

10:128-10.15 Comprehensive health plan for pregnant adolescents

(a) The home shall ensure that all pregnant adolescents receive comprehensive prenatal care including, but not limited to:

1. Monthly visits to an obstetrician or certified nurse mid-wife during the first 28 weeks of gestation;
2. Biweekly visits to an obstetrician or certified nurse mid-wife from the 29th to 36th week of gestation;
3. Weekly visits to an obstetrician or certified nurse mid-wife from the 36th week of gestation until delivery;
4. Child birth classes provided by a registered nurse or child birth educator; and
5. A postpartum visit within six weeks of delivery.

(b) The home shall ensure that pregnant adolescents make up missed medical appointments.

(c) The home shall refer all pregnant adolescents to the Supplemental Feeding Program for Women, Infants and Children (WIC) or other equivalent program and make necessary follow-up, or document that the pregnant adolescent was ineligible for WIC or other equivalent program.

(d) The home shall ensure that arrangements for the birth of the infant are made by the end of the first trimester. If the adolescent enters the home after the first trimester, the home shall ensure that arrangements for delivery are made by the second prenatal visit.

1. The home shall ensure that a system is established to provide background medical information on the pregnant adolescent to the hospital identified for delivery or at the birthing center identified for delivery.
2. The home shall document that delivery arrangements have been made by recording the name and address of the selected hospital or birthing center in:
 - i. The adolescent's record; or
 - ii. As part of the administrative record.

(e) The home shall ensure that a staff member or volunteer accompanies the adolescent to the hospital or birthing center when she is ready to deliver and that the staff member or volunteer remains with the adolescent until health care personnel are assigned to her.

(f) The home shall arrange for pregnant adolescents to receive a dental examination within three months of admission and every six months thereafter.

10:128-10.16 Comprehensive health plan for infants

(a) The home shall ensure that infants were referred to the Supplemental Feeding Program for Women, Infants and Children (WIC) or other equivalent program and take necessary

follow-up, or document that the infant was ineligible for WIC or other equivalent program.

(b) Unless contraindicated by the physician, the home shall ensure that the adolescent mothers adhere to the following schedule in obtaining health care for infants:

1. At age one month, the infant receives:
 - i. A physical examination including height, weight, temperature check, and measurement of head and chest circumference;
 - ii. A check for PKU, if indicated (may be completed prior to the infant's discharge from the hospital);
 - iii. A check for hypothyroidism, if indicated (may be completed prior to the infant's discharge from the hospital);
 - iv. A check for galactosemia, if indicated (may be completed prior to the infant's discharge from the hospital);
 - v. A check for sickle cell disease, if indicated (may be completed prior to the infant's discharge from the hospital); and
 - vi. A check for other hemoglobinopathies, if indicated (may be completed prior to the infant's discharge from the hospital);
2. Between two and two and one-half months of age, the infant receives a physical examination;
3. Between three and one-half and four months, the infant receives a physical examination;
4. Between five and six months, the infant receives:
 - i. A physical examination; and
 - ii. A developmental assessment;
5. Between eight and nine months, the infant receives:
 - i. A physical examination;
 - ii. A hemoglobin test; and
 - iii. A sickle cell screening, if indicated;
6. Between 11 and 12 months, the infant receives:
 - i. A physical examination;
 - ii. A developmental assessment; and
 - iii. A tuberculin test;
7. At 15 months, the infant receives a physical examination;
8. At 18 months, the infant receives a physical examination;
9. At 24 months and annually thereafter (until age five), the infant receives:

- i. A physical examination;
- ii. A developmental assessment;
- iii. A hemoglobin test;
- iv. Urinalysis, and a tuberculin test if indicated; and

10. At 36 months and semi-annually thereafter, a dental examination.

(c) Unless contraindicated by the physician, the home shall ensure that all infants, toddlers and children receive the following childhood immunizations and boosters within the established age ranges as recommended by the Center for Disease Control's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP):

1. Diphtheria, Tetanus, Pertussis (DPT) or Diphtheria and Tetanus Toxoids and acellular Pertussis (DTaP) Vaccine;
2. Inactivated Poliovirus Vaccine (IPV) or All-Oral Poliovirus Vaccine (OPV);
3. Measles-Mumps-Rubella Vaccine (MMR);
4. Haemophilus influenzae type b (hib) vaccine;
5. Hepatitis B Vaccine; and
6. Varicella Virus Vaccine.

(d) The home shall ensure that the adolescent mother has her child's sight and hearing tested when she takes a child over three and one-half years of age for a medical examination. This testing shall be repeated for children ages four and five years old who remain in the home.

10:128-10.17 Comprehensive health care for adolescent mothers who are not pregnant

(a) The home shall ensure that all adolescent mothers who are not pregnant and who have not had a health examination within 30 days prior to admission, receive a comprehensive health examination within 72 hours of admission to the home. This comprehensive health examination shall include, but not limited to, an assessment of:

1. Height and weight;
2. Blood count;
3. Urinalysis;
4. Vision;
5. Hearing; and
6. Gynecological exam.

(b) The home shall arrange for follow-up medical care recommended as part of the comprehensive health examination.

(c) The home shall ensure that adolescent mothers receive a dental examination within three months of admission and every six months thereafter.

10:128-10.18 Care of sick infants

(a) When an infant at the home has any illness or symptom of illness including, but not limited to, those specified below, the home shall ensure that the adolescent mother or staff contacts a licensed physician:

1. Severe pain or discomfort;
2. Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change to a looser consistency within a period of 24 hours, or bloody diarrhea;
3. Two or more episodes of acute vomiting within a period of 24 hours;
4. Elevated oral temperature of 101.5 degrees Fahrenheit or over or axillary temperature of 100.5 degrees Fahrenheit or over in conjunction with behavior changes;
5. Lethargy that is more than expected tiredness;
6. Yellow eyes or jaundiced skin;
7. Red eyes with discharge;
8. Infected, untreated skin patches;
9. Difficult or rapid breathing or severe coughing;
10. Skin rashes in conjunction with fever or behavior changes;
11. Weeping or bleeding skin lesions that have not been treated by a health care provider;
12. Mouth sores with drooling; or
13. Stiff neck.

(b) The home shall follow the physician's advice about whether to permit the infant who is ill to have contact with other infants.

Amended by R.2006 d.433, effective December 18, 2006.
See: 38 N.J.R. 2610(a), 38 N.J.R. 5362(b).

In the introductory paragraph of (a), inserted a comma following "including" and "to"; in (a)2, inserted "or bloody diarrhea"; rewrote (a)5; in (a)9, inserted "or severe coughing"; in (a)10, substituted "in conjunction with fever or behavior changes" for "excluding diaper rash, lasting more than one day"; in (a)11, substituted "health care provider" for "physician or nurse"; rewrote (a)12; deleted (a)13; recodified former (a)14 as new (a)13; in (a)13, substituted a period for "or" at the end; and deleted a(15).

10:128-10.19 General medical practices

(a) The home shall ensure that any medical, dental, psychological or psychiatric treatment or medication administered to an adolescent is explained to the adolescent.