

Manual of Standards for the
Licensure of Hospital Facilities

Proposed Standards for
Obstetric and Newborn Services

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New Jersey State Department of Health

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Licensure of Hospital Facilities

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Obstetric and Newborn Services

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Obstetric and Newborn Services

1.0 General Requirements

- 1.1 This section shall apply to all hospitals providing obstetric and newborn services. The obstetric and newborn services shall be administered by the governing authority responsible for the management, control, and operation of the hospital.
- 1.2 The obstetric and newborn services shall be physically separate from all other services.
- 1.3 A policy and procedure manual, supplementing the hospital policy and procedure manual, for the organization and operation of the obstetric and newborn services shall be developed and implemented. It shall be reviewed, signed, and updated as specified in the facility's policies and procedures. The manual shall include at least the following:
- 1.3.1 Criteria and priorities for acceptance of patients;
 - 1.3.2 Functions and responsibilities of physicians and personnel;
 - 1.3.3 Training and experience requirements for all obstetric and newborn service personnel;
 - 1.3.4 A procedure by which medical and nursing staff in the obstetric and newborn services shall be encouraged to participate in hospital staff committees or their equivalents, including, but not limited to, those relating to patient care policies, evaluation, pharmacy and therapeutics, discharge planning, and infection control;
 - 1.3.5 Provisions for services to adolescent parents, in accordance with the facility's policies and procedures;
 - 1.3.6 Policies and procedures regarding the recording of vital signs (temperature, pulse, respiration, and blood pressure), including frequency;
 - 1.3.7 Policies and procedures for the use of home health services and social services; and
 - 1.3.8 A plan for staff orientation and education for the management and care of patients, including, but not limited to, the following:

- 1.3.8.1 Knowledge and recognition of psychological needs and rights of mothers, fathers, newborns, and siblings;
- 1.3.8.2 Understanding of the physiology of the pregnant and postpartum woman and of the newborn;
- 1.3.8.3 Specialized nursing procedures for obstetric and newborn patients;
- 1.3.8.4 Labor support and coaching techniques;
- 1.3.8.5 Maternal and newborn assessment and resuscitation;
- 1.3.8.6 Parent/newborn contact immediately after birth and during hospital stay; and
- 1.3.8.7 Medications relating to obstetric and neonatal care.
- 1.3.9 Policies and procedures for making available to patients, if requested, information on prenatal classes, counseling, and education. If the facility offers these services, they shall include, but not be limited to, the following:
 - 1.3.9.1 Signs of pregnancy, and its physiological and psychological processes;
 - 1.3.9.2 Nutrition and enhancement of health, and their relationship to fetal development;
 - 1.3.9.3 Avoidance of alcohol, tobacco, environmental and other contaminants, and avoidance of radiological examinations and medications unless prescribed by a physician;
 - 1.3.9.4 Childbirth, including anatomy, physiology, psychological states, the stages of labor and delivery, and parent-newborn bonding;
 - 1.3.9.5 The pregnant woman's responsibility for her own care;
 - 1.3.9.6 Rights of expectant parents, including informed consent;
 - 1.3.9.7 Self-help techniques for pregnancy, labor, and delivery (including childbirth and breathing exercises), and postpartum recovery;
 - 1.3.9.8 Physical fitness, including promotion of muscle tone, tension control, and relaxation;
 - 1.3.9.9 Support and coaching techniques during labor for the father or other chosen companion;
 - 1.3.9.10 Options in childbirth procedures and environment;
 - 1.3.9.11 The role of health care providers in labor, delivery, and the postpartum period;

- 1.3.9.12 Preparation for parenting, including its emotional and practical aspects, such as infant care, breast- and bottle-feeding, immunization, child development, nutrition, and effects of parenthood upon family relationships and sexuality;
- 1.3.9.13 Community resources, including childbirth education associations; support groups for cesarean delivery, breast-feeding, and postpartum adjustment; women's health groups; physical fitness classes; social, welfare and community services; food stamp and nutrition programs (e.g., Women, Infants, and Children Food Supplementation Program-WIC);
- 1.3.9.14 High risk pregnancy and delivery, including:
- 1.3.9.14.1 Indications for prenatal diagnostic testing, such as ultrasound, amniocentesis, testing of fetal lung maturity, and oxytocic challenge test;
- 1.3.9.14.2 The indications, procedures, and postpartum recovery for cesarean deliveries;
- 1.3.9.14.3 Indications for use of fetal monitoring and other equipment and procedures;
- 1.3.9.14.4 The parents' role in the care of a newborn placed in intensive care; and
- 1.3.9.14.5 The physical environment of the obstetric and newborn services. Classes shall include a tour of the obstetric and newborn services.
- 1.4 The facility shall establish written policies and procedures regarding parents' rights, and shall be responsible for developing and adhering to procedures implementing such policies and procedures. The policies and procedures shall be available to patients, staff, and the public. Parents' rights shall include, but not be limited to, the following:
- 1.4.1 The right to education concerning the importance of nutrition and the avoidance of drugs and alcohol, smoking, and other contaminants;
- 1.4.2 The right to childbirth education; and
- 1.4.3 The right to informed consent.
- 1.5 The obstetric and newborn services shall provide to the Maternal and Child Health Program of the Department a quarterly summary report of the information in the Newborn Record Logbook and Maternity Service Records.

2.0

Infection Control

2.1

The facility's Infection Control Committee or its equivalent shall establish, implement, and review written policies, procedures, and methods for the obstetric and newborn service. These shall include, but not be limited to, the following:

2.1.1

Reporting of findings and recommendations to the governing authority, administration, medical staff, and director of nursing services;

2.1.2

Development of definition(s) of nosocomial infections;

2.1.3

Establishment of criteria for maternal and newborn morbidity;

2.1.4

In conformance with Chapter 2 of the New Jersey State Sanitary Code, N.J.S.A. 26:1A-7 et seq., development and implementation of a system for investigating, reporting, evaluating, and maintaining records of infections and reportable diseases among patients and personnel, including respiratory, gastrointestinal, surgical wound, skin and urinary tract infections, and septicemias;

2.1.5

Assignment of responsibility for the continuous collection and analytic review of data, including determinations of nosocomial infections, epidemics, clusters of infections, and infections due to pathogens;

2.1.6

Assignment of responsibility for corrective action;

2.1.7

Development and/or approval of all forms used for collection and collation of data about infections;

2.1.8

Data to be recorded on all infections, including identification and location of the patients or personnel, date of admission or employment, date of onset of infection, type of infection, cultures taken and their results, any antibiotics or other medications administered, and name of the physician responsible for the care of the patients or personnel;

2.1.9

Initiation, review, and corrective action for cultures of patients, personnel, or the environment required by the facility, the medical staff, or local, state, or federal agencies or regulations;

2.1.10

Written criteria for isolation of mothers and/or newborns, to include at least the following categories:

2.1.10.1

Birth prior to admission to the facility;

2.1.10.2

Birth within the facility but prior to admission to the labor and delivery suite;

- 2.1.10.3 Readmission to the service after transfer or discharge;
- 2.1.10.4 Presence of infection;
- 2.1.10.5 Elevated temperature (excepting fever due to pyelonephritis);
and
- 2.1.10.6 Presence of rash, diarrhea, or discharging skin lesions;
- 2.1.11 Written policies and procedures for the isolation of patients,
including, but not limited to, the following:
 - 2.1.11.1 Ensuring that a physician orders and documents in the patient's
medical record the placement of a mother and/or newborn in
isolation;
 - 2.1.11.2 Admission and management of patients who exhibit signs of
infection in antepartum, delivery, and postpartum rooms or
units;
 - 2.1.11.3 Ensuring that at least one labor room is available for use by
a patient requiring isolation;
 - 2.1.11.4 Ensuring that a mother and/or newborn transferred from
another facility or readmitted to the service from home is/are
isolated until examined by a physician;
 - 2.1.11.5 Provision for the isolation of a mother and newborn
together in the same room (rooming-in) or in separate
rooms; and
 - 2.1.11.6 Policies and procedures for assigning nursing personnel to care
for patients in isolation.
- 2.1.12 Policies and procedures for cleaning of equipment, linens, and
rooms following use by an infected patient;
- 2.1.13 Transportation of patients outside the obstetric and newborn
services for treatments and procedures elsewhere in the
facility;
- 2.1.14 Control of traffic, including personnel and visitors.
Personnel leaving the obstetric and newborn services to
work in another unit may return to the obstetric and
newborn services within the same 24-hour period only in
accordance with the facility's policies and procedures;
- 2.1.15 Determination of the health status of personnel, and control of
personnel with symptoms of communicable infectious disease;

- 2.1.16 Orientation of all new employees to the infection control program, and documented inservice education;
- 2.1.17 Infection prevention, surveillance, and control procedures relating to sterilization and disinfection practices, central supply service, housekeeping, laundry, engineering and maintenance, food sanitation, and waste management;
- 2.1.18 Review of cleaning procedures, agents, and schedules in use in the obstetric and newborn services, and review of any changes;
- 2.1.19 Techniques of patient care, including handwashing and the use of protective clothing such as gowns, masks, and gloves;
- 2.1.20 Selection, storage, and use of disposable and nondisposable patient care items and disposition of disposable patient care items. Disposable items shall not be reused;
- 2.1.21 Procedures for care of equipment and devices that provide a portal of entry for pathogenic microorganisms;
- 2.1.22 Selection, storage, use, and disposition of hypodermic needles and syringes, in accordance with N.J.S.A. 2A:170-25.17. There shall be a system of accountability for the disposal of used needles and syringes which shall not necessitate the counting of individual needles and syringes after they are placed in the container for disposal; AND
- 2.1.23 Establishment of procedures to ensure that medical records include the final diagnosis and infections occurring during hospitalization.

General Staffing Requirements

- 3.1 The governing authority shall designate an administrator or administrators for the obstetric and newborn services, who may serve as administrator for other services, but who shall be available full-time. An alternate shall be designated in writing to act in the absence of the administrator.
- 3.2 The facility shall appoint a physician-director for the obstetric service and a physician-director for the newborn service who shall be responsible for the direction, provision, and quality of medical care provided. Each physician-director shall be responsible for, but not limited to, the following:
- 3.2.1 Delineating the responsibilities of physicians on the obstetric service and newborn service;
- 3.2.2 Assisting in the development and implementation of patient care policies;
- 3.2.3 Participating in the development and implementation of staff orientation and educational programs;
- 3.2.4 Ensuring the development of a system of patient care evaluation, including peer review and audit, based upon the Guidelines for Perinatal Study Conferences, Subcommittee on Newborn Records, Medical Society of New Jersey;
- 3.2.5 Participating in the fiscal and budgetary planning for the service, and in the preparation of required reports if specified in the facility's policies and procedures;
- 3.2.6 Ensuring that statistical reporting of mortality and morbidity occurring in the obstetric and newborn services, including a review of each fetal, neonatal, and maternal death, is performed and documented at least on a quarterly basis and sent to the Maternal and Child Health Program of the Department. A report of each maternal death shall be sent to the County Medical Examiner and to the Maternal and Child Health Program of the Department; and
- 3.2.7 Designating in writing an alternate physician to act in his/her absence.

- 3.3 A full-time nursing supervisor shall be appointed for the obstetric and newborn services, or to each service. He/she shall be responsible for the direction, provision, and quality of nursing care provided, including, but not limited to, the following:
- 3.3.1 Developing and maintaining written objectives, philosophy, policies, a procedure manual, and an organizational and evaluation plan for the nursing service;
 - 3.3.2 Participating in planning and budgeting for the nursing service, including recommending the number and levels of nursing personnel to be employed;
 - 3.3.3 Coordinating and integrating the nursing service with other patient care services in the hospital;
 - 3.3.4 Ensuring representation of nursing personnel in meetings of hospital staff committees or their equivalents, at least on a consultative basis;
 - 3.3.5 Ensuring that nursing staffing patterns are implemented;
 - 3.3.6 Developing and maintaining written job descriptions for nursing personnel, and assigning duties based upon education and training;
 - 3.3.7 Ensuring that a registered professional nurse initiates an individual nursing care plan for each patient, assesses and reassesses the nursing needs of each patient, and writes clinical notes and a nursing discharge summary;
 - 3.3.8 Ensuring that nursing care is consistent with nursing care plans;
 - 3.3.9 Ensuring supervision and evaluation of nursing personnel performance;
 - 3.3.10 Assisting in the development of, and participating in, orientation of staff to the service;

- 3.3.11 Determining staff educational needs, and planning and organizing staff educational programs; and
- 3.3.12 Ensuring that licensed nursing personnel enter in the patient's medical record :
 - 3.3.12.1 The nursing care plan (prepared by a registered professional nurse);
 - 3.3.12.2 Clinical notes;
 - 3.3.12.3 The nursing discharge summary; and
 - 3.3.12.4 A record of medications administered, including the name and strength of the drug, date and time of administration, dosage administered, method of administration, and signature and title (R.N. or L.P.N.) of the licensed nurse administering the drug;
- 3.3.13 The nursing supervisor shall not be included in computation of the nurse: patient ratio.
- 3.4 A charge nurse shall be designated in writing for each shift. The charge nurse shall be responsible for, but not limited to, the following:
 - 3.4.1 Supervising and evaluating all nursing personnel and activities related to the nursing service;
 - 3.4.2 Assigning duties and delegating responsibility to nursing personnel for provision of nursing care;
 - 3.4.3 Evaluating the outcomes of nursing care provided;
 - 3.4.4 Assisting in the organization and implementation of staff orientation and educational programs for nursing personnel; and
 - 3.4.5 Assisting the nursing supervisor in developing and maintaining written objectives, philosophy, policies, a procedure manual, and an organizational and evaluation plan for the nursing service.
- 3.5 In accordance with written job descriptions, licensed nursing personnel shall be responsible for, but not limited to, the following:
 - 3.5.1 Providing nursing care in accordance with the State of New Jersey Nursing Practice Act, N.J.S.A. 45:11-23 et seq.;
 - 3.5.2 Assessing the nursing needs of each patient and developing, reviewing, revising, and implementing nursing care plans for meeting those needs;

- 3.5.3 Observing and monitoring the patient's response to treatment and nursing care;
- 3.5.4 Coordinating nursing care with other patient care services;
- 3.5.5 Consulting with, teaching, and supervising the patient, family, and staff regarding methods of meeting the nursing care needs of the patient (registered professional nurses only shall perform these functions which may be reinforced by licensed nursing personnel); and
- 3.5.6 Entering in the patient's medical record:
 - 3.5.6.1 The nursing care plan (prepared by a registered professional nurse);
 - 3.5.6.2 Clinical notes;
 - 3.5.6.3 The nursing discharge summary; and
 - 3.5.6.4 A record of medications administered, including the name and strength of the drug, date and time of administration, dosage administered, method of administration, and signature and title (R.N. or L.P.N.) of the licensed nurse administering the drug.
- 3.6 The obstetric and newborn services (including the obstetrical surgical recovery room) shall each have a plan for substitute nursing personnel to act in the absence of assigned nursing personnel.
- 3.7 A social worker, or a designee who receives consultation from a social worker, and a dietitian shall be available to patients, and shall be responsible for, but not limited to, the following:
 - 3.7.1 Implementing written objectives, philosophy, policies, a procedure manual, and an organizational and evaluation plan for social or dietary services to obstetric patients and newborns, developed by the hospital social service and dietary departments, respectively;
 - 3.7.2 Providing consultation to the hospital social service or dietary department in planning and budgeting for social or dietary services provided to obstetric patients and newborns, and providing guidance and consultation to other personnel caring for such patients;
 - 3.7.3 Coordinating and integrating the social or dietary service with other patient care services;
 - 3.7.4 Assessing the social service or dietary needs of the patient in accordance with the facility's policies and procedures, preparing an individual care plan, and assessing the patient's response to services provided;

- 3.7.5 Providing services as specified in the care plan; and
- 3.7.6 Entering in the medical record of each patient receiving the service:
 - 3.7.6.1 The care plan, which shall be kept current;
 - 3.7.6.2 Clinical notes; and
 - 3.7.6.3 The social service or dietary discharge summary.

4.0

Obstetric Services

4.1

The obstetric inpatient service shall include, but not be limited to, the following:

4.1.1

Identification and management of high risk patients, as defined in the policy and procedure manual;

4.1.2

Clinical laboratory, blood bank, and radiological services and personnel, available at all times. Personnel shall be able to arrive in the facility within 30 minutes of being called;

4.1.3

Fetal monitoring equipment, to be used only upon order of a physician;

4.1.4

Cesarean section capability within 1 hour of decision;

4.1.5

Anesthesia service and personnel who are available at all times, and able to arrive in the facility within 30 minutes of being called;

4.1.6

Facilities for immediate resuscitation of the newborn, and capability to stabilize newborn respiration until transfer or admission to specialized care;

4.1.7

Ability to monitor neonatal blood pressure, heart rate, and respiration, with the capability to regulate temperature and monitor oxygen flow;

4.1.8

As described in the policy and procedure manual, home health services provided directly or by referral;

4.1.9

At least one social worker, who shall be assigned at least one-quarter time to the obstetric service;

4.1.10

Genetic counseling services provided directly or by referral; and

4.1.11

A system of communication, consultation, and written agreements or their equivalents, for secondary and tertiary obstetrical services.

4.2

Policies and procedures for the obstetric service shall include those for the obstetric and newborn services, in addition to the following:

4.2.1

Criteria as established in the policy and procedure manual for the identification of high risk patients, such as the Medical Perinatal Risk Scoring Sheet, Form MCH-13, page 2a, of the Maternal and Child Health Program of the Department;

4.2.2

A current roster of physicians, with a delineation of their obstetrical privileges. This roster shall be kept in each nursing unit;

- 4.2.3 An on-call schedule to ensure that a physician with obstetrical privileges is available at all times;
- 4.2.4 Policies and procedures regarding birthing alternatives;
- 4.2.5 Monitoring, with or without the use of electronic equipment, of patients and procedures during antepartum, labor, delivery, recovery, and postpartum periods;
- 4.2.6 Policies regarding the presence of fathers and/or chosen companions during labor, delivery, recovery, and postpartum periods;
- 4.2.7 Policies and procedures, including safety precautions, governing the use of radiological and electronic services for the obstetric patient;
- 4.2.8 Policies and procedures for maintaining the Newborn Record Logbook and Maternity Service Records, current editions (both available from the Medical Society of New Jersey, 2 Princess Road, Lawrenceville, New Jersey 08648);
- 4.2.9 Policies and procedures for completion of birth certificates;
- 4.2.10 Policies and procedures for the care of patients during labor and delivery. These shall include, but not be limited to, the following:
 - 4.2.10.1 Policies and procedures regarding administration of Rh immune globulin to Rh negative mothers who have met eligibility criteria, with documentation in the Maternity Service Records and the patient's medical record;
 - 4.2.10.2 Policies for the use of oxytocic agents for the induction or stimulation of labor, including a requirement that a physician with obstetrical privileges be available within the facility. A physician engaged in surgery on another patient within the facility shall not be considered available for the purposes of this standard;
 - 4.2.10.3 Assignment of a registered professional nurse to the labor, delivery, and recovery rooms, for each shift;
 - 4.2.10.4 Assignment of licensed nursing personnel so that no patient is without an assigned nurse;
 - 4.2.10.5 Aseptic surgical techniques;
 - 4.2.10.6 Safety techniques and attire required;
 - 4.2.10.7 Assignment of at least one licensed nurse and a physician to be present in the delivery room at the time of delivery. The registered professional nurse assigned to the labor and delivery suite may substitute for the licensed nurse if there is no other patient in the labor, delivery, and recovery rooms;

4.2.10.8

Assignment of a registered professional nurse or physician to the newborn resuscitation area of the delivery room if the newborn requires resuscitation. The registered professional nurse or physician shall have no other responsibilities until the newborn has left the newborn resuscitation area; and

4.2.10.9

Policies and procedures for the use of anesthesia;

4.2.11

Policies and procedures regarding parental contact with the newborn in the delivery room immediately after birth, and during the hospital stay. This shall include policies and procedures for cesarean births, premature, sick, congenitally malformed, and dying newborns, and their parents;

4.2.12

Policies and procedures for the postdelivery care of the newborn in the delivery room, including, but not limited to, the following:

4.2.12.1

Maintaining the newborn's airway, respiration, and body temperature;

4.2.12.2

Assessing the newborn and recording the one-minute and five-minute Apgar scores;

4.2.12.3

Performing prophylaxis against ophthalmia by instillation of a 1.0% solution of silver nitrate aqueous solution, erythromycin, or tetracycline ointment or solution, to be performed within one hour of delivery, with documentation entered in the newborn's medical record;

4.2.12.4

Clamping or tying of the umbilical cord, and collecting a sample of cord blood;

4.2.12.5

Performing Rh and Coombs' tests for every newborn born to an Rh negative mother or with a family history of blood incompatibility. If such a qualitative test is performed, the results shall be documented in the newborn's medical record; and

4.2.12.6

Prior to leaving the delivery room, a means of identification shall be used to identify each newborn with two identification bands fastened on the newborn and one identification band fastened on the mother, as specified in the policy and procedure manual;

4.2.13

Policies and procedures for newborn transport to the nursery, including, but not limited to, the following:

4.2.13.1

A heated bassinet equipped with oxygen, transport incubator, or similar device shall be available to transport the newborn from the delivery room; and

4.2.13.2

The newborn's medical record shall accompany him/her in transport from the delivery room;

4.2.14

Policies and procedures for the care of patients in the recovery room (or recovery area within the labor and delivery suite) to ensure that each postpartum patient is under the observation of a registered professional nurse for at least one hour following delivery, and a registered professional nurse observes and assesses the patient, and documents in the medical record the patient's vital signs, condition of the uterus, blood loss, and any complications, before transfer to the postpartum unit;

- 4.2.15 Policies and procedures for the care of patients in the postpartum unit, including, but not limited to, the following:
- 4.2.15.1 Assignment of licensed nursing personnel;
 - 4.2.15.2 Identification and management of postpartum complications;
 - 4.2.15.3 Laboratory procedures, if any, to be performed before discharge;
 - 4.2.15.4 Physical care, including care of the perineum and breasts, and ambulation;
 - 4.2.15.5 Policies and procedures regarding complete (24-hour) and modified rooming-in; *AND*
 - 4.2.15.6 Policies regarding length of stay, discharge planning, and early discharge (within 24-72 hours of delivery). A home visit by a public health nurse or certified nurse-midwife shall be provided, if requested by the patient;
- 4.2.16 Policies and procedures to ensure that every patient receives a physical examination before discharge;
- 4.2.17 Policies and procedures for the posthospital care or referral of patients, including, but not limited to, the following:
- 4.2.17.1 Identification of parents with potential difficulties in parenting; and
 - 4.2.17.2 Referrals to a licensed home health agency;
- 4.2.18 Policies and procedures for the instruction of patients during the postpartum phase in self-care (nutrition, rest, breast and perineal care, restoration of muscle tone, and physical fitness), newborn care, feeding including breast-feeding, parenting, accident prevention, and use of infant car safety restraints; and provision of information on family planning and pregnancy alternatives, if requested; and
- 4.2.19 Policies and procedures for the counseling and education of adolescents, including:
- 4.2.19.1 Counseling regarding opportunities to continue education, and referral to special educational programs for adolescent parents (when available);
 - 4.2.19.2 Counseling or referral regarding adjustment to pregnancy and parenthood; and
 - 4.2.19.3 Referral to social and legal services.

5.0

Obstetric Medical Records

5.1

The facility shall maintain a _____ medical record for each patient, in accordance with Section Seven of the Manual of Standards for Hospital Facilities (see N.J.A.C. 8:43B).

5.2

The _____ medical record shall include, but not be limited to, the following:

5.2.1

Patient identification data;

5.2.2

Name of the patient's physician;

5.2.3

A physician's signed and dated admission note, medical and surgical history and report of physical examination, completed within 24 hours of admission. Updating of the prenatal record fulfills this standard;

5.2.4

A completed Prenatal Record, i.e., Form MCH-13 of the Maternal and Child Health Program of the Department, pp. 1, 2, 2a, 3, and 3a, or another form that includes the same information, entered in the medical record prior to or at the time of admission;

5.2.5

_____ Reports of laboratory, radiological, and other tests done prior to admission. The following tests shall be performed if they have not been performed previously during the pregnancy:

5.2.5.1

Complete blood count, including smear and differential, with sickle cell preparation for high risk patients;

5.2.5.2

Dipstick urinalysis, including protein, sugar, and ketones;

5.2.5.3

Chest x-ray on specific indication;

5.2.5.4

Serologic test for syphilis;

5.2.5.5

Rubella titer or record of previous titer; and

5.2.5.6

Blood group and Rh determination. If Rh is negative, a record of antibody titer performed at 24-28 weeks of gestation and repeated at 32-36 weeks of gestation; and a notation as to whether Rh₀ (D) Immune Globulin (Human) was or was not indicated; if indicated, whether it was or was not administered;

5.2.6

Documentation of the course of labor, delivery, and the immediate postpartum period, at intervals specified in the policy and procedure manual, including, but not limited to:

- 5.2.6.1 Station;
- 5.2.6.2 Dilatation;
- 5.2.6.3 Effacement, and fetal presentation and position;
- 5.2.6.4 Height of fundus;
- 5.2.6.5 Location and condition of the cervix;
- 5.2.6.6 Pelvic assessment;
- 5.2.6.7 A record of maternal temperature, pulse, respiration, and blood pressure in the labor room; and a record of maternal blood pressure and pulse in the delivery room, and after delivery until the patient's condition is stable, as documented in the patient's medical record;
- 5.2.6.8 A record of maternal fluid intake and output;
- 5.2.6.9 A record of frequency, duration, and intensity of contractions; *AND*

- 5.2.6.10 A record of fetal heart status during the progress of labor, at intervals specified in the policy and procedure manual;
- 5.2.7 All orders for the patient, written, signed, and dated;
- 5.2.8 Documentation of the patient's vital signs, condition of the uterus, blood loss, and any complications, prior to transfer to the postpartum unit;
- 5.2.9 A nursing care plan;

- 5.2.10 Signed informed consents, as specified in the facility's policy and procedure manual;
- 5.2.11 An operative report, if surgery has been performed, recorded by the physician who performed the surgery, including a description of the technique used, surgical procedures, tissue removed or altered, sponge count, condition of the patient upon leaving the operating or delivery room, estimated blood loss, postoperative diagnosis, and the names of the physician-in-charge and assistants;
- 5.2.12 For patients receiving anesthesia:
- 5.2.12.1 A preanesthesia record, including at least drug history, anesthesia history, and potential anesthetic problems;

- 5.2.12.2 An anesthesia record, describing at least induction and maintenance of anesthesia, including volume, route of administration, patient's vital signs, duration of anesthesia, any complications of anesthesia or analgesia management, and drugs, intravenous fluids, blood, and/or blood components administered; and
- 5.2.12.3 A postanesthesia note by the anesthetist immediately after surgery, describing any postoperative abnormalities or complications and documenting the blood pressure, pulse, presence or absence of swallowing reflexes, cyanosis, and ability to move extremities;
- 5.2.13 Reports of accidents and incidents, if any;
- 5.2.14 A record of any treatment, medication, or service refused by the patient, including a physician's visit;
- 5.2.15 Documentation of any medication released to the patient upon discharge;
- 5.2.16 Progress notes by the physician;
- 5.2.17 Clinical notes;
- 5.2.18 A record of medications administered, including the name and strength of the drug, date and time of administration, dosage administered, method of administration, and signature and title (R.N. or L.P.N.) of the licensed nurse administering the drug;
- 5.2.19 Any referrals to outside resources;
- 5.2.20 A discharge summary; and
- 5.2.21 Page 4 of the Prenatal Record, Form MCH-13 of the Maternal and Child Health Program of the Department, or another form that includes the same information, included at the time of discharge.
- 5.3 During labor and delivery, the patient's medical record shall be in the room or labor and delivery suite.
- 5.4 All entries in the patient's medical record shall be typewritten or written in ink, legible, and dated and signed by the recording person. All typed reports shall include the dates of dictation and transcription and shall be signed by the person who dictated the report.
- 5.5 All medical records shall be preserved in accordance with N.J.S.A. 26:8-5 et seq.

5.6

Upon transfer of a patient to another health care facility, a copy, summary, or abstract of the patient's medical record shall be sent to the receiving facility with the written consent of the patient. In the event of denial of permission,

a copy of the written denial shall be kept in the patient's medical record at the facility. If the patient refuses to sign the denial of permission, a witnessed, written statement by a staff member to that effect shall be included in the patient's medical record.

5.7

If the facility ceases to operate, it shall notify the Department in writing at least 14 days before cessation of operation, regarding how and where medical records shall be stored.

Surgical Services

- 6.0
- 6.1 Policies and procedures for the obstetric surgical service shall include those for the obstetric and newborn services, in addition to the following:
 - 6.1.1 Policies and procedures to ensure that a cesarean section is performed only in an operating room or in a delivery room that meets the requirements for an operating room;
 - 6.1.2 A 24-hour schedule for all personnel required to perform and assist in surgery, available to the director of nursing, the nursing supervisor(s), and the charge nurse;
 - 6.1.3 Delineation of surgical and anesthesia privileges;
 - 6.1.4 Purposes and types of surgical procedures for which the delivery and operating rooms may be used;
 - 6.1.5 Definitions of major and minor surgery, and of who is qualified to act as first assistant in both categories of surgery. The first assistant in all major surgical procedures shall meet the requirements of the New Jersey State Board of Medical Examiners;
 - 6.1.6 Methods for taking and maintaining records of sponge counts;
 - 6.1.7 Policies and procedures regarding operating room apparel;
 - 6.1.8 Safety measures regarding anesthetic gases;
 - 6.1.9 Labeling and disposition of tissue removed during the procedure, including delivery to the pathologist, filing reports in the patient's medical record, and retention and storage in the facility of microscopic sections of tissue;
 - 6.1.10 Policies and procedures for the maintenance of a current record of surgical procedures which shall include the following information:
 - 6.1.10.1 Name and hospital identification number of the patient;
 - 6.1.10.2 Date and time of the procedure, and the number of the operating or delivery room where it was performed;
 - 6.1.10.3 Preoperative and postoperative diagnoses;
 - 6.1.10.4 Names of all physicians, assistant physicians, nurses, and surgical technicians;
 - 6.1.10.5 Surgical procedures performed and anesthetic agents used;
 - 6.1.10.6 Complications of surgery, if any; and
 - 6.1.10.7 Classification of each procedure for the purpose of infection control statistics.

- 6.2. At least one registered professional nurse shall function as a circulating nurse in the operating room.
- 6.3 A pediatrician shall be in the delivery room whenever a high risk delivery is being performed.
- 6.4 The physician-director of the obstetric surgical service or his or her designee shall be available to the surgical service, including the recovery room. (Available, in this instance, shall mean able to arrive in the facility within 30 minutes of being called.)
- 6.5 The physician-in-charge of the surgery, or an alternate, shall be available while the patient remains in the recovery room, and shall authorize the patient's transfer from the recovery room.

7.0 Staffing Requirements - Obstetric Services

7.1 The governing authority shall ensure that the following personnel are available to the obstetric service:

7.1.1 At least one obstetrician available in the facility at all times, or available by telephone and able to arrive on the obstetric service within 30 minutes of being called;

7.1.2 A pediatrician, available at all times or available by telephone and able to arrive in the facility within 30 minutes of being called; and

7.1.3 Medical and surgical specialists, available for consultation.

7.2 In addition to the responsibilities previously listed in these standards, the nursing supervisor of the obstetric service shall implement staffing patterns to ensure that antepartum and postpartum nursing care is provided as follows:

7.2.1 On the day shift, there shall be a ratio of one registered professional nurse to no more than ten patients;

7.2.2 On the evening shift, there shall be a ratio of one registered professional nurse to no more than 15 patients;

7.2.3 On the night shift, there shall be a ratio of one registered professional nurse to no more than 20 patients;

7.2.4 At least one registered professional nurse shall be assigned to the labor, delivery, and recovery rooms, for each shift;

7.2.5 The total number of licensed nursing personnel assigned to the labor, delivery, and recovery rooms on each shift shall equal not less than one-half the average number of deliveries per day for that facility based on quarterly data, to be calculated as follows: the total number of deliveries in a quarter divided by the number of calendar days in that quarter. One member of the nursing staff per shift shall be capable of acting as the circulating nurse for cesarean deliveries; and

7.2.6 In a facility that provides rooming-in and shared postpartum and nursery staffing, on each shift at least one registered professional nurse, shall be responsible for no more than five mothers and their newborns.

8.0. Newborn Services

- 8.1 The newborn service shall provide care which includes at least the following:
- 8.1.1 Capability of immediate resuscitation of the newborn (including short-term ventilation with laryngoscope, endotracheal tube, and bag-valve-mask), oxygen administration, intravenous therapy, temperature control, and infusion equipment;
- 8.1.2 Capability to maintain at least short-term newborn ventilation;
- 8.1.3 Laboratory, radiological, and blood bank services available at all times;
- 8.1.4 Care of newborns transferred from secondary and tertiary care services; and
- 8.1.5 A system of communication, consultation, and written agreements, or their equivalents, for secondary and tertiary newborn services.
- 8.2 Policies and procedures for the newborn service shall include those for the obstetric and newborn services, in addition to the following:
- 8.2.1 Criteria for the identification of high risk patients, as defined in the Prenatal Record, Form MCH-13 of the Maternal and Child Health Program of the Department, p. 2a; or another form that includes the same information, as specified in the current Standards and Recommendations for Hospital Care of Newborn Infants, American Academy of Pediatrics;
- 8.2.2 A current roster of physicians, with a delineation of their pediatric privileges. This roster shall be kept in each nursing unit on the newborn service;
- 8.2.3 An on-call schedule, established to ensure that a physician with pediatric privileges is available at all times. This roster shall be kept in each nursing unit on the newborn service;
- 8.2.4 Policies and procedures for the care of the newborn in the delivery room, as specified in standards 4.2.12 through 4.2.12.6;
- 8.2.5 Policies and procedures for the care of the newborn after delivery, including care of the skin and umbilical cord;
- 8.2.6 Policies and procedures for the admission/observation area, including, but not limited to, the following:
- 8.2.6.1 A registered professional nurse or a physician shall perform an assessment of the newborn in the admission/observation area, and shall document the assessment in the newborn's medical record; and

- 8.2.6.2 If the hospital has a policy that permits the newborn and mother to remain together in the recovery room, the newborn may be assessed in the recovery room;
- 8.2.7 A policy that a physician shall perform and document a physical examination of the newborn within 24 hours of birth or upon admission to the newborn nursery, and at least every three days thereafter while the newborn remains in the nursery;
- 8.2.8 Designation of the following, with provision of an infant warming device for each:
- 8.2.8.1 A resuscitation room or area, separate from or adjacent to the nursery, for resuscitation and stabilization of newborns immediately after birth;
- 8.2.8.2 A newborn nursery;
- 8.2.8.3 An admission/observation area, which may be a part of the newborn nursery or a separate nursery;
- 8.2.8.4 A growing nursery, which may be either a part of the newborn nursery or a separate nursery. Growing nursery, in this instance, shall mean an area for newborns and infants whose condition is stable and who are placed or remain in this area for the purpose of gaining weight prior to discharge; and
- 8.2.8.5 An isolation area, which shall be a separate room used for no other purpose. Based on the facility's policies and procedures, the facility may also make provisions for the isolation of newborns within the newborn nursery;
- 8.2.9 Procedures to ensure that every bassinet and incubator in the nursery bears the identification of the newborn to whom it is assigned. Identification shall include at least the newborn's last name, sex, date and time of birth, the mother's first and last names, and the physician's name. The means of identification shall not bear commercial advertising;
- 8.2.10 Provision of individual supplies and equipment for each newborn;
- 8.2.11 Policies and procedures for the preparation and use of formula, including, but not limited to, the following:
- 8.2.11.1 If formula preparation is necessary, formula shall be stored, prepared, and assembled in a clean area on the obstetric or newborn service;
- 8.2.11.2 Feeding units shall be distributed immediately after assembly;
- 8.2.11.3 Prepared formula shall be used within the time period designated on the package; and

8.2.11.4

Except in an emergency, as defined in the facility's policies and procedures, only presterilized formula shall be used;

8.2.12

Management of breast-feeding mothers and their newborns, in compliance with the current edition of the American Academy of Pediatrics' standards and recommendations for hospital care of newborn infants;

8.2.13

Policies and procedures for isolation of newborns, in accordance with standards 2.1.11.1 through 2.1.11.5 and the following:

8.2.13.1

A newborn born outside the facility or outside the labor and delivery suite or returning from another facility shall be isolated for at least 12 hours, alone or rooming-in with his/her mother, until the physician caring for the newborn and the physician-director order and document in the medical record his/her transfer to the newborn nursery; AND

8.2.13.2

A newborn or infant discharged to home and readmitted is isolated until the physician caring for the newborn or infant or the physician-director order and document in the medical record his/her transfer to the newborn nursery;

8.2.14

Policies and procedures for infection control, including, but not limited to, the following:

8.2.14.1

In the event of an epidemic as determined by the medical staff and the Department, control measures, including closing of the nursery if indicated, shall be instituted immediately;

8.2.14.2

A newborn shall be assigned to a clean incubator or bassinet at least every seven days;

8.2.14.3

If newborns are weighed on a common scale, an impervious cover that completely covers the surface of the scale pan shall be used and changed after each newborn is weighed; and

8.2.14.4

Provisions for gowning in the isolation area and isolation nursery;

8.2.15

Policies and procedures for screening newborns for high risk factors associated with hearing impairment, in accordance with N.J.S.A. 26:2-101 et seq. A registered professional nurse shall screen the newborn using the Newborn Hearing Screening Report Form of the New Jersey Hearing Evaluation Council and the Maternal and Child Health Program of the Department. The facility shall send copies of the Newborn Hearing Screening Report Form for all newborns, on a monthly basis, to the Maternal and Child Health Program of the Department;

- 8.2.16 Policies and procedures for the early detection of biochemical disorders in newborn infants pursuant to N.J.S.A. 26:2-110 through 112, to include, but not be limited to, the following:
- 8.2.16.1 Collection of blood specimens from newborn infants on collection kits provided by the Department;
 - 8.2.16.2 Collection of blood specimens 24 hours after the newborn infant's first feeding or 48 hours after the newborn infant's birth or upon the newborn infant's discharge from the facility, whichever comes first;
 - 8.2.16.3 Development of a system within the facility for the submission of blood specimens to arrive at the Department's laboratory no later than 96 hours after the newborn infant's birth;
 - 8.2.16.4 Designation of a staff member(s) to be responsible for receiving verbal and written positive screening test results and documenting the results in the newborn infant's medical record; and
 - 8.2.16.5 Provision of written information, provided by the Department and/or the facility, to all parents and physicians regarding the testing of biochemical disorders and the possibility of incorrect screening test results if the blood specimen is not collected in accordance with standard 8.2.16.2 above, because the infant is discharged from the facility;
- 8.2.17 Policies and procedures for reporting to the Department all congenital defects, in accordance with N.J.S.A. 9:13-5;
- 8.2.18 Policies and procedures for housekeeping, including, but not limited to, the following:
- 8.2.18.1 Scales and equipment in the nursery shall be washed or dusted with a clean damp duster at least daily;
 - 8.2.18.2 Floors in the nursery shall be wet-mopped with a disinfectant at least daily;
 - 8.2.18.3 Walls and ceilings in the nursery shall be washed with disinfectant at least monthly;
 - 8.2.18.4 Housekeeping procedures shall be performed when newborns are out of the nursery. Ventilation rates shall be in compliance with (HRA) 79-14500 during the cleaning process; and

- 8.2.18.5 An incubator or bassinet shall be cleaned with detergent and disinfectant registered by the U.S. Environmental Protection Agency, each time a newborn occupying it is discharged. If the bassinet or incubator is stored for over 72 hours, it shall be cleaned again prior to reuse; and
- 8.2.19 Policies and procedures for laundry and linens, including, but not limited to, the following:
- 8.2.19.1 The nursery linen supply retained in the facility shall be at least five times the census, so that at least three sets of clean linens are stored at each infant care station;
- 8.2.19.2 The selection and use of laundering agents; and
- 8.2.19.3 A policy that aniline oil (aminobenzene) or oil of mirbane (nitrobenzene) or other benzene derivatives shall not be used to stamp or mark any linens, clothing, or other items used in newborn care.
- 8.3 Each nursery shall have no more than 20 infant care stations.

9.0

Newborn Medical Records

9.1

The facility shall maintain a medical record for each newborn, in accordance with these standards. The newborn's medical record shall include, but not be limited to:

9.1.1

A summary of the mother's obstetric history;

9.1.2

A summary of labor and delivery, including: anesthesia, analgesia, and medications given to the mother; reasons for induction of labor and operative procedures (if performed); condition of the newborn at birth, including the one- and five-minute Apgar scores or the equivalent, time of sustained respirations, details of any physical abnormalities, and any pathological states observed and treatment given before transfer to the nursery; any abnormalities of the placenta and cord vessels; date and hour of birth; birth weight and length; length of gestation; and procedures performed in the delivery room, including verification of eye prophylaxis. This summary shall be signed by the mother's physician according to the policies and procedures of the facility;

9.1.3

The newborn's identification, as specified in the policy and procedure manual;

9.1.4

A record of newborn assessment, performed by a physician or registered professional nurse upon the newborn's admission to the newborn nursery;

9.1.5

A nursing care plan;

9.1.6

A record of the initial physical examination, dated and signed by a physician; and

9.1.7

A physical examination on discharge or transfer to another facility, including head circumference and body length (unless previously measured), signed by a physician.

10.0

Staffing Requirements - Newborn Services

10.1

The governing authority shall ensure that at least one pediatrician is available at all times in the facility, or by telephone and able to arrive in the facility within 30 minutes of being called.

10.2

In addition to the responsibilities listed previously in these standards, the nursing supervisor of the newborn service shall ensure that nursing staffing patterns shall be implemented as follows:

10.2.1

In the admission/observation area, there is a ratio of one licensed nurse to no more than four newborns, in addition to at least one registered professional nurse, for each shift;

10.2.2

In the newborn nursery, separate from the admission/observation area, there is a ratio of one licensed nurse to no more than six newborns, in addition to at least one registered professional nurse, for each shift; and

10.2.3

The number of licensed practical nurses shall not exceed the number of registered professional nurses on any shift.

11.0

Birth Room

11.1

If the facility provides a birthing room(s), the birthing room(s) shall be located within, or adjacent and with direct access to, the labor and delivery suite. Each birthing room shall contain at least the following:

11.1.1

A bed or chair to be used for labor, delivery, and recovery.
A means of transport shall be provided from the birthing room to the delivery room, if transfer is required;

11.1.2

Means for the patient to observe her delivery; and

11.1.3

Furniture and other objects to create a homelike atmosphere.

11.2

Carpeting shall be prohibited in the birthing room.

11.3

There shall be a lounge for family and friends accessible to the birthing room. (This may be shared with the labor and delivery suite.)

11.4

Policies and procedures for the birthing room shall include those for the obstetric and newborn services, in addition to the following:

11.4.1

A statement of the philosophy, goals, and objectives for the use of the birthing room;

11.4.2

Criteria for eligibility to use the birthing room, including, but not limited to, requirements concerning attendance at prenatal and childbirth classes;

11.4.3

A definition of high risk conditions which disqualify patients from using the birthing room;

11.4.4

Policies and procedures for care in the birthing room, including, but not limited to, the following:

- 11.4.4.1 Definition of vital signs, the intervals at which they shall be taken, and requirements for documentation;
- 11.4.4.2 Observation, monitoring, and assessment of the patient by a registered professional nurse, or certified nurse-midwife, or physician; and
- 11.4.4.3 A policy that the patient have a choice of position for delivery, unless contraindicated by the physician or certified nurse-midwife;
- 11.4.5 A list of equipment and supplies to be kept in the birthing room, including intravenous fluids and equipment for their administration, and medications, including oxytocics and epinephrine;
- 11.4.6 Policies and procedures regarding the types of analgesia and anesthesia to be used in the birthing room;
- 11.4.7 Specification of conditions of labor or delivery requiring transfer of the patient from the birthing room to the delivery room;
- 11.4.8 Specification of conditions in the newborn requiring transfer to the nursery;
- 11.4.9 Policies and procedures for the transfer of the mother to the postpartum unit, including, but not limited to, the following:
 - 11.4.9.1 Conditions requiring transfer; and
 - 11.4.9.2 A policy concerning whether the mother is transferred to the postpartum unit, or discharged from the birthing room to home;
- 11.4.10 Policies and procedures regarding patient discharge, including, but not limited to, the following:
 - 11.4.10.1 Criteria for discharge of the mother and newborn; and

- 11.4.10.1 Procedures preceding discharge for mother and newborn;
- 11.4.11 Policies and procedures regarding referral for the following service for postdischarge follow-up care of mother and newborn when discharged within 36 hours after birth:
 - 11.4.11.1 At least one home visit by a public health nurse or certified nurse-midwife;
 - 11.4.12 Policies and procedures for the completion of medical records;
 - 11.4.13 In the event that the patient is transferred to the delivery room or operating room, a policy regarding the presence of the father or chosen companion in the delivery room or operating room;
 - 11.4.14 Policies and procedures regarding visitors, including the number of visitors allowed in the birthing room, their relationship to the mother, and the presence of the newborn's siblings;
 - 11.4.15 Policies and procedures for infection control, including, but not limited to, the following:
 - 11.4.15.1 Gowning and attire to be worn by persons in the birthing room, upon leaving it, and upon returning.
- 11.5 The facility shall designate a coordinator of the birthing room program, who shall be either a registered professional nurse or a certified nurse-midwife.

- 12.0 Criteria for Admitting Nonobstetric Patients to the Obstetric and Newborn Services
- 12.1 A facility seeking approval to mix obstetric and nonobstetric patients in the obstetric and newborn services shall request permission in writing from the Department. Such a written request shall be submitted to:
- Director of Licensing, Certification
and Standards
Division of Health Facilities Evaluation
New Jersey State Department of Health
CN 367
Trenton, NJ 08625
- 12.2 The written request shall include a narrative justifying the continuation of the facility's obstetric service and the admission of nonobstetric patients to the obstetric and newborn services.
- 12.3 The facility shall establish a committee, or its equivalent, for the mixing of obstetric and nonobstetric patients in the obstetric and newborn services. The committee, or its equivalent, shall consist of at least the physician-directors of the obstetric and newborn services, the nursing supervisor of the obstetric and newborn services, and the administrator or his/her designee. A representative of the Infection Control Committee, or its equivalent, shall be available for consultation.
- 12.4 The committee, or its equivalent, shall establish and implement policies and procedures for mixing nonobstetric patients with obstetric patients. These policies and procedures shall be reviewed as specified in the facility's policies and procedures. Such policies and procedures shall include, but not be limited to, the following:
- 12.4.1 Criteria for the admission of patients, in conformity with these standards and ensuring that a nonobstetric female patient:
- 12.4.1.1 Is not admitted to the obstetric service if an obstetric patient would thereby be excluded;
 - 12.4.1.2 Is admitted to the obstetric service only if the number of empty beds available for obstetric patients exceeds the average number of deliveries per day for the facility based on data in the quarterly reports;
 - 12.4.1.3 Does not share a room with an obstetric patient;
 - 12.4.1.4 Is free of infection;
 - 12.4.1.5 Is not suffering from substance abuse or misuse and is not mentally ill;

- 12.4.1.6 If requiring surgery, the type(s) of surgery has been approved by the committee, or its equivalent; and
- 12.4.1.7 Is admitted to the obstetric service only if approved by the physician-director of the obstetric service and with physician's written orders in accordance with the admission criteria established by the committee, or its equivalent, on the mixing of obstetric and nonobstetric patients.
- 12.4.2 Restrictions to the admission and retention of nonobstetric patients, to ensure that a nonobstetric patient is not admitted to or retained in the obstetric and newborn services if the patient:
- 12.4.2.1 Exhibits signs of morbidity;
- 12.4.2.2 Morbidity in a nonobstetric patient shall mean a temperature of 100.4°F. or higher on any two successive days of the first ten postoperative days, exclusive of the first 24 hours following surgery;
- 12.4.2.3 Has any sign of infection, including infection discovered at the time of surgery;
- 12.4.2.4 Has a diagnosed malignancy;
- 12.4.2.5 Requires a hemorrhoidectomy or other bowel surgery; and
- 12.4.2.6 Received antibiotics other than prophylactic antibiotics or was admitted to a hospital during the two-week period prior to admission;
- 12.4.3 Policies regarding restrictions to the use of antibiotics to ensure that they are administered only in one or more of the following situations:
- 12.4.3.1 Local application of antibiotics such as bladder irrigation or local vaginal preparation;
- 12.4.3.2 Preoperative sterilization of the bowel when negligible amounts of the antibiotic will be absorbed from the gastrointestinal tract;
- 12.4.3.3 Administration of perioperative prophylactic antibiotics in a patient undergoing surgery. Such antibiotics shall not be administered more than six hours prior to surgery nor continued for more than 72 hours following surgery; and
- 12.4.3.4 Administration of antibiotics if a patient requires an indwelling catheter or develops a urinary tract infection, as proven by a positive urinalysis of more than 10 WBC/HPF prior to the administration of the drug. If the urinalysis shows less than 10 WBC/HPF, administration of the drug shall be justified by a physician in the patient's medical record and approved by the physician-director of the obstetric service;

- 12.4.4 Procedures for visitors, to ensure that the same visiting privileges apply to both obstetric and nonobstetric patients;
- 12.4.5 Staffing patterns, to ensure that nursing personnel from other services are not assigned to the obstetric and newborn services during the same tour of duty;
- 12.4.6 A policy that if surgery is required for nonobstetric patients, it shall be performed in the operating room;
- 12.4.7 Procedures for temperature readings. Oral temperature readings shall be taken at least four times a day on all nonobstetric patients;
- 12.4.8 Written protocols for the culture(s) of nonobstetric patients, including the type of culture(s), when it/they shall be performed, and under what circumstances; and
- 12.4.9 Policies and procedures for medical records and collection of data, including:
- 12.4.9.1 A policy that the medical record of each nonobstetric patient admitted to the obstetric service include a completed Admission Check-Sheet and Questionnaire form of the Department, or its equivalent;
- 12.4.9.2 Review of the medical record of each patient transferred from the mixed obstetric service, including the reason for transfer and the organisms found in the culture(s) of any patient transferred because of morbidity or infection;
- 12.4.9.3 Review of the medical record of each obstetric patient and newborn or infant with morbidity, including the causes of morbidity and the reasons for and results of cultures; and
- 12.4.9.4 Maintenance of a logbook for nonobstetric patients admitted to the obstetric service, including, but not limited to, the following information: patient's name, age, date of admission, date of discharge, date of surgery, if performed, length of hospital stay, admission diagnosis, discharge diagnosis, type(s) of surgery performed, whether major or minor surgery, major or minor associated procedures (incidental appendectomy not included), morbidity and cause, transfer or discharge (use T or D), reason for transfer, hospital day of transfer, postoperative day of transfer, and surgeon's name.

13.0

Definitions and/or Qualifications

13.1

Adolescent shall mean a person in the period of life extending from puberty to the legal age of majority (18 in New Jersey).

13.2

Anesthesiologist shall mean a physician who is a member of the facility's medical staff, and who is certified or eligible for certification by the American Board of Anesthesiology, Inc., or who has been granted privileges by the facility to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.

13.3

Anesthetist shall mean an anesthesiologist, a certified registered nurse anesthetist, or a physician who has been granted privileges by the facility to administer anesthesia.

13.4

Antepartum shall mean the period of time extending from conception until the onset of labor.

13.5

Available shall mean ready for immediate use (pertaining to equipment), or capable of being reached (pertaining to personnel), unless otherwise defined in the text.

13.6

Bassinet shall mean a crib used for a newborn.

13.7

Care Plan shall mean a written plan documenting an assessment of the individual patient, goals, and care and treatment to be provided for each service the patient receives.

13.8

Certified Nurse-Midwife shall mean a person who is licensed to practice nurse-midwifery by the New Jersey State Board of Medical Examiners.

13.9

Certified Registered Nurse Anesthetist (CRNA) shall mean a registered professional nurse who has graduated from a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor, is certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists, and has training and experience in obstetric and neonatal anesthesiology and resuscitation as specified in the facility's policy and procedure manual(s).

13.10

Charge Nurse (Head Nurse) shall mean a registered professional nurse who has at least 12 months of full-time, or full-time equivalent, nursing experience in a health care facility and three months of full-time, or full-time equivalent, experience in an obstetric and newborn service.

- 13.11 Cleaning shall mean the removal by scrubbing and washing, as with hot water, soap or detergent, and vacuuming, of infectious agents and of organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.
- 13.12 Clinical Note shall mean a written, signed, and dated notation by each member of the health care team who renders a service to the patient, including a description of signs and symptoms, treatments and/or medications given, the patient's reaction, and any changes in physical or emotional condition. Clinical notes are written into the patient's medical record the day service is rendered.
- 13.13 Communicable shall mean relating to a specific infectious agent or its toxic products and occurring through transmission of that agent or its products from a reservoir to a susceptible host.
- 13.14 Conspicuously Posted shall mean placed at a location accessible to and seen by patients and the public.
- 13.15 Current shall mean up-to-date, extending to the present time.
- 13.16 Department shall mean the New Jersey State Department of Health.
- 13.17 Dietitian (Dietary Consultant) shall mean a person who:
- 13.17.1 Is registered or eligible for registration by the Commission of Dietetic Registration of the American Dietetic Association; or
- 13.17.2 Has a bachelor's degree from a college or university with a major in foods, nutrition, food service or institution management, or the equivalent course work for a major in the subject area; and has completed a dietetic internship accredited by the American Dietetic Association or a dietetic traineeship approved by the American Dietetic Association; or has one year of full-time, or full-time equivalent, experience in nutrition and/or food service management in a health care facility; or
- 13.17.3 Has a master's degree plus six months of full-time, or full-time equivalent, experience in nutrition and/or food service management in a health care facility; and

- 13.17.4 Participates annually in continuing dietary education.
- 13.18 Discharge Summary shall mean a written summary prepared by each service rendering care to the patient, and including treatment provided and results, reason for discharge, preparation of the patient for discharge, and continuity of care.
- 13.19 Documented shall mean a signed and dated notation or statement.
- 13.20 Epidemic shall mean the occurrence or outbreak in the facility of one or more cases of an illness in excess of normal expectancy for that illness, and derived from a common or propagated source.
- 13.21 Full-Time shall mean a time period established as a full working week by the facility, as defined in its policy and procedure manual.
- 13.22 Governing Authority shall mean the organization, person, or persons designated to assume full legal responsibility for the determination of policy, management, operation, and financial viability of the facility.
- 13.23 Health Care Facility shall mean a facility so defined in Chapters 136 and 138, P.L. 1971, Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., and amendments thereto.
- 13.24 Incubator (Isolette) shall mean an apparatus for maintaining a newborn infant in a controlled environment.
- 13.25 Infant shall mean a child in the first twelve months of life.
- 13.26 Infant Care Station shall mean the equipment designated for the exclusive use of the newborn to whom it is assigned, and shall include an individual bassinet or incubator and at least a supply of clothing, bed pads, sheets, blankets, diapers, and a thermometer.
- 13.27 Intrapartum shall mean the period of time extending from the onset of labor through the delivery of the placenta and membranes.

- 13.28 Job Description shall mean a written list developed for each position in the facility, containing the qualifications, duties and responsibilities, and accountability required of personnel in that position.
- 13.29 Licensed Nursing Personnel (Licensed Nurse) shall mean registered professional nurses or practical (vocational) nurses licensed by the New Jersey State Board of Nursing.
- 13.30 Licensed Practical Nurse shall mean a person who is so licensed by the New Jersey State Board of Nursing.
- 13.31 Medication shall mean a drug or medicine as defined by the New Jersey State Board of Pharmacy.
- 13.32 Monitor shall mean to directly observe, watch, or check.
- 13.33 Newborn shall mean a liveborn infant during the first 27 days, 23 hours, and 59 minutes of life.
- 13.34 Nosocomial Infection shall mean an infection acquired by a patient while in the facility.
- 13.35 Nursing Supervisor shall mean a registered professional nurse who has at least 12 months of full-time, or full-time equivalent, experience in nursing and 12 months of full-time, or full-time equivalent, experience in administration in the obstetric service (for the obstetric nursing supervisor) or in the newborn service (for the newborn nursing supervisor).
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- 13.36 Obstetrician shall mean a physician who is a member of the facility's medical staff, and who is certified or eligible for certification by the American Board of Obstetrics and Gynecology, Inc., or who has been granted privileges by the facility to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 13.37 Obstetric Patient shall mean any woman who is pregnant, parturient, or recovering from parturition. (A patient delivering a fetus weighing less than 500 grams is considered a nonobstetric patient.)
- 13.38 Pediatrician shall mean a physician who is a member of the facility's medical staff, and who is certified or eligible for certification by the American Board of Pediatrics, Inc., or who has been granted privileges by the facility to provide services equal to or greater than those provided by a Board-certified or Board-eligible physician.
- 13.39 Physician shall mean a person who is licensed or authorized by the New Jersey State Board of Medical Examiners to practice medicine in the State of New Jersey.

- 13.40 Physician-Director shall mean a physician who is a member of the facility's medical staff. The physician-director of the obstetric service shall be an obstetrician. The physician-director of the newborn service shall be a pediatrician.
- 13.41 Postpartum shall mean occurring after childbirth (i.e., after delivery of the placenta and membranes).
- 13.42 Public Health Nurse shall mean a person licensed as a registered professional nurse, who has completed a baccalaureate degree program approved by the National League for Nursing for public health nursing preparation or postbaccalaureate study which includes content approved by the National League for Nursing for public health nursing preparation.
- 13.43 Registered Professional Nurse shall mean a person who is so licensed by the New Jersey State Board of Nursing.
- 13.44 Rooming-in shall mean an arrangement which allows the mother and her newborn to be cared for together in the same room.
- 13.45 Secondary Care shall mean care delivered by referral to a specialist or subspecialist by the primary care source. This may include ambulatory or inpatient care.
- 13.46 Shift shall mean a period of time established as a full working day, as defined in the hospital policy and procedure manual.
- 13.47 Signature shall mean the full name and title of a person legibly written with his/her own hand.
- 13.48 Social Work Designee shall mean a person with a bachelor's degree in psychology, sociology, or another field related to social work, and at least one year of full-time, or full-time equivalent, social work experience in a health care facility under the supervision of a social worker.
- 13.49 Social Worker shall mean a person who has a master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education, and at least one year of full-time, or full-time equivalent, social work experience in a health care facility.
- 13.50 Staff Education Plan shall mean a written plan developed at least annually and implemented throughout the year, which describes a coordinated program for staff education for the obstetric and newborn service, including inservice programs and education, staff development, on-the-job training, and continuing education, and the intervals and times at which these shall be given. Each employee shall receive education to develop skills and increase knowledge so as to improve patient care. Inviting speakers to the facility, or occasional attendance by staff at programs or conventions, does not solely constitute an acceptable staff education plan.

13.51

Staff Orientation Plan shall mean a written plan for the orientation of each new employee to the duties and responsibilities of the service to which he/she has been assigned, as well as to the personnel policies of the hospital. Orientation for each new employee shall be provided prior to or within one week of employment.

13.52

Sterilization shall mean a process of destroying all microorganisms, including those bearing spores, in and around an object.

13.53

Tertiary Care shall mean specialized inpatient care.