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MEMORANDUM

DATE: November 21, 2023

TO: Jon Pennell, DVM, Chair

FROM: Leticia Metherell, RN, HPM III

RE: Approval of Most Recently Published Indicators of Compliance with Standards for Birth Centers published by the Commission for the Accreditation of Birth Centers (CABC)

The Board of Health adopted by reference the Indicators of Compliance with Standards for Birth Centers, Reference Edition 2.2 (04/01/2020 edition) in LCB File No. R062-21 which became effective on 9/15/23.

The Commission for the Accreditation of Birth Centers released a revised version of the Indicators of Compliance with Standards for Birth Centers, Reference Edition 2.3, with an effective date of 09/15/2023.

Section 12 of LCB File No. R062-21 notes:
Indicators of Compliance with Standards for Birth Centers is hereby adopted by reference in the form most recently published by the Commission for the Accreditation of Birth Centers, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2.

The revised version, Indicators of Compliance with Standards for Birth Centers, Reference Edition 2.3, with an effective date of 09/15/2023, has been included with this Memorandum for the Board's review and determination as to whether or not the most recently published version of the Indicators of Compliance with Standard for Birth Centers, is suitable or not suitable for Nevada.

The revisions include changes that may impact all sections of the Indicators of Compliance with Standards for Birth Centers, Reference Edition 2.3, including fixing typographical errors, eliminating redundancies such as when more than one indicator addresses the same or a similar issue, and addressing best practices. The best practices are not a requirement that must be met, but instead are encouraged to be implemented.

Below is a summary of the Standards and highlights the major changes:

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.
Addition of the care of clients with medication (metformin only acceptable medication - insulin, glyburide, or other agents are not acceptable) dependent gestational diabetes (A2 GDM) clients, maternal hyperglycemia transfer criteria, plan for monitoring neonatal hypoglycemia after birth, and other related information.

No significant omissions.

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
Additional criteria addressing care that is not acceptable to be provided in a birth center including A2 GDM use of any medication with the exception of Metformin, and caring for an A2 GDM client that does not meet criteria for birth center care.

Significant omissions were addressed in other standards. Please refer to applicable standard in Attachment A for full details.

1C.1.f) Program of comprehensive perinatal care with evidence-based protocols
The addition of required indicators for the diagnosis and management of gestational diabetes, including requirements to care for clients with A2 GDM. Added a section on best practices that includes information related to nutritional counseling, physical exam documentation, evidence-based education and care regarding the World Health Organization Ten Steps for Successful Breastfeeding and updates to immersion in water during labor.

Significant omissions were addressed in other standards. Please refer to applicable standard in Attachment A for full details.

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
The recommendation of 2 birth attendants to be present for AROM induction of labor was made a requirement instead of a recommendation. It also adds requirements which address guidelines for the management of prolonged first and section stage labor, Group B Strep intrapartum treatment, immersion in water, criteria for exclusion during each stage of labor, and care for clients with A2 GDM.

Significant omissions were addressed in other standards. Please refer to applicable standard in Attachment A for full details.

1C.1.k) Family-centered postpartum and newborn care, with non-separation of the mother and baby for routine care
Adds requirements related to newborn assessments, evidence-based policies for infants at risk of hypoglycemia, addressing the use of single dose intramuscular vitamin K-1 versus oral vitamin K. Adds as unacceptable the failure to treat or transfer neonatal with hypoglycemia.

Significant omissions were addressed in other standards. Please refer to applicable standard in Attachment A for full details.

5.1.f. Appropriate consultation and referral of at-risk clients
Adds requirements related to vaginal birth after cesareans (VBACs), care of clients with A2 GDM, consultation with MFM (maternal-fetal medicine)/OB, and blood glucose monitoring during pregnancy.

Significant omissions were addressed in other standards. Please refer to applicable standard in Attachment A for full details.

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

Adds requirements that birth center risk criteria be reviewed by all providers, detailed VBAC policy consistent with CABC VBAC indicators, and addresses care of clients with A2 GDM.

Significant omissions were addressed in other standards. Please refer to applicable standard in Attachment A for full details.

Please refer to Attachment A for full details on the changes that were made to the above standards in Reference Edition 2.3.

Division of Public and Behavioral Health staff recommends the Board of Health find Reference Edition 2.3 suitable for Nevada.

The Commission for the Accreditation of Birth Center's Indicators of Compliance with Standards for Birth Centers cannot be directly shared with any members of the public.   The public can obtain the indicators free of charge by going to: https://birthcenteraccreditation.org/go-get-cabc-indicators/

If you have any questions or concerns, please feel free to contact Leticia Metherell, RN, HPM III, at lmetherell@health.nv.gov or via phone at 775-684-1045.

ATTACHMENT A: Table of changes between Indicators of Compliance with Standards for Birth Centers published by the Commission for the Accreditation of Birth Centers (CABC), Reference Edition 2.2 and Reference Edition 2.3 which became Effective on 9/15/2023.

~~Strikethrough~~ indicates language that was removed from the specific standard in Reference Edition 2.2 Significant language omitted from a specific standard in Reference Edition 2.2 is addressed in the same standard but in another section of the standard, for example, from recommended to required, or is already addressed or was added to another standard in Reference Edition 2.3. (Bracketed green font indicates where information related to information that has a strikethrough can be found in Reference Edition 2.3)

Blue italics indicates language that was added to a standard (either new language or existing language that was moved from another area) into the indicator due to the Reference Edition 2.3 revision.

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:	RECOMMENDED:
~~Evidence of:~~ ~~• Glossary of terms used in client education and informed consent materials.~~ ~~• Glossary is reviewed with each client~~ • Informed consent process includes review of risk criteria with clear identification of criteria for transfer of care • A plan to assure an informed consent process is in place regarding the birth center with every client and pregnancy. • IF the birth center is offering Trial of Labor After Cesarean (TOLAC): o Birth center uses an informed consent process with the client that includes a complete verbal discussion of the specific risks associated with TOLAC in ~~*an out-of-hospital setting*xvi,~~ *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,	None

- 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.*

~~Evidence of this attribute will be found in the:~~
~~Client informed consent materials~~
~~Client education materials~~
~~P&P~~

~~General Consent form~~ ~~Specific Consent/Refusal Forms~~ ~~Chart reviews~~ ~~OR Birth Center has *Other Way* to demonstrate compliance with the standard and documentation is provided.~~	
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.e) Ongoing risk assessment with adherence to eligibility criteria that includes, but is not limited to:
1) Compliance with regulatory restrictions on eligibility
2) Gestational age limited to 36 0/7-42 0/7 weeks
3) Singleton pregnancy
4) Cephalic presentation
5) No medical, obstetric, fetal and/or neonatal condition precluding a safe labor, birth and postpartum period in a birth center

Indicators of Compliance:

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

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
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: o initial visit, o each trimester, o upon admission in labor. • If an open staff model, there is a mechanism for review of prenatal records and risk status assessment by the birth center at some point prior to admission in labor. ~~• Manual removal of placenta or uterine exploration in the birth center is only permitted in the presence of retained products of conception with postpartum hemorrhage that cannot be controlled sufficiently to stabilize the mother for transport~~. (Found in 1C.1.j)	None	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 • ~~Medication dependent diabetic, including GDM A-2~~ • *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)*

~~Evidence of this attribute will be found in the:~~ ~~• P&P~~ ~~• Site Visit Chart Review~~ ~~• Interviews with Clinical Staff, Director, hospital personnel and collaborative physician~~ ~~OR Birth Center has *Other Way* to demonstrate compliance with the standard and documentation is provided.~~		• Risk criteria allowing intrapartum admission of client with hypertensive disorder even if characterized as "mild", "under control" or "controlled with meds" • Risk criteria that are inconsistent with risk criteria as defined in midwifery and/or birth center regulations in birth center's jurisdiction ~~Evidence of:~~ ~~• Manual removal of placenta or uterine exploration in the birth center without evidence of postpartum hemorrhage.~~

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

Indicators of Compliance:

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

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:

P&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*
	~~Prenatal referral sources include the following services:~~
	~~• Smoking cessation counseling~~
	~~• Mental health counseling and services~~
	~~• Substance abuse counseling and services~~
	~~• Social services~~
	~~• WIC~~
	~~• Medicaid~~
	~~• Nutrition counseling and education for special situations (e.g., gestational diabetes, low or excessive weight gain, BMI <19 or >30)~~
	~~• Program of care for women with pregravid BMI >30 includes a mechanism for specialized counseling and support specifically aimed at evidence-based care for these women.~~
	
	(Addressed in 1B.1.e, 1C.1.f and 5.1.f))
	
	~~Domestic Violence screening:~~
		~~• P&P and/or evidence of providing for external cephalic version in the birth center~~
		(Addressed in 1.C.1.i)
		~~• Any evidence that the birth center has initiated prophylaxis for the prevention of perinatal GBS infection that is not supported by current research and national guidelines.~~
		(Group B Strep addressed in IC.1.i)

~~Evidence of:~~ ~~• Prenatal care at the birth center or at a related Clinical Provider's clinic site~~ ~~• Prenatal care that is based upon the best-available evidence and consistent with generally accepted national standards for perinatal care~~~~xviii~~~~, birth center care and midwifery care.~~~~xix xx~~ ~~• Prenatal care that includes a process of continuous risk screening regarding appropriateness for birth center birth.~~	~~• At least once every trimester and postpartum.~~ ~~• Use of a validated screening tool (e.g., HITS, Nursing Research Consortium on Violence and Abuse and DANGER assessment, WAST, PVS, and AAS).~~ (Domestic Violence Addressed in 5.1.d) ~~• If client population served does not generally have available Internet access, birth center should make access to recommended sites available for client use while in the facility.~~	

1C.1.f BEST PRACTICE INDICATORS

• Information and education in regard 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)
• ~~Obtaining a complete social, family, medical, reproductive, and behavioral history.~~
• Documentation of complete physical exam. If any component is excluded/deferred, there ~~must~~ should be documentation as to why, or there ~~must be~~ is informed client refusal.

~~**Note:** The specific mention of a pelvic exam as a component of a complete physical exam has been removed from the updated indicators, as we felt this placed undue emphasis on this one component. It is expected that birth centers will address pelvic exam, along with all the other components of a complete physical exam. This could be done by performing and charting the complete exam, charting the provider's reason~~

~~for deferring the exam or any portion of it, charting the client's waiver of the exam or any portion of it, or addressing in protocol when any portion of the complete physical exam that is not routinely done at the onset of care will be recommended or offered based on the presenting risk factors and current research.~~

Note: If client has had care with a previous provider during current pregnancy, a copy of those records may substitute.

~~**Note:** If physical exam by physician or CNM is required by regulation for licensed midwives in birth center's jurisdiction, copy of this PE, or refusal form signed by client, must be on file.~~

• Evidence-based education and care regarding breastfeeding consistent with the World Health Organization *Ten Steps for Successful Breastfeeding* *xxi.*

• P&P's for the diagnosis and management including, but not limited to, the following:

o Substance use disorder screening and referral x xi xii

o Hypertensive disorders~~xxvi~~ (prenatal, intrapartum, and post-partum)

o Gestational Diabetes *(A1)*

o BMI <19 or >30 (per established indicators)

o Intrauterine growth ~~retardation~~ *restriction*, Small for gestational age, Large for gestational age

o TOLAC (per established indicators)

o Polyhydramnios, oligohydramnios

o Non-vertex presentation at term

o 3rd trimester bleeding/placenta previa or abruption

o GBS (prenatal screening, intrapartum, post-partum follow up for ~~mother~~ *client*/newborn)

o Pre-term labor/Premature rupture of membranes

o Artificial rupture of membranes (per established indicators)

o Prohibition of pharmacological agents for cervical ripening/induction of labor/augmentation (per established indicators)

o Use of any non-pharmacological methods for cervical ripening/induction of labor/augmentation; i.e. foley bulb, homeopathic, breast pump, etc. (per established indicators)

o Prohibition of use of electronic fetal monitoring after admission to the birth center (per established indicators)

o Prohibition of use of forceps or vacuum extractor (per established indicators)

o Failure to progress/failure to descend

o Water immersion during labor/birth ~~(per established indicators)~~

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

o Late pre-term (36 week) newborn management (if applicable)

o Post-dates
o Retained placenta
o Newborn glucose assessment
Temperature management of the newborn;
▪ If birth center uses a heating pad or other heating device, ~~must have~~ a written policy prohibiting contact between heating pad or other heating device and newborn (even with blankets or towels)
o Well baby care (if the birth center provides newborn care past the initial 48 hours)
o CCHD, metabolic, and hearing screening of the newborn
-Referrals to meet the needs of each client that fall outside the scope of birth center
~~Prenatal screening for depression and risk factors for postpartum mood disorder~~~~xxvii xxviii~~
• Active client participation in a program of self-care (e.g., access to health record)
• Instruction and education including changes in pregnancy, self-care in pregnancy, orientation to health record and understanding of findings on examinations and laboratory tests
• Directly querying clients regarding domestic violence
• Domestic violence screening documented for all clients at least during prenatal course and again in postpartum
• Referral sources available to mental health practitioners with expertise in counseling domestic violence victims
• Materials regarding domestic violence available to clients
• Means of safely documenting and communicating domestic violence for an individual client among all Birth Center staff
• P&P about domestic violence screening of clients and training of staff
• Library resources accessible to clients. May include on-site materials and/or electronic access to education materials and evidence-based online sources. Referral to online resources may be provided in lieu of providing direct access in the birth center

~~Evidence of this attribute will be found in the:~~
~~• Nutritional tool~~
~~• P&P~~
~~• Site Visit Chart Review~~
~~• Client handouts~~

~~Staff Orientation Curriculum~~
~~• Site Visit Interviews of birth center staff~~

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

1.C.1.i) Intrapartum care that promotes physiologic birth including, but not limited to:
1) Supportive care during labor
2) Minimization of stress-inducing stimuli
3) Freedom of movement
4) Oral intake as appropriate
5) Availability of non-pharmacologic pain relief methods
6) Regular and appropriate assessment of the mother and fetus throughout labor

Indicators of Compliance:
~~Tags: Group B Strep | Hydrotherapy and Water Birth | Intrapartum Care | Risk Criteria and Screening | Staff Orientation and Education | Induction | Nutrition | Postpartum Maternal Care | Intermittent Auscultation~~

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
~~Evidence of:~~ *-2 birth attendants shall be present for AROM Induction of Labor* *-If client is being admitted for nonpharmacologic induction of labor by amniotomy, clinical indication and informed consent will be documented* ~~• Management of normal labor, birth and continuous risk screening that is consistent with the best-available evidence for normal physiologic labor and birth, and with national standards for prenatal care, midwifery care and birth center carei ii iii iv~~ (Addressed in 1C.1.e) ~~• Admission of clients into the birth center for intrapartum care is consistent with the birth center's risk criteria~~ ~~• Continuous support by Clinical Provider or other maternity care professional during labor~~ (Consultation with MFM/OB addressed in 1C.1.e & f and 7A.1) ~~• Laboring mothers are supported to move freely during labor and birth~~ (Addressed in 1C.1.i)	~~Practice of encouraging doula participation in care, including providing doula support OR referral to area doula services~~ (Doula addressed in 1C.1.d) ~~• 2 birth attendants shall be present for AROM for IOL~~ (Moved to Required Column)	• Nonpharmacologic or mechanical induction or augmentation of labor without an evidence-based clinical indication ~~• P&P limiting movement during labor or birth~~ • AROM for IOL prior to 39 weeks gestation • AROM for IOL with unengaged fetal head • Evidence of use of medications that are not considered appropriate for use in ~~out-of-hospital setting.~~ *community birth setting.* • P&P and Evidence of use of Valium (diazepam) or other medications for IV administration for conscious sedation ~~• Routine suctioning at any time, as it does not improve outcomes and may actually be detrimental. Suctioning on the perineum is no longer recommended for newborns born through meconium-stained amniotic fluid, and does not lower the incidence of meconium aspiration syndromexxxvi~~ • P&P and/or evidence of providing for external cephalic version in the birth center

~~• If client is being admitted for nonpharmacologic induction of labor by amniotomy, clinical indication and informed consent will be documented~~ (Addressed in 1.C.1.i) • Vital signs will be taken as per P&P or at a minimum of: o On admission, documentation of a full set of vital signs, including blood pressure, pulse, and temperature o At a minimum there should be documentation of repeat vital signs at every four hours o 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: o 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:xxix xxx ▪ Active labor – every 30 minutes ▪ Second stage with pushing – every 5-15 minutes o If the birth center's P&P on FHT mandates more frequent FHTs, charting complies with P&P o Increased frequency of FHR in the presence of risk factors [concerning FHR patterns (such as bradycardia, tachycardia, decelerations), prolonged 1st or 2nd stage] o Documentation is present on admission and periodically during active labor describing: ▪ -FHR baseline		~~• Any evidence that the birth center has initiated prophylaxis for the prevention of perinatal GBS infection that is not supported by current research and national guidelines.~~ (Group B strep addressed in 1C.1.i) ~~• P&P limiting the laboring mother's ability to eat or drink.~~ (Nutrition addressed in Standards 1C.1.f & i, and 5.1.h) *Evidence of continuing labor care at birth center with elevated maternal blood glucose outside compliance with P&Ps*

-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) ~~o water temperature guidelines, measurement and documentation~~ ~~o maternal temperature monitoring during immersion~~ ~~o criteria for exclusion during each stage of labor~~ (Hydrotherapy and Water Birth addressed in 1C.1.f & i, 3.11 & 4A.7, 4A.8 & 4A.11) *-P&P's include guidelines for management of prolonged first and second stage labor that are consistent with best-available evidence* *-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 and address:* *-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*		

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

Indicators of Compliance:

~~Tags: Breastfeeding | Client Education | Newborn Hypoglycemia Testing | Newborn Procedures and Testing | Postpartum Maternal Care | Postpartum Newborn Care~~

REQUIRED:	RECOMMENDED:	UNACCEPTABLE:
~~Evidence of:~~ • Immediate postpartum and newborn care that is consistent with the best available evidence for maternity and neonatal care and with national standards for birth center care. • Maternal postpartum assessment, with the monitoring of vital signs done in a manner that does not interfere with bonding while still maintaining safety. ~~- At a minimum:~~ ~~- o 3 sets of vital signs including blood pressure, pulse, and temperature:~~ ~~- One set within the first hour postpartum~~ ~~- One continuing set~~ ~~- One set prior to discharge from the birth center~~ (Postpartum vital signs addressed in 5.1.n) *-Newborn assessment, with the monitoring of vital signs done in a manner that does not interfere with bonding while 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 wavier(s) if parents decline either eye prophylaxis or vitamin K-1 injection* *-Support and education as needed for client's chosen feeding method.*	None	Use of any heated object directly on newborn. For example: heating pad, rice socks etc. Note: heating pad may not be used even if used on top of blankets over baby. Note: the preferred heat source is skin to skin. *-Failure to treat neonatal hypoglycemia or transfer according to P&P*

-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&Ps* ~~o Assessment of fundus and lochia~~ ~~o Encouraging oral intake, ambulation and voiding~~ ~~o Assessment of maternal-infant interaction and bonding behaviors~~ ~~o Increase in frequency of assessment and vital signs in the presence of risk factors (postpartum hemorrhage, maternal fever, syncope, etc.)~~ ~~o Documentation of voiding before discharge from the birth center or sooner if bladder distention or excess bleeding~~ ~~• Newborn assessment, with the monitoring of vital signs done in a manner that does not interfere with bonding while still maintaining safety. At a minimum:~~ ~~o Apical pulse, respiratory rate, temperature, color, muscle tone, quality of respirations, and breastfeeding assessment:~~ ~~• One set within the first hour after birth~~		

~~• One continuing set~~ ~~• One set prior to discharge from the birth center~~ ~~o All vital signs more frequently if indicated by abnormal findings, increased risk conditions, or extended stay~~ ~~o If RR is >60 then documentation should be found indicating presence or absence of grunting, retractions, nasal flaring, quality of breath sounds and pulse oximeter reading. When vital signs are outside the range of normal there should be a documented expanded assessment and plan for follow up.~~ ~~o Treatment of newborn hypothermia should include provision of heat source, increased monitoring of temperature and exclusion of pathological reason for hypothermia.~~ ~~o Apgar scores~~ ~~Additional newborn assessment to include color, muscle tone and quality of respirations (i.e., absence of grunting, nasal flaring, and retractions)~~ ~~o Gestational age/gender/complete physical exam~~~~[xxxix]~~ ~~o Color, anthropometric measurements (weight, head, chest circumference and length)~~ ~~o Documentation of nursing/latch/sucking.~~ ~~o Monitoring of newborn blood glucose and managing neonatal hypoglycemia consistent with national guidelines~~~~[xl xli xlii xliii]~~		

~~o 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~~ ~~o Newborn care includes:~~ ~~▪ Vitamin K~~ ~~Eye prophylaxis~~ ~~Evidence-based information provided to parents in discussion of newborn procedures, including risks/benefits of single dose intramuscular vitamin K-1 versus oral vitamin K in prevention of Vitamin K Deficiency Bleeding (VKDB), circumcision~~ ~~• Signed waiver(s) if parents decline either eye prophylaxis or vitamin K-1 injection~~ ~~• No separation of mother and newborn unless medically indicated, and then only as needed for completion of appropriate treatment.~~ ~~• Evidence-based maternal-infant care practices~~~~iii~~ ~~xlvii~~~~, including skin-to-skin contact and unrestricted breastfeeding~~ ~~• P&P's in place to assure evidence-based education and care regarding breastfeeding consistent with the World Health Organization *Ten Steps for Successful Breastfeeding*~~~~xlviii xlix~~~~.~~ ~~• Support and education as needed for client's chosen feeding method.~~ ~~• P&P's indicate criteria that must be met by mother and newborn in order to be eligible for discharge to home~~ ~~• Mother and baby show readiness for early discharge as documented by behavior, physical assessment and vital signs, with at least two stable sets of vital signs prior to discharge.~~		

~~• Newborn discharged in infant car seat for transport home~~ ~~• Early home care instructions reviewed verbally and written instructions provided.~~ ~~• Documentation of maternal/newborn postpartum follow-up by birth center (home, office and/or phone) that is consistent with birth center P&P's~~ (Postpartum Assessment addressed in 5.1.n) ~~Evidence of this attribute will be found in the:~~ ~~• P&P~~ ~~OR Birth Center has *Other Way* to demonstrate compliance with the standard and documentation is provided~~		

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

Indicators of Compliance:

~~Tags: Body Mass Index | Consultation or Referral | Health Record Documentation and Storage | Risk Criteria and Screening | Transfer Practices | Multiple Gestation~~

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
~~Evidence of:~~ • Birth Center's risk criteria for acceptance into and continuation in care are aligned with generally accepted birth center risk criteria. • Use of risk assessment process is evident in referral of ineligible clients. ~~• No evidence is found of the birth center continuing to provide care for clients who fall outside of their own risk criteria~~ (Risk criteria addressed in 7A.1, 7A.1.h, 7A.5.f.1))	-None at this time	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.)

• 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 material/newborn transfers.* ~~Evidence of this attribute will be found in the:~~ ~~• Site Visit chart reviews~~ ~~• P&P~~ ~~OR Birth Center has *Other Way* to demonstrate compliance with the standard and documentation is provided.~~		

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

Indicators of Compliance:

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

REQUIRED:	RECOMMENDED:	UNACCEPTABLE
~~Evidence of:~~ • Birth Center's risk criteria for acceptance into and continuation in care are aligned with generally accepted birth center risk criteria. ~~and address these topics, including but not limited to:~~ ~~o Tobacco, alcohol and drug use~~ ~~o Chronic medical conditions~~ ~~o Chronic psychiatric conditions~~	~~Collaborative review of risk criteria with consulting physician(s)~~	~~Evidence of:~~ ~~• Pre-planned births to take place at the birth center in any of the following situations:~~ ~~o TOLAC when client does not meet required criteria~~ ~~o Breech or non-vertex at labor and delivery~~ ~~o Multiple gestation (more than one baby, such as twins)~~ ~~o Gestation < 36 0/7 weeks or > 42 0/7 weeks~~

~~o Personal responsibility compatible with birth center care~~ ~~o Obstetrical history~~ ~~o Conditions in current pregnancy~~ (Client education and smoking addressed in several standards under the Client Education (page 111) and Smoking titles (page 130)). • ~~Policy describing a plan and mechanism for annual review of the appropriateness of risk criteria~~ ~~• Complete review of birth center risk criteria by all providers, including the appropriateness of the risk criteria for birth center care~~ ~~• Mechanism for documentation of annual review of risk criteria~~ ~~Risk criteria policy includes guidelines that indicate criteria for consultation and/or transfer in the presence of abnormal labor progress (i.e. prolonged first and second stage labor for primips and multips).lxxxvii lxxxviii~~ (Risk criteria review for determining eligibility (7A.1.a) and other continuous quality assurance and improvement programs standards found on page. 113) *Documented review of birth center risk criteria by all providers, including the appropriateness of the risk criteria for birth center care.*		~~o Insulin dependent diabetic, including GDM A-2~~ ~~• Risk criteria allowing intrapartum admission of client with hypertensive disorder even if characterized as "mild", "under control" or "controlled with meds"~~ ~~• Risk criteria that are inconsistent with risk criteria as defined in midwifery and/or birth center regulations in birth center's jurisdiction~~ (Eligibility Criteria address in 1C.1.e) ~~Evidence of this attribute will be found in:~~ ~~• P&P~~ ~~• Chart review~~

IF the birth center is offering Trial of Labor After Cesarean (TOLAC), there are policies requiring that the following inclusion criteria are met and documented[lxxxix]: o Client has had only one prior cesarean birth o Client has a documented low transverse incision o Ultrasound demonstrates placental location is not anterior and low lying o 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.* ~~• If admitting clients who desire TOLAC/VBAC, detailed VBAC policy that is consistent with CABC VBAC indicators, including client eligibility and consent.~~		

(TOLAC and VBAC standards found on page 132) ~~• Upholding the following situations as inappropriate for birth in the birth center:~~ ~~o Breech or non-vertex at labor and delivery~~ ~~o Multiple gestation (more than one baby, such as twins)~~ ~~o Gestation < 36 weeks 0 days or > 42 weeks~~ ~~o Intrapartum admission of client with hypertensive disorder even if characterized as "mild", "under control" or "controlled with medsxc"~~ (Eligibility Criteria address in 1C.1.e) ~~o P&P's for diabetes screening and management that prohibit a client with medication-dependent diabetes from intrapartum admission to the birth center.xci This includes both insulin or oral hypoglycemic medication, and medication-dependent gestational diabetes.~~ (Care of clients with medication dependent gestational diabetes addressed in 1C.1.c) (Appropriate consultation and referral of at-risk clients addressed in 5.1.f) ~~• Appropriate referral of clients with risk factor(s) precluding continued care at the birth center to a provider/facility providing the higher level of care dictated by her specific risk condition~~ (Transfer to higher level of care addresses in 5.1.g) (Consultations, referrals, and transfers during all phases of care in the birth center addressed in 5.1.t)		

~~Evidence of this attribute will be found in:~~ ~~• P&P~~ ~~• Chart review~~ ~~• Chart audit reports~~ ~~• Staff meeting minutes~~ ~~OR Birth Center has *Other Way* to demonstrate compliance with the standard and documentation is provided.~~		