRED:
• Drills are held *at least quarterly* 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 client or infant, hemorrhage, shoulder dystocia, neonatal resuscitation, including simulations. • 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. • 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*, 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 conducts drills that demonstrate the birth center's plan with the specific organizations and individuals that provide access to these skills and procedures.

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

Indicators of Compliance:

REQUIRED:

• Required for all staff who have client contact either:
  ○ 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 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 should have one of the following:
  ○ Evidence of having received all 3 immunizations for Hepatitis B in series
  ○ Positive HBsAb results
  ○ Or dated and signed refusal form
• Any Refusal forms should 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.[xxvii] [xxviii]

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:

REQUIRED:

- Staff person designated for implementing OSHA program at the birth center.
  - This person has proper training for the tasks involved.
- Annual training that meets OSHA regulations and any other applicable infection control guidelines.
  - 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.).
- If birth center uses immersion in water during labor and/or attends water births,[xxix] Clinical Staff have knowledge and access to protective attire that is specific to this situation.
- Equipment in the birth center is in an amount sufficient to cover the volume of clients.
  - Equipment for eye protection is on site for All Staff, with documentation in place designating when its use is required.
- All cleaning substances in the facility are:
  - In containers clearly marked
  - Safely stored with labels for contents and warnings regarding any hazard or poison.
- Appropriate follow-up for needle stick injuries and birth center maintains and appropriately displays a sharp injury log as mandated by federal regulations
- A plan to assure that All Staff receive HIPAA training on hire
- Documentation is present of annual review of HIPAA training and updates for All Staff
- 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. [xxx]

3.11 BEST PRACTICE INDICATORS

- Training may be via an online program that each staff member does individually, but birth center should maintain documentation of successful completion.
- Federally required signs are posted where All Staff have access to them, including Material Safety Data Sheets (MSDS)
- The birth center considers and implements the use of safer medical devices wherever feasible in order to reduce the risk of injury from sharps.
- If the birth center offers nitrous oxide for analgesia, there is staff training regarding potential hazards of occupational exposure.
- Use of needleless systems

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:

REQUIRED:
• Birth Center facility license is: ○ Current, if license is available in this jurisdiction and if birth center is licensed

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:

REQUIRED:
• Certificate or other proof of last fire inspection if required in jurisdiction.[xxxi] [xxxii] • Used sharps disposal boxes in each birth and exam room[xxxiii] • 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[xxxiv] 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). • The birth center P&P's, quality assurance activities and proficiency testing are performed and documented as required by CLIA regulations[xxxv]. • 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. • Fire doors closed and no evidence that are propped open routinely (e.g., door stop present).

4A.2 BEST PRACTICE INDICATORS
• Accessible to persons who are differently abled. • 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:

REQUIRED:
• 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.

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:

The attribute is self-evident.

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

Indicators of Compliance:

REQUIRED:
• 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.

4A.6 Prohibits smoking in the birth center.

Indicators of Compliance:

REQUIRED:
• 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.

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

Indicators of Compliance:

REQUIRED:

- 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:
    - 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.

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

Indicators of Compliance:

REQUIRED:
• Ventilation is appropriate for the climate. • Emergency-powered lighting with documented regular checks of functioning. • Heating system is checked periodically to assure safe functioning. • There are no combustible materials stored near the heating source.

4A.8 BEST PRACTICE INDICATORS
• Supplemental lighting is available for laceration/episiotomy repair, newborn exam. • If on a private well, demonstrates regular water testing to assure no unsafe contaminant levels.

4A.9 Provides adequate administrative space for:

4A.9.a) Business operations

Indicators of Compliance:

The attribute is self-evident.

4A.9.b) Secure medical records storage

Indicators of Compliance:

REQUIRED:

• Medical records are secured from public access[xxxvi].
• 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 personnel 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.

4A.9.c) Utility and work area

Indicators of Compliance:

REQUIRED:
• 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

4A.9.d) Medical supplies storage

Indicators of Compliance:

The attribute is self-evident.

4A.9.e) Staff area

Indicators of Compliance:

The attribute is self-evident.

4A.9.e BEST PRACTICE INDICATORS
• Area available in which staff can privately discuss clients’ protected health information

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
4A.10.b) Physical examination

Indicators of Compliance:

The attributes are self-evident.

4A.10.c) Bath and toilet facilities

Indicators of Compliance:

REQUIRED:
• Adequate bath and toilet facilities for families, laboring women and staff. • Staff has separate bathroom facilities from clients who are in labor or postpartum.

4A.10.d) Birth[1]

Indicators of Compliance:

REQUIRED:
• 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. • Birth Center has a plan to deal with high volume, and to identify trends of room or practitioner shortage.

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

Indicators of Compliance:

REQUIRED:
• Birth space should provide adequate access to perform emergency care for client and newborn.

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

Indicators of Compliance:

REQUIRED:
• Door size 32 inches or greater • No barriers (such as chairs/birth balls) blocking access to clients or babies • If stairs/multi-level building—confirm EMS has the ability to safely move clients if unable to ambulate.

[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.)

4A.11 Maintains adequate housekeeping and infection control

Indicators of Compliance:

REQUIRED:

- There is evidence of terminal cleaning after discharge.
- 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:
  - 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.
- Following the CDC or WHO guidelines[xxxvii] for sterilization.
- 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

4A.11 BEST PRACTICE INDICATORS

- Appropriate cleansers and cleaning methods are used, including laundering of linens contaminated with body fluids and/or blood
  - Substances used for cleaning consistent with CDC guidelines for healthcare facilities (bactericidal and virucidal)[xxxviii]
- A log of sterilizer use which includes:
  - 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.
- Shipping containers/boxes should not be used for supply storage.
- Clean linens should be stored behind a door, or in a drawer, or under a dustcover.
- Well water should be tested.
- Hot water should be run for 3 minutes before filling tub.
- Water should be changed after six hours.

4A.12 Provides adequate trash storage and removal

Indicators of Compliance:

REQUIRED:
• Compliance with federal and state regulations for trash storage and removal.

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

Indicators of Compliance:

The attribute is self-evident.

4A.13 BEST PRACTICE INDICATORS
• 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:

REQUIRED:
• A system in place to assure the birth center complies with OSHA blood borne pathogen standards and stores and disposes of soiled articles appropriately[xxxix]. • Some means of providing clear separation of biohazardous waste from medications and food (e.g., placentas awaiting biohazardous waste pick-up are stored separately.)

4A.14 BEST PRACTICE INDICATORS
• Contracts or policy for hazardous waste removal • 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.

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

Indicators of Compliance:

REQUIRED:

• Disaster plan for any disaster, such as fire, tornado, hurricane, earthquake, flooding, blizzard or ice storm, power outages, etc.[xl]:
  ○ 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.
• 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.

4A.15 BEST PRACTICE INDICATORS
• A copy of the disaster plan is located off the premises. • Equipment is available, or plan exists for snow removal if applicable in geographic area

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

Indicators of Compliance:

REQUIRED:
• 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 family area, there is no designated nursery area separate from the client's care area, there is a method for assuring infant identity such as Identification bracelets, foot printing, or other method. • Birth center has evidence of staff in-service on responding to threats or violence by staff/clients/families/visitors/stranger.

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:

REQUIRED:
• Adequate equipment for two simultaneous emergency events and adequate general birth equipment to handle the expected caseload of the center.

4B.1 BEST PRACTICE INDICATORS
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: • Blood pressure equipment regular and large size • Thermometers • Fetoscope/doptone • Neonatal stethoscope • Have an outside company assess equipment, in keeping with industry standards.

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

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

Indicators of Compliance:

REQUIRED:

Ability to provide IV fluid replacement (see also Standard 4B.2.f) and pharmaceuticals specific to treatment of uterine atony.
• Cart, tray or other accessible storage:
  ○ 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.
• 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:

- Epinephrine 1mg/mL (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 client.

- The birth center must provide access to the following in the event of a newborn emergency:[xli xlii xliii]
  - Heat source
    - Safe, approved heat source for infant exam or resuscitation
      - If using heating lamps or radiant warmer P&P should reflect the distance they must be from infant.
    - Blankets or towels are *warmed* before being used with a baby.
      - Device used to warm the blankets (for example: heating pad or rice socks) should never be used with the baby.
  - Airway management supplies for *two* resuscitation efforts on site:
    - Neonatal oral airways
    - Neonatal face mask equipment that:
      - 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:
      - 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):
  - Supplies for emergency vascular access (umbilical catheterization kit or intraosseous supplies)
  - Sterile Normal Saline
  - Neonatal IV supplies and syringes
  - Epinephrine 0.1mg/mL

4B.1.b,c BEST PRACTICE INDICATORS
The following equipment is *optional*: • T-piece resuscitator • compressed air • oxygen blender • cardiac monitor Neonatal oral airways—an oral airway or LMA 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.

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

Indicators of Compliance:

REQUIRED:
• Infant scale • Thermometers • Opthalmoscope • Glucometer • Pulse oximeter • Hearing screen equipment • Transfer capability • 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.

4B.1.d BEST PRACTICE INDICATORS
• Have an outside company assess equipment, in keeping with industry standards.

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

Indicators of Compliance:

REQUIRED:

• Proper equipment for client:
  ○ Simple face mask
  ○ Resuscitation mask
  ○ Pulse oximetry
• Proper supplies for baby as listed in 4B.1.c
• Supplies of oxygen are adequate for anticipated volume and system is in place for replacement of tanks in a timely fashion

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

Indicators of Compliance:

REQUIRED:

• IV equipment in adequate supply for current client caseload, with all expiration dates current, including:
  ○ 18 and 20 gauge angiocatheters
  ○ lactated ringers or normal saline
  ○ safety-engineered sharps and needleless devices

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:

REQUIRED:
• A mechanism for maintenance by an outside company or by the birth center staff following manufacturer's guidelines of all medical and electrical equipment.

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:

REQUIRED:
• 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.

4B.2.b BEST PRACTICE INDICATORS
• Designation of a specific staff member(s) responsible for this monitoring • Inventory for simulation training (i.e. laryngeal mask airway or intraosseous needles that are open for handling/familiarization)

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

Indicators of Compliance:

REQUIRED:
• Safety locks to secure cabinets with dangerous chemicals, needles, prescription pads, and medications from *families* (including adult access) in the birth center to avoid injury or diversion.

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

Indicators of Compliance:

REQUIRED:
• 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[xliv]

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

Indicators of Compliance:

The attribute is self-evident.

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

Indicators of Compliance:

REQUIRED:
• Secure and clean and organized storage • Proper labeling of all substances, including labeling multi-dose vials with open/disposal dates • Proper storage temperature • 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

4B.2.f BEST PRACTICE INDICATORS
• Inventory logs

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:

REQUIRED:
• 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.

4B.3.b) Portable lighting including an emergency light source
4B.3.c) Kitchen equipment usually found in home for light refreshment

Indicators of Compliance:

The attributes are self-evident.

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

Indicators of Compliance:

REQUIRED:

• Laundry equipment usually found in home OR contracted laundry services with:
  ○ Pick-up as appropriate for volume of birth center.
  ○ Storage of soiled laundry consistent with regulations and secured from public access.

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:

REQUIRED:
• 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.

5.1.a BEST PRACTICE INDICATORS

• On every page if using paper health records:
  ○ 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.
• Documentation of Marital status and Age/date of birth.
• Avoid use of social security number for client ID.

5.1.b. Orientation to birth center care

Indicators of Compliance:

REQUIRED:
• Documentation of informed consent process with each new course of care/pregnancy

5.1.b BEST PRACTICE INDICATORS

- Mechanism to assure documentation of birth center orientation for each client.
- Documentation of informed consent process includes:
  - 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.

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

Indicators of Compliance:

REQUIRED:

- Charting reflects a process containing: 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.
- The birth center consent process includes all required elements:
  - Delineation of the limits of the program.
  - Documented refusal of any standard test or lab, including the reason for testing and possible consequences of refusal.
  - Authorization for Clinical Staff to treat client and baby by the client.
  - Emergency clause covering transfer of care (authorization to transfer and authorization for receiving provider to treat).
  - Signature of client (and significant other/partner/other responsible adult, if appropriate).

5.1.c BEST PRACTICE INDICATORS

- The birth center consent process also includes:
  - Agreement to participate.
  - History, physical, lab studies.
  - 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.

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

Indicators of Compliance:

REQUIRED:

- Social history: Documentation of social history
  - screening for substance use
  - domestic violence screen
  - sexual abuse history
  - general social support system
  - Depression screen, including screening for risk factors for postpartum mood disorder.
- Family history: Documentation of family health history, including genetic and hereditary diseases.
  - 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:
  - Review of systems
  - Psychiatric history
  - Chronic or acute illnesses and surgeries
  - Transfusions, tattoos, other partner or lifestyle 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

  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
- Nutritional history: evidence of diet history and assessment of adequacy by clinician.
- Open Model birth centers must provide evidence that health records have been obtained from previous/credentialed providers and have them on file at the facility prior to admission.

5.1.d BEST PRACTICE INDICATORS

- Documentation of social history also includes:
  - age, education
  - race/ethnicity, religion, marital or partner status, living arrangements
  - occupation and occupational risk factors or exposures
  - exercise and activity level
  - Desire for pregnancy

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

Indicators of Compliance:

REQUIRED:
• 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[xlv]. Note: If client has had care with a previous provider during current pregnancy, a copy of those records may substitute. However, every effort should be made by the accepting birth center to obtain the original records for verification of transcribed information (i.e.: Ultrasound, labs, etc.). • Screening for infectious diseases • Laboratory tests consistent with birth center's P&P's and with national standards for prenatal care • Evaluation of risk status: formal risk assessment documented at initial visit, including eligibility for midwifery care (if applicable) and out-of-hospital birth.

5.1.e BEST PRACTICE INDICATORS
• Height, weight and Body Mass Index (BMI) • Screening for specific assessment of pelvis and uterus for normalcy and pregnancy dating

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

Indicators of Compliance:

REQUIRED:	UNACCEPTABLE
• 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. • Complete documentation of transfer decision-making and referral to ongoing and appropriate level of care, including any consultation with Collaborative Physician • Open Model birth centers must develop a mechanism demonstrating that credentialed providers have agreed upon protocols for consultation and referral for maternal/newborn transfers.	• 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, preexisting diabetes, medication dependent gestational diabetes (with exception of metformin), chronic hypertension with or without medication, etc.)

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

Indicators of Compliance:

REQUIRED:	UNACCEPTABLE
• In an open staff model, the birth center has an independent mechanism by which the birth center's clinical director (or designee) verifies eligibility prior to admission in labor. This is expected in addition to the primary provider's risk assessment when the client declares site of intended birth, each trimester (as applicable), and on admission to the birth center.	• Failure to refer client who develops risk factors making client ineligible for birth center birth. • Retaining/referring a client, who develops CABC risk factors making client 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:

REQUIRED:
• Nutritional assessment and documentation of the clients nutritional status (e.g., diet checklist, weight graph, diet recall). • If formal classes are required by P&P, documentation must include referral for classes, client's decision to attend or decline, and actual enrollment in classes. • Documentation of education, provision, or referral for immunizations during pregnancy consistent with current recommendations by CDC and/or AAP guidelines[xlvi] • Open Model birth centers may provide that these attributes are met in prenatal care via documentation and/or attestation by credentialed providers.

5.1.h BEST PRACTICE INDICATORS
• Individualized nutritional counseling for Clients with a BMI<18 or >30 have a documented plan to address care needs. • Documentation of instruction and education within prenatal visits as well as outside prenatal visits, such as childbirth classes.

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

Indicators of Compliance:

REQUIRED:	UNACCEPTABLE:

• Clients that are admitted to the birth center have a copy of the prenatal chart information available for review.
• Adequate assessment, which includes the following:
  ○ Labor status: onset, status of membranes, character of labor.
  ○ Maternal status: frequency, duration and intensity of contractions; vital signs; cervical dilation and effacement; assessment for Signs & Symptoms of pre-eclampsia if indicated
  ○ Fetal status: 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.
Exception: Client arrives at birth center with birth imminent
	• Evidence of any pharmacologic method(s) of cervical ripening or induction of labor in the birth center, including if administered at home or in office with subsequent admission to the center.

5.1.i BEST PRACTICE INDICATORS
• Adequate assessment, also includes: ○ Maternal status: nutrition/hydration status; emotional status and documentation of support people.

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:

REQUIRED:	UNACCEPTABLE
• Documentation of vital signs according to birth center P&P and/or CABC minimum requirements. • Documentation of fetal heart tones (FHTs) according to birth center P&P and/or CABC minimum requirements.	• 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:

The attribute is self-evident.

5.1.l. Labor and birth summary.

Indicators of Compliance:

REQUIRED:

- Mechanism to assure that a complete labor and birth summary is documented for each client giving birth in birth center, including:
  - 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.
  - Quantitative Blood Loss or Estimated Blood Loss
  - Newborn data, including Apgars, sex, weight
  - Summary of any intrapartum, postpartum or neonatal complications.

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

Indicators of Compliance:

The attribute is self-evident.

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:*

REQUIRED:

Maternal Vital Signs Postpartum

- Documentation of postpartum assessment, including vital signs, complies with P&P or minimum standard:
  - Blood pressure, pulse, temperature documented at a minimum:
    - One set within the first hour postpartum
    - One continuing set
    - One prior to discharge from the birth center

REQUIRED:

- 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
- 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 vital signs postpartum

- Documentation of newborn assessment, including vital signs, complies with P&P or minimum standard:
- Apical pulse, respiratory rate, temperature, color, muscle tone, quality of respirations, and feeding assessment at a minimum:
  - 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.
  - Treatment of newborn hypothermia should include provision of heat source, increased monitoring of temperature and exclusion of pathological reason for hypothermia.
- Additional newborn routine assessment to include:
  - Apgar scores at 1 and 5 minutes and 10 minutes if indicated.
  - Additional newborn assessment to include color, muscle tone and quality of respirations (i.e., absence of grunting, nasal flaring, and retractions)
  - gestational age assessment/sex/physical exam
  - anthropometric measurements (weight, length, head and chest circumference)
  - documentation of nursing/latch/sucking
  - Monitoring of newborn blood glucose and managing neonatal hypoglycemia consistent with national guidelines[xlvii xlviii xlix l]
  - 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:
    - Vitamin K
    - Eye prophylaxis

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

Indicators of Compliance:

The attribute is self-evident.

5.1.p. Ongoing assessment of breastfeeding or formula feeding

Indicators of Compliance:

The attribute is self-evident.

5.1.p BEST PRACTICE INDICATORS

• Documentation of feeding includes:
  ○ method of feeding
  ○ time and duration
  ○ which breast(s)
  ○ type of nipple
  ○ quality of latch and suck
  ○ position
  ○ client's comfort
  ○ audible swallowing present?
• 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:

REQUIRED:	UNACCEPTABLE

• Documentation of a complete discharge summary, including summary of intrapartum, postpartum and neonatal course and any complications or special needs
• Documentation of:
  ○ Discharge vital signs, as well as at least two sets of stable vital signs on client and infant.
  ○ Infant feeding and status of nursing
  ○ 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.
	• Discharge of client 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 client 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:

REQUIRED:	UNACCEPTABLE

Documentation in medical record of:
• Documentation of follow up care for newborn[li] by the birth center and pediatric care provider, with evidence newborn has established and ongoing newborn care. Plan for neonatal screening tests, including:
  ○ Metabolic screen
  ○ Hearing screen
  ○ Critical Congenital Heart Defect (CCHD) screen
  ▪ 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.
  ○ 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:
  ○ 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
  ○ Documentation of:
  ▪ method of feeding
  ▪ adequacy of feeding method for newborn (i.e., weight gain, assessment of elimination)
	• 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:

REQUIRED:

• Documentation of a Postpartum visit(s) consistent with birth center P&P's Final postpartum visit which includes:
  ○ Physical exam to document normal involution, absence of delayed postpartum complications, and healing of any lacerations.
  ○ Assessment of feeding
  ○ Assessment of family adjustment
  ○ Postpartum mood disorders during postpartum phone calls, and home and office visits.
  ▪ Client education about postpartum mood disorders and given information about sources of support and intervention.

REQUIRED:

- 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

- If the birth center is an open model, the facility and credentialed providers must develop a pre-arranged plan for final maternal postpartum evaluation that includes counseling for family planning, referral for ongoing health issues, and screening for postpartum mental health issues.

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

Indicators of Compliance:

REQUIRED:

- Documentation of transfer includes the following data elements:
  - Indication for transfer
  - Mode of transport and accompanied by whom.
  - All times
    - 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 *prior to transport or enroute*, Status of client/fetus or newborn upon leaving birth center, including VS and/or FHT's
  - Outcome after transfer. Outcome data to be documented:
    - Type of birth – spontaneous vaginal, assisted vaginal or cesarean
    - Condition of client
    - 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 client
  - 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

5.1.t BEST PRACTICE INDICATORS

- Birth center should attempt to obtain copy of relevant hospital records after transfer – delivery summary, operative note, NICU discharge summary, autopsy report.

5.2 Birth center clients have access to their health information.

Indicators of Compliance:

REQUIRED:
• Client has access to own health record, including electronic health records (EHR) via a client portal or other means of access to information contained in the EHR.

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:

REQUIRED:
• Evidence that a copy of the client's health record is transmitted/provided to the transfer provider or facility. Records will include relevant Prenatal, Intrapartum, Postpartum, and Newborn including allergy and medication list.

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:

REQUIRED:
• Reports of laboratory tests, treatments and consultations are entered promptly on health records. • 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.

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

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.

Indicators of Compliance:

The attributes are self-evident.

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

Indicators of Compliance:

The attribute is self-evident.

5.7 BEST PRACTICE INDICATORS
• Health records that are protected against loss from fire and theft. • 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.

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

Indicators of Compliance:

The attribute is self-evident.

5.8 BEST PRACTICE INDICATORS
• 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 client's preference for disclosure of information.

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:

REQUIRED:
• 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).

6.1 BEST PRACTICE INDICATORS
• Research aligns with Birth center protocols, policies and procedures and mission.

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

Indicators of Compliance:

The attribute is self-evident.

6.2 BEST PRACTICE INDICATORS
• 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.

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:
• Consent form discloses any area(s) in which research is incompatible with the CABC Indicators and AABC Standards.

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:

REQUIRED:
• A copy of the Study protocols is readily accessible to all birth center staff who are involved in the research study.

6.4 BEST PRACTICE INDICATORS
• Primary investigator with formal research training or experience as appropriate for the particular project.

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:

The attribute is self-evident.

6.5 BEST PRACTICE INDICATORS
• Formal training via accredited programs in the conduct of human subject research

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:

REQUIRED:
• 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).

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

Indicators of Compliance:

REQUIRED:
6.7a. For a QI/Clinical Improvement project: 6.7b. For a Research project: • 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. • 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. • 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.

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

Indicators of Compliance:

The attribute is self-evident.

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:

REQUIRED:

• Birth Center's risk criteria for acceptance into and continuation in care are aligned with generally accepted birth center risk criteria.
• Documented review of birth center risk criteria by all providers, including the appropriateness of the risk criteria for birth center care.
 	
• 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[lii]:
  ○ 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
• Detailed VBAC policy that is consistent with CABC VBAC indicators, including client eligibility and consent.
 	
• IF the birth center is providing care to clients with A2 GDM, there are policies in place requiring the following inclusion criteria are met and documented:
  ○ No evidence of diabetes prior to pregnancy
  ○ Consultation with MFM/OB with documented plan of care for glucose monitoring, fetal surveillance, and delivery timing
  ○ Blood glucose monitoring during pregnancy with weekly submission of values and review by consultant and/or birth center provider
• Gestational diabetes policy that is evidence based and addressed client eligibility and consent.

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

Indicators of Compliance:

REQUIRED:

• Documented annual review of P&P, including:
  ○ 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 [lxxxvii]
  ○ 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)

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:

The attributes are self-evident.

7A.1.g) Management of complications at the birth center when appropriate
7A.1.h) An established mechanism for transfer to appropriate levels of care when client conditions warrant

Indicators of Compliance:

REQUIRED:
• Documented regular review of all unusual events and outcomes, including a list of sentinel events that will trigger case review • 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 Clinical Providers and compliance with established risk criteria and P&P • Root cause analysis for all sentinel events and recurring events[liii] • Documented regular review of all transfers of mothers and newborns at least biannually (or more frequently if high volume birth center) • 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 and transfer 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, etc.)

7A.1.g,h BEST PRACTICE INDICATORS
• Collaborative review with consulting physician(s). • 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:

REQUIRED:
• The birth center reviews any medication errors or adverse drug reactions with appropriate management of care review, and or RCA

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:

REQUIRED:
• There is a mechanism for a final review of all health records prior to closing the chart to assure proper order and complete documentation. • 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. • Review of consistent utilization and documentation of screening procedures and diagnostic testing (according to Standards 1C.1.g. and 5.1 and 5.4, including updates to remain consistent with current evidence-based guidelines).

7A.3 BEST PRACTICE INDICATORS
• Documentation of chart reviews indicates participation by all Clinical Staff.

7A.4 Birth center conducts simulation drills to evaluate staff competency and appropriateness of policies and identifies areas for improvement.

Indicators of Compliance:

REQUIRED:

- 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.
- Performance of staff is evaluated and results are used to guide:
  - P&P development
  - in-service education curriculum design
  - content development of future drills

7A.4 BEST PRACTICE INDICATORS

- Emergency transfer drills that include EMS personnel and include soliciting feedback on team performance.

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:

The attribute is self-evident.

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:

REQUIRED:
• Annual compilation of transfer data and statistics that include all of the required elements and calculated transfer rates. • Evidence/documentation from transfer reviews include assessment of the data, analysis and plan(s) to address any issues identified. • Birth center has a mechanism to make reasonable effort to obtain hospital records for all clients and newborns who are transferred during labor or after birth.

7A.5.b BEST PRACTICE INDICATORS
• Review of transfer statistics by All Staff and Governing Body. • 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).

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:

REQUIRED:
• 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). • Review of outcome statistics by All Staff and 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.) • Use of a data collection system that includes all CABC-required data elements.

7A.5.c BEST PRACTICE INDICATORS

• Paper or electronic birth log that includes, but is not limited to, all of the following data elements:
  ○ 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.

7A.5.c BEST PRACTICE INDICATORS
• 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., perinatalogist, Chief of Obstetrics at collaborative hospital, maternity department nursing administrator, mother/parent/consumer groups).

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:

The attribute is self-evident.

7A.5.e) Analysis of collected data regarding patient satisfaction with services provided

Indicators of Compliance:

REQUIRED:

• There is a formal system for actively soliciting client feedback that includes (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 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 and Governing Body

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:

REQUIRED:
• In practices that provide multiple sites for planned birth (hospital, home, birth center) the chart clearly documents the planned site of birth and documentation of any reason for change in the planned site of birth. Documentation of site of birth complies with the birth center risk criteria and CABC Indicators.

7A.5.f.2) Procedures for screening and diagnostic testing

Indicators of Compliance:

REQUIRED:
• Review of consistent utilization and documentation of screening procedures and diagnostic testing (according to Standards 1C.1.g. and 5.1 and 5.4, including updates to remain consistent with current evidence-based guidelines).

7A.5.f.3) Facility, equipment and supplies

Indicators of Compliance:

The attribute is self-evident.

7A.5.f.4) Human resource programs

Indicators of Compliance:

REQUIRED:
• Regular review of personnel policies (At least as often as each accreditation cycle, which is initially annual and then every three years)

7A.5.f.5) Billing and accounting practices

Indicators of Compliance:
The attribute is self-evident.

7A.5.f.5 BEST PRACTICE INDICATORS
• Review and assessment of billing and accounting practices according to Standard 2.C., and a plan of correction to address any deficiencies[liv].

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:
The attribute is self-evident.

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

7B.2.b) Continuing education or simulation

7B.2.c) Modification of policies and procedures

7B.2.d) Revision of risk criteria

7B.2.e) Revision of health record or other record forms

Indicators of Compliance:
The attributes are self-evident.

7B.2.f) Utilization of outside consultation and expertise

Indicators of Compliance:

The attribute is self-evident.

7B.2.f BEST PRACTICE INDICATORS
• Policy and procedures for bringing in outside consultation or expertise.

7B.2.g) Changes to facility, equipment or supplies

Indicators of Compliance:

The attribute is self-evident.

7B.3 The quality improvement program includes re-evaluation to determine if the action taken has resolved the identified problem.

Indicators of Compliance:

REQUIRED:

Evidence that the Governing Body has, directly or by delegation:
• Current knowledge of the definition of a continuous quality improvement (CQI) program and all that is required for CABC accreditation.
• Reviewed and approved
  ○ the birth center's complete CQI program
  ○ a plan for ongoing review of CQI activities by the governing body

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:

The attribute is self-evident.

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 client presents 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 healthcare facility for childbirth where care is provided in the midwifery and wellness model. The birth center is freestanding and not a hospital. Birth centers are an integrated part of the health care systems and are guided by principles of prevention, sensitivity, safety, cost effectiveness, and appropriate medical intervention. While...." CABC accredits birth centers according to the national AABC Standards for Birth Centers, regardless of ownership, Clinical Provider, location, or population served.
https://assets.noviams.com/novi-file-uploads/aabc/pdfs-and-documents/PositionStatements/AABC_PS_-_Defn_BC.pdf

Birth Log

A tracking and record system used to document a midwife, or practice, or facility's provision of care to individuals. See CABC-Newsletter-Vol-4-Issue-10-About-the-Birth-Log.pdf (birthcenteraccreditation.org).

CABC

The Commission for the Accreditation of Birth Centers
https://www.birthcenteraccreditation.org/

CDC

Centers for Disease Control and Prevention
http://www.cdc.gov/

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

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, or capillary glucose testing. Waived Tests | CDC

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 client's visit. A limited list of microscopy procedures is included under this certificate type"."
CLIA Test Complexities | CDC

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/000000000266/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: Who are CPMs? — NACPM

CQI

Continuous Quality Improvement
What is continuous quality improvement? | HealthIT.gov

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 is midwife who enters the profession without a prior nursing credential. May or may not also be a CPM.

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 Business Structures | Internal Revenue Service (irs.gov)(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 CABC 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 HIPAA for Professionals | HHS.gov

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

Mother Friendly

A concept developed by the Coalition for Improving Maternity Services (CIMS; now part of the Improving Birth movement) to center the birthing parent's power, autonomy and needs within the model of care. See Mother-Friendly Accreditation Program - ImprovingBirth

Midwives

See the definition of The International Confederation of Midwives: ICM Definitions (internationalmidwives.org)

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 Maternal Health Unit (who.int)

Multi-gravida

Person who has had 2 or more pregnancies, including current pregnancy. See Comparison: Describing a Client in Relation to Pregnancy History

Multi-para

Person who has had 2 or more viable pregnancies, including current pregnancy. See Comparison: Describing a Client in Relation to 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. Neonatal Resuscitation Program (aap.org)

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/

Physiologic Birth

Characterized by spontaneous onset and progression of labor; includes biological and psychological conditions that promote effective labor; results in the vaginal birth of the infant and placenta; results in physiological blood loss; facilitates optimal newborn transition through skin-to-skin contact and keeping the client and infant together during the postpartum period; and supports early initiation of breastfeeding.
See What Is Physiologic Birth (birthtools.org) and Supporting healthy and normal physiologic childbirth: a consensus statement by ACNM, MANA, and NACPM. http://mana.org/pdfs/Physiological-Birth-Consensus-Statement.pdf.

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 Client in Relation to Pregnancy History

Primipara

Woman who is pregnant for the first time and has never carried a pregnancy beyond 20 weeks.
See Comparison: Describing a Client in Relation to 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 client 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

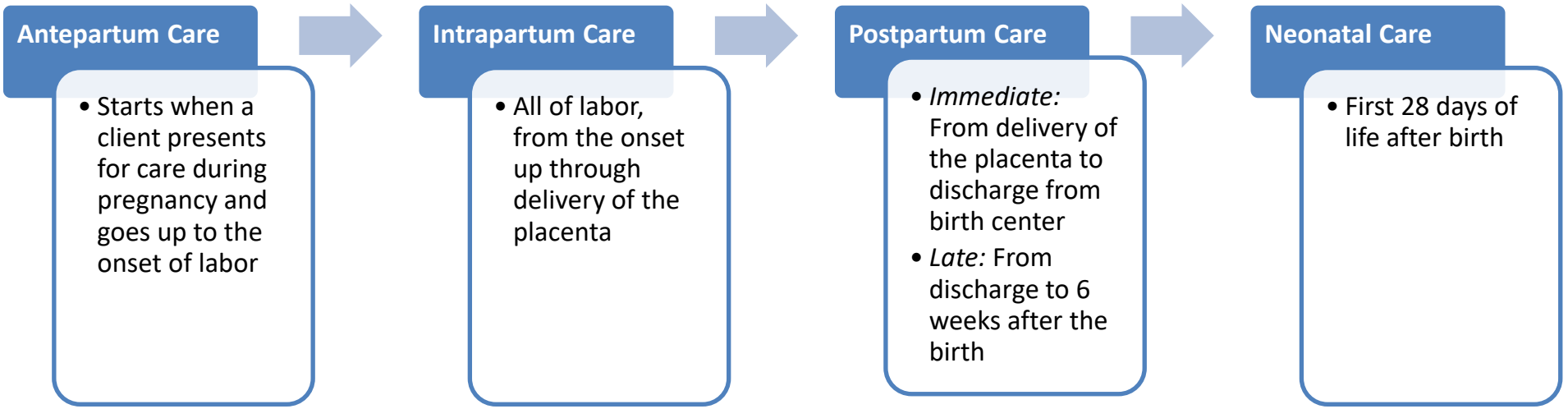
Comparisons

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:**
• 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	• Marketing and public relations plan • 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	• Site Visit chart reviews • Site Visit Personnel File Reviews • Site Visit Facility Check • Site Visit Interviews with Birth Center staff • Site Visit Interviews with hospital staff • Site Visit Interviews with collaborating care providers • General Site Visit Observations • Birth Center web site • Public records

Stages of Care



Describing a Client in Relation to Pregnancy History

Primagravida	**Primipara**	**Multi-para**	**Multi-gravida**
person who is pregnant for the very first time	person who is pregnant for the first time with a viable pregnancy after 20 weeks	person who has multiple pregnancies, including current pregnancy	person who has multiple viable pregnancies, including 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:**
CABC's definition of this staff model relates to employment law this way:	• All birth center staff are employees or contracted, and • Clinical Providers and their assistants are credentialed from multiple midwifery or obstetrical practices.	• All birth center staff are employees or contracted, and • Clinical Providers are credentialed from multiple midwifery or obstetrical practices.	• All birth center staff are employees or contracted, and • Clinical Providers are credentialed from only 1 midwifery or obstetrical practice.	• All birth center staff are employees or contracted, and • All Clinical Providers are also employees or contracted.
In the CABC Indicators, references to "All Staff" for this staff model includes:	• Employees • Contracted Staff • Credentialed Providers and their assistants (e.g., Clinical Providers who are not Employees or Contracted Staff.) • Students • Volunteers	• Employees • Contracted Staff • Credentialed Providers (e.g., Clinical Providers who are not Employees or Contracted Staff.) • Students • Volunteers	• Employees • Contracted Staff • Credentialed Providers (e.g., Clinical Providers who are not Employees or Contracted Staff.) • Students • Volunteers	• 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.

All Staff can be divided into these relationships to the birth center:	All Staff can also be divided into these groups of roles necessary to do doing the work of the birth center:
• Employees • Contracted Staff • Medical Director • Credentialed Providers • Students • Volunteers	• 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)

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.

Augmentation

- Standard 1C.1.j : medications for augmentation of labor

Biohazardous 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 : licensure of professional staff
- Standard 4A.1 : licensure or jurisdictional requirements
- Standard 4A.2 : state regulation and code compliance related to construction, safety and access
- Standard 4A.4 : maintaining records of routine inspections by health, fire, building and other departments
- Standard 4A.12 : Compliance with trash/refuse requirements
- Standard 4A.14 : Compliance with regulations for biohazardous waster
- Standard 4A.15 : disaster plan and drill requirements
- Standard 4B.2.c : secure storage of supplies, including sharps and prescription pads
- Standard 5.8 : disclosure of PHI
- 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 : documentation of nutritional assessment and education

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 support program
- Standard 3.1 : staff demonstrate knowledge and skills
- Standard 5.1.n : breastfeeding assessment tool
- Standard 5.1.p : ongoing assessment of breastfeeding
- Standard 5.1.s : breastfeeding included in late postpartum evaluation of client

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.d : CCHD supplies for the newborn
- Standard 5.1.r : plan and results of screening
- Standard 7A.5.f.2 : appropriateness of screening procedures

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 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 6.6 : research participation

Client Education

- Standard 1B.1.e : providing an educational program
- Standard 1C.1.a : shared decision-making; use of E.H.R.
- Standard 1C.1.c : glossary of terms and risk criteria
- Standard 1C.1.f : instruction and education on changes in pregnancy, self-care, services, health record
- Standard 1C.1.k : breastfeeding support during immediate postpartum care period
- Standard 1C.1.l : screening, education and referral for postpartum mood disorder
- Standard 1C.1.d : well-baby care information
- 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.s : postpartum mood disorders
- Standard 5.1.s : family planning

Client Satisfaction

- Standard 2B.3.a : monitoring client experience
- Standard 7A.5.e : review of client satisfaction

Community Involvement

- 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 7A.5.c : sharing outcomes with community stakeholders

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.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 5.1.b : consent to care
- Standard 5.1.c : documentation of shared decision-making
- Standard 5.8 : consent for release of protected health information
- Standard 6.1 : research protocols approved by accredited IRB
- Standard 6.6 : client right to opt out of research participation
- 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 risks beyond birth center capability
- 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
- Standard 5.1.t : maternal and neonatal consultation, referral and transfer
- Standard 5.3 : mechanism of providing care records
- Standard 5.4 : consultation related to lab/test results is documented
- Standard 7A.1.h : consultation and referral when appropriate
- Standard 7A.5.b : review of all transfers for appropriate consultation or referral
- Standard 7A.5.c : review of outcomes, including antepartum attrition and referrals
- Standard 7B.2.f : consultation to review problems

Continuous Quality Assurance and Improvement Program

- Standard 1C.1.l : efficacy of breastfeeding program
- Standard 2B.4.f : approval of quality improvement program
- 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 : chart review system
- 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 problems or complications; sentinel events
- Standard 7A.5.a : evaluation of outcomes of the clients
- Standard 7A.5.b : review of hospital transfer
- Standard 7A.5.c : program to evaluate outcome data
- Standard 7A.5.d : evaluation of services provided to the client; utilization
- 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 human resource program
- Standard 7B.1 : effective program to identify issues and develop corrective plans (root cause analysis)
- 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
- Standard 7B.4 : use of national registry for perinatal outcomes for relevant stakeholders

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.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 accessible by clients
- Standard 3.1 : Clinical Staff job credentialing
- Standard 3.2 : licensed Clinical Provider, Collaborative Physician, and Consulting Clinical Specialist
- Standard 3.6.b : current licensure
- 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
- Standard 7A.1.b : system for archiving versions of P&P

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 client and/or newborn complications
- 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 : fire safety preparedness and mitigation
- Standard 4A.5 : fire safety training and drills
- Standard 4A.8 : emergency lighting
- Standard 4A.10.e : space for provision of emergency clinical care
- Standard 4A.10.f : access by emergency services or personnel
- Standard 4A.15 : disaster planning
- Standard 4B.1.b : maternal emergency equipment and supplies
- Standard 4B.1.c : neonatal emergency equipment and supplies
- Standard 4B.1.d : heat source for infant exam or resuscitation
- Standard 4B.1.d : emergency newborn transport plan
- Standard 4B.1.e : oxygen delivery supplies
- Standard 4B.1.f : intravenous access
- Standard 4B.3.a : conveniently placed telephones
- Standard 7A.4 : evaluation of team readiness during periodic drill

Equality and Antidiscrimination

- Standard 1B.1.d : Respect Cultural Diversity
- Standard 1D.1 : Respect and Dignity
- Standard 1D.11 : client grievances
- Standard 3.8.d : Affirmative Action
- Standard 3.8.g : Non-Discrimination
- Standard 3.8.e : personnel grievances
- Standard 4A.3 : accommodation of for people with mobility limitations
- Standard 6.6 : Right to opt out of research
- Standard 7A.5.f.4 : regular evaluation of human resources program

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 4A.8 : heat, ventilation, lighting, waste disposal and water supply
- Standard 4A.11 : housekeeping
- Standard 4A.16 : facility security

- Standard 4B.2 : Equipment maintenance
- Standard 4B.3 : Communications equipment
- Standard 4B.3.c : Kitchen capabilities
- Standard 4B.3.d : Laundry facilities
- Standard 7A.5.f.3 : systems review for facility or equipment impacts on quality of care
- Standard 7B.2.g : improvements of facility or equipment (i.e. capital improvements)

Facility Space

- Standard 4A.3 : accommodation for those with mobility limitations
- 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
- 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 : OSHA, Patient Safety, CLIA and HIPAA or other training
- Standard 4A.2 : federal codes and regulations
- Standard 4A.12 : Trash removal
- Standard 4A.14 : biohazard waste removal
- Standard 4A.15 : disaster plan
- Standard 4B.2.d : controlled substances
- Standard 4B.2.f : medication management
- Standard 5.8 : disclosure of PHI meets federal regulations
- Standard 7A.2 : medications usage in the birth center

Finance and Budget

- Standard 2A.2.a : awareness of community services and accessibility
- Standard 2B.3b : leadership review of 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.14 : fiscal sustainability
- Standard 2C.15 : capital expenditures

Fire and Disaster Safety

- Standard 2C.6 : complies with local, regional, state and federal regulations for safety
- Standard 4A.2 : fire code compliance
- Standard 4A.4 : fire inspections
- Standard 4A.5 : fire and disaster staff training and drills
- Standard 4A.6 : prohibiting smoking
- Standard 4A.7 : oxygen storage safety
- Standard 4A.15 : disaster plan

General Safety Practices

- Standard 2C.2 : facility use safety
- Standard 2C.6 : local, regional, state and federal regulations for safety

- Standard 4A.2 : public safety
- Standard 4A.5 : Instruction on safety measures for all staff
- 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 : evidence based protocols
- Standard 1C.1.i : intrapartum management

Health Record Documentation and Storage

- Standard 1C.1.a : client participation in decision making
- Standard 1C.1.c : birth center consent process
- Standard 2C.5 : maintenance and storage of official documents, including secure storage on a computer
- Standard 2C.6 : complies with local, regional, state and federal regulations for protection of client privacy
- 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 client and fetus in labor
- Standard 5.1.l : documenting labor and delivery summary
- Standard 5.1.m : documenting newborn assessment
- Standard 5.1.n : documenting physical assessment of the client and newborn during recovery

- Standard 5.1.o : documenting postpartum mood disorders
- Standard 5.1.q : 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 client
- Standard 5.1.t : documenting consultation, referral and transfer
- Standard 5.3 : transport record
- 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 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 client 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

Housekeeping and Infection Control

- 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 and infection control
- Standard 4A.12 : sanitary trash storage and removal

- Standard 4A.13 : hand washing facilities
- Standard 4B.3.d : laundering capabilities
- Standard 7A.5.f.3 : regular systems review for facility/equipment impact on quality of care

Hydrotherapy and Water Birth

- Standard 1C.1.f : evidence-based protocols for hydrotherapy
- Standard 1C.1.i : care of the client during immersion in water
- Standard 3.11 : Clinical Staff protective attire
- Standard 4A.7 : water hazards
- Standard 4A.8 : Water supply considerations
- Standard 4A.11 : prevention of infection

Immunizations

- Standard 3.10 : immunizations or refusals required of employees
- Standard 4B.2.f : medication storage complies with regulations
- 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 at birth center

Informed Consent

- See Shared Decision Making
- See Consent Forms

Insurance

- See Liability and Malpractice Insurance

Intrapartum Care

- Standard 1C.1.i : intrapartum care
- Standard 1C.1.j : intrapartum interventions not appropriate for birth centers
- Standard 5.1.k : maternal coping

- Standard 5.1.j : monitoring of progress in labor
- Standard 7A.1.c : regular review of policies
- Standard 7A.5.c : collection of data including Pre-IP and IP transfers, and IP pain mgmt. methods.

Intubation

- See Emergency Preparedness and Drills

Job Descriptions

- 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 6.4 : research activities are appropriate to expertise of practitioners
- Standard 6.5 : Staff who conduct research are trained in human subject research and the protocol
- Standard 7A.5.f.4 : review of human resources program

Laboratory and Diagnostic Services

- Standard 1C.1.d : informing client of onsite versus contracted services
- Standard 1C.1.g : system for tracking tests, results, client notice and follow up
- Standard 2C.9.a : laboratory and diagnostic services contract
- Standard 4A.2 : CLIA compliance
- Standard 5.1.e : documentation laboratory tests
- Standard 5.1.r : newborn screening and tests
- Standard 5.4 : documenting of lab and diagnostic test results
- Standard 7A.5.f.2 : review of screening and diagnostic services
- Standard 7A.3 : review of consistent utilization of testing or procedures

Leadership

- Standard 2B.2 : governing body requirements
- Standard 2B.3. : leadership includes midwives and monitors daily operations, reviews finances and approves clinical policies and procedures
- 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 6.2 : research activities are approved by governing body
- Standard 6.7 : research activity is monitored and reported to governing body periodically
- Standard 7A.5.b : governing body reviews transfer statistics
- Standard 7A.5.c : governing body reviews outcomes
- Standard 7A.5.e : governing body reviews client feedback (compiled)
- Standard 7B.3 : governing body reviews and approves CQI program

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 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 : adequate equipment for usual caseload and simultaneous emergencies
- Standard 4B.1.a : staff competency
- Standard 4B.1.b : delivery, episiotomy and repair instruments
- Standard 4B.1.d : screening and assessment of newborn
- 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 systems reviews of facility and medical equipment on quality of care

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
- Standard 4B.2.b : shelf life of all medications, I.V. fluids and sterile supplies is monitored
- Standard 4B.2.c : needles, syringes, and prescription pads are securely stored

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

Newborn Hypoglycemia Testing

- Standard 1C.1.k : postpartum newborn glucose monitoring
- Standard 5.1. n : newborn blood glucose testing documentation

Newborn Procedures and Testing

- Standard 1C.1.a : shared decision making
- Standard 1C.1.g : Laboratory services
- Standard 1C.1.k : newborn postpartum assessment
- Standard 1C.1.l : newborn screening and well baby care
- Standard 5.1.r : newborn testing and procedure documentation
- Standard 7A.5.f.2 : systems review of impact of testing and procedures on quality of care

Nitrous Oxide

- Standard 3.11 : Nitrous Oxide staff training of potential hazards of occupational exposure

Nutrition

- Standard 1C.1.f : nutrition counseling and education
- Standard 1C.1.i : oral intake as appropriate
- 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 clients 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 4A.16 : facility security
- 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

Open Model Staffing

- Standard 1C.1.e : prenatal risk assessment and birth center eligibility
- Standard 3.1 : credentialing process
- Standard 5.1.g : prenatal examination and evaluation of risk factors

Personnel Policies

- Standard 2C.7 : personnel files maintenance
- 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 requirements
- Standard 3.7 : Annual performance review

- Standard 3.8 : personnel policies
- Standard 3.8.g : Non-discrimination
- Standard 3.9 : Staff development
- Standard 3.10 : immunization status
- Standard 3.11 : OSHA, Patient Safety, CLIA and HIPAA training
- Standard 6.4 : research activities appropriate to expertise of practitioners
- Standard 6.5 : staff conducting research have training in human subject research and research protocol
- Standard 7A.5.f.4 : human resources program
- Standard 7B.2.a : administrative or supervisory action

Pitocin

- Standard 1C.1.j : 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 : considers community services and availability
- Standard 2A.2.b : monitors community impact
- Standard 2A.2.c : monitors changes in community and effect on operations
- Standard 2B.4.a : long range planning by governing body
- Standard 2C.15 : capital expense planning
- Standard 3.4 : planning for staff coverage for absence, periods of high demand, emergencies and continuity of care
- Standard 4A.15 : disaster planning
- Standard 6.7 : plan for dissemination of QI or research requires protocols and IRB approval
- Standard 6.8 : there should be a plan for dissemination of research findings to AABC
- Standard 7B.2 : Quality Improvement 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 1C.1.f : Evidence based protocols to support comprehensive perinatal care
- Standard 2B.4.e : development and approval of policies
- Standard 2C.4 : annual review of policies and procedure

- Standard 2C.7 : personnel policies maintenance
- Standard 2C.10 : practice protocols provided to Consulting Clinical Specialists and transfer hospital
- Standard 6.2 : research protocols
- Standard 7A.1 : annual review of risk criteria and all clinical P&P
- Standard 7A.1.b : review and archive of protocols, policies and procedures
- Standard 7B.2.c : modification of policies and procedures

Postpartum Maternal Care

- Standard 1C.1.k : immediate postpartum maternal care
- Standard 1C.1.l : postpartum follow-up care
- Standard 5.1.n : continuing care postpartum
- Standard 5.1.q : discharge summary of client
- Standard 7A.1.e : annual review of policies and procedures

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 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.l : 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.q : discharge summary and plan
- Standard 7A.1.e : annual review of policies and procedures

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 5.1.q : 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
- Standard 7A.5.d : collection and analysis of utilization data

Prenatal Care

- Standard 1B.1.e : education and health promotion
- Standard 1C.1.e : prenatal risk assessment and birth center eligibility
- Standard 1C.1.f : prenatal care
- Standard 1C.1.l : plan for well-childcare with family during prenatal care
- Standard 5.1.e : initial physical exam
- Standard 5.3 : prenatal records provided for transfer of care
- Standard 7A.1: regular review of prenatal risk criteria

Referral for Counseling and Care

- Standard 1C.1.d : referral of care outside the scope of birth center practice
- Standard 1C.1.f : referrals for services beyond birth center's services
- Standard 1C.1.f: referral sources for postpartum mood disorders
- Standard 1C.1.l : referral of care not provided at birth center
- Standard 1C.1.l : family planning services
- Standard 5.1.s : referral for counseling is documented

Research

- Standard 1B.1 : Review of published perinatal data for intended population
- Standard 1D.10 : client's research and student participation
- Standard 6.1 : IRB approval; protection of rights and welfare of the research subject
- Standard 6.2 : protocols for conducting research
- Standard 6.3 : procedures or equipment that is incompatible with Standards for Birth Centers be approved by AABC Research Committee
- Standard 6.4 : appropriateness of research activities
- Standard 6.5 : practitioners performing research have evidence of training in human subject research and the protocol
- Standard 6.6 : Client has the right to opt out of research
- Standard 6.7 : reporting to the governing board of research activity
- Standard 6.8 : results of research activity disseminated to AABC or other stakeholders

Respect

- Standard 1B.1.c : Respect human dignity of each client and each baby
- Standard 1B.1.d : Respect cultural diversity
- Standard 1D.1 : respect in client communications
- Standard 6.1 : rights of research subjects
- Standard 6.6 : right to opt out of research

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 5.1.f : risk assessment on admission to care program
- Standard 5.1.g : periodic risk assessment in pregnancy
- 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

Shared Decision-Making

- Standard 1C.1.a : Shared decision making
- Standard 1D.3 : to be informed about risk and eligibility criteria
- Standard 1D.4 : to be informed of services provided by or outside the birth center
- Standard 1D.5 : to be informed of qualifications of providers, consultants and agencies involved in care

- Standard 1D.7 : to be involved in decision making about management of care and any changes
- Standard 1D.8 : to be informed about responsibilities for fees
- Standard 1D.9 : to be informed about how birth center manages care when there are complications or emergencies
- Standard 1D.10 : rights in regards to research and student care providers
- Standard 1D.11 : process for grievance
- Standard 1D.12 : to be informed about liability insurance status of providers
- Standard 5.1.c : documentation of shared decision making
- Standard 6.6 : right to opt out of research
- Standard 7A.5.b : decision making process incorporates data from birth centers reviews of transfers

Smoking

- Standard 1B.1.e : education regarding tobacco use
- Standard 1C.1.f : substance use screening and care or referral
- 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 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, Patient Safety, CLIA and HIPAA training
- Standard 4A.5 : fire safety and drills
- Standard 4A.11 : infection control and sterilization training

- Standard 4A.15 : disaster plan
- Standard 4A.16 : workplace violence training
- Standard 4B.1.a : proper use of equipment or supplies
- Standard 6.4 : any research is appropriate to staff expertise and resources of birth center
- 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
- Standard 7A.5.f.4 : human resource program
- Standard 7B.1 : root cause analysis with corrective plan of action

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 complications or sentinel events
- Standard 7A.5.b : review of transfer statistics
- Standard 7A.5.c : birth outcome statistics
- Standard 7A.5.d : utilization data

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 and required documentation
- Standard 3.6.a : background check on students
- Standard 3.6c: 1 : student health requirements and documentation

Substance Use (formerly alcohol and drugs)

- 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 substance abuse
- Standard 7A.1.a : risk criteria regarding alcohol and drug use

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 5.1.f : eligibility of TOLAC/VBAC
- Standard 7A.1.a : TOLAC/VBAC inclusion criteria

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 : eligibility enforcement
- 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 : transfer record
- Standard 7A.1.h : regular review of all transfer P&P
- Standard 7A.5 : review of emergency transfer data
- Standard 7A.5.b : standardized review of all transfers to evaluate quality of care
- Standard 7A.5.c : review of transfer statistics and comparison with national benchmarks

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
- Standard 4A.16 : facility security measures

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"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."

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