

# MEMORANDUM

CITY OF PHILADELPHIA

TO : Barbara W. Mather, City Solicitor

FROM : Joseph Paglia, Deputy Records Commissioner

SUBJECT: NEW "BIRTH CENTER" REGULATIONS AND  
AMENDMENT OF MATERNITY AND NEWBORN SERVICES REGULATIONS

DATE 10/15/85

*Joseph Paglia*

The above regulations, promulgated by the Health Department, were received in the Department of Records on September 11, 1985, for filing and advertising.

Inasmuch as there were no requests for hearings, these regulations became effective midnight, October 11, 1985.

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cc: Stuart H. Shapiro, M.D., Health Commissioner  
Harriet Williams, Special Asst. to Health Commissioner

## BIRTH CENTER REGULATIONS

### I. Definitions

- A. "Birth Center" - a type of facility not part of a hospital, which is part of a house, building or equivalent, providing maternity care to childbearing families not requiring hospitalization, which is organized and staffed to provide a homelike atmosphere for prenatal, labor, postpartum and newborn care related to medically uncomplicated pregnancies of low-risk individuals.
- B. "Birthing Room" - a room designed, equipped, and arranged to provide for the care of a woman and newborn and which shall include accommodations for support persons during the process of vaginal childbirth.
- C. "Certified Nurse Midwife" - a nurse whose primary function, with qualified medical direction, is the care and management of the woman throughout the medically uncomplicated reproductive cycle, care of the newborn infant and the provision of family planning service. A nurse midwife must be currently licensed by the State Board of Medical Education and Licensure.
- D. "Department" - Philadelphia Department of Public Health.
- E. "Full Term Infant" - any infant known to be delivered after 37 or more completed weeks gestation.
- F. "Live Birth" - the complete expulsion or extraction from its mother of a product of conception irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered liveborn.

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G. "Low Birth Weight Infant" - any infant weighing less than 2500 grams (five pounds, eight ounces) at birth, regardless of the length of gestation.

H. "Low Risk Individual" - an individual who:

1. Is in general good health with uncomplicated prenatal course, has no major medical problems, is participating in ongoing prenatal care, and is participating in an appropriate education program.
2. Has no previous significant obstetrical complications likely to recur, nor previous uterine wall surgery or Caesarean Section, and has parity under Gravida VI unless justification for a variation is documented by clinical staff.
3. Is not more than 36 years of age nor less than 16 years of age.
4. Is absent of significant signs and/or symptoms of hypertension, toxemia, hydramnios, abruptio placenta, chorioamnionitis, malformed fetus, multiple gestation, intrauterine growth retardation, fetal meconium, fetal distress, alcoholism, drug addiction, Rh incompatibility, or diabetes.
5. Is in labor, progressing normally, without prolonged ruptured membranes, while in active labor, demonstrates no significant signs and/or symptoms of the following:
  - a. Anemia
  - b. Active herpes genitalis
  - c. Significant hypertension
  - d. Placenta praevia
  - e. Malpositioned fetus
  - f. Breech
6. Is in labor which is appropriate for a setting where analgesia is limited and where anesthesia is limited to local infiltration of the perineum or a pudendal block.

- I. "Newborn Infant" - all infants less than 28 days of age or weighing less than 2500 grams.
- J. "Physician Director" - licensed physician certified as an obstetrician who is responsible for providing obstetrical back up for other physicians and nurse midwives.
- K. "Support Person" - husband, father of baby or other individual designated by the patient to be present during labor.

II. General Regulations

- A. Compliance with Related Laws. Each Birth Center shall comply with all applicable City ordinances and regulations in addition to all State and Federal laws and regulations relating thereto.
- B. Certification. Each Birth Center shall certify to the Department that it is in compliance with said applicable City ordinances and regulations.
- C. Approval of Plans. Birth Centers shall, before being constructed, file with the Department complete floor plans. The Department shall approve in advance any changes in use, alteration or any new construction relating to all Birth Centers in the City of Philadelphia.
- D. Availability of Regulations. A copy of these regulations shall be kept in each Birth Center.
- E. Policies and Procedures. Each Birth Center shall develop and have available current policies and procedures for the conduct of the Birth Center. Written policies and procedures for the Birth Centers shall be maintained and made available to medical and nursing staff members. They shall be reviewed

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by the medical staff, revised as necessary, and dated to indicate the time of last review.

1. Technic. All procedures shall be carried out in a way that will minimize possibilities of contamination and cross-infection.
2. Spontaneous Delivery. Each Birth Center shall have procedures to ensure that spontaneous deliveries of patients in the final stages of labor shall not be delayed.
3. Intervention. Each Birth Center shall develop procedures for intervention in cases of maternal, fetal or neonatal distress.
4. Orientation. Each Birth Center shall have procedures for orienting new parents in newborn care and hygiene.
5. Transfer. Each Birth Center shall have promulgated policies & procedures for transferring patients to back-up hospitals.
6. Breast Feeding. Each Birth Center shall develop policies to encourage mothers who choose to breast feed their infants to breast feed as soon after delivery as possible. Flexible feeding schedules shall be encouraged.

F. Personnel of Birth Center Giving Care to Patients. At all times when a patient is present in the Birth Center, a certified nurse midwife or some other person designated by the nurse midwife must be in attendance. The nurse midwife must be present at least until after the immediate postpartum period and until the mother and baby are stable.

G. Health Evaluation of Employed Personnel. All employed personnel assigned to the Birth Center shall have a pre-employment health evaluation, including a tuberculin skin test (PPD Intermediate). If the tuberculin skin test is positive, a chest x-ray will be performed and repeated annually. The

tuberculin skin test, if negative, shall be repeated annually. Any person with a respiratory, skin, gastrointestinal, or other infection shall not be permitted to work in the Birth Center. House staff and auxiliary workers with an infection shall report this to their immediate supervisor. Such personnel shall be excluded immediately from duty in the Birth Center. It is the responsibility of the Physician Director to see that persons suspected of having an infection are excluded from the service. All individuals so excluded, as well as those who have been absent from duty because of any illness, shall not return to service in the Birth Center until they are examined and declared free of any transmissible or contagious disease by a physician designated by the center.

H. Health Record of Employed Personnel. Birth Centers shall be responsible for seeing that all information described under Section II(G) shall be maintained in an individual health record available for inspection by the Department.

I. Social Service. Each Birth Center shall furnish social service either through its own staff or through affiliation with a recognized social service agency.

J. Right of Inspection. Authorized representatives of the Department shall be permitted to inspect Birth Centers at any time.

K. Records and Reports. Each Birth Center shall have available, at all times, reports for the preceding five (5) years which shall include the total number of:

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1. Women applying for prenatal care;
2. Women enrolled for prenatal care;
3. Women admitted to Birth Center for delivery;
4. Women transferred to hospital antepartum before labor onset;
5. Women transferred to hospital intrapartum;
6. Women transferred to hospital after delivery;
7. Infants transferred to hospital;
8. Deliveries in Birth Center (and in hospital, if women transferred before delivery);
9. Live births by birth weight in Birth Center and in hospital (by when transferred);
10. Fetal deaths (after sixteen (16) weeks gestation) by birth weight in Birth Center and in hospital (by when transferred);
11. Neonatal deaths (under twenty-eight (28) days of age) by birth weight in Birth Center and in hospital (by when transferred);
12. Deaths of women by cause (maternal or non-maternal) in Birth Center and in hospital (by when transferred).

M. Environmental Facilities.

1. General Environmental. All parts of the Birth Center facility shall be adequately and properly lighted, screened, ventilated, heated, maintained safe, sanitary and free of arthropods and rodents and shall comply with the regulations for institutional sanitation of the Department.

2. Testing and Maintenance. All facilities, equipment and supplies required under these regulations or necessary for the care of maternity patients and newborn infants shall be tested before use to determine compliance with appropriate safety requirements and at all times be maintained clean and in proper working order.

3. Elevator. Each Birth Center in which patients are moved from one floor to another shall have elevator service for the needs of the patients. Such elevators shall be of sufficient size to accommodate a wheel stretcher and the patient's attendant.

4. Separation. The Birth Center shall be in an area which does not have traffic-bearing corridors to other parts of a multiple use building.

5. Monitoring and Standards. The facility shall conduct a program to monitor and insure the efficacy and safety of all plant facilities, electrical equipment, safety devices and compressed gas storage and distribution system. New construction or renovation of the physical plant after the effective date of these regulations will comply with the "Minimum Requirements of Construction and Equipment for Hospitals and Medical Facilities, DHEW #(HRA) 76 400011."

### III. Staff and Personnel

#### A. Staff Requirements.

1. Minimum Professional Qualifications. Each Birth Center shall have available the current minimum requirements as to the professional qualifications of the physician, and nurse midwife staff positions.

2. Supervisor of the Birth Center. The nurses and nursing care of the patients in the Birth Center shall be under the supervision of a certified nurse midwife.

3. Physician to be Available. There shall be at all times for each Birth Center at least one physician immediately available through direct communication, by radio, telephone or telecommunications for the care of patients.

B. Agreement with Obstetrician and Pediatrician. Each Birth Center shall have an agreement with a Board certified obstetrician and Board certified pediatrician including arrangements for hospital admission of mother and newborn infant in order to insure effective care in life threatening situations.

C. Physician Director. Each Birth Center shall have a Physician Director who shall be responsible for policies, procedures, service delivery protocols, and standing orders to assure comprehensive quality care for the mother and newborn infant and in service training for staff on a regular basis.

### IV. Care of Maternity Patients

#### A. Prenatal Care.

1. Prenatal Clinic Facilities. In a Birth Center having a prenatal clinic, accommodations, equipment, and facilities shall be provided for the care of the prenatal patient.

2. Prenatal Clinic Services. Services to prenatal patients shall include adequate medical personnel for eliciting the patient's history, performing and recording complete physical examinations, including weight and blood pressure readings and instruction in prenatal hygiene. Serological tests for syphilis, tuberculin skin test (PPD Intermediate), Pap test, urinalysis, hemoglobin or hematocrit, Rh and blood type determination shall be performed and recorded on the patient's record. If the serologic test for syphilis is performed early in pregnancy, it shall be repeated and recorded later in pregnancy. All patients shall have a hemoglobin or hematocrit determination performed within six (6) weeks of term, in addition to the initial determination.

3. Transfer. Patients whose test results indicate medical complications shall be transferred to an appropriate facility.

4. Prenatal Record. The prenatal record shall include the family history, the past medical, gynecologic and obstetric histories, and the outcome of each previous pregnancy. The record of the present gestation shall include a complete physical examination with estimation of pelvic adequacy, tuberculin skin test, Pap test, hemoglobin or hematocrit determination, urinalysis, Rh determination and the dates and results of the serologic test for syphilis. The record shall also include notes on subsequent visits of the patient with reference to any symptoms or signs of complications of the pregnancy, blood pressure, weight, and urinalysis; the size, presentation, position and heart rate of the fetus. Any medication or treatment during the pregnancy shall be recorded. Consultations with other services shall be recorded. Accepted standards of prenatal care shall be followed to provide adequate medical and nursing care for all patients at each clinic visit.

B. Inpatient Care - General.

1. Inpatient's records. Patients of the Birth Center prenatal clinic shall have a prenatal record of this pregnancy on file at the Birth Center at the time of admission. Copies of records of patients who have been transferred shall be maintained by the Birth Center. The completed record, after discharge, shall include the prenatal record, indications for and consultations on operative procedures when needed, details of labor and delivery, postnatal progress and condition on discharge.

2. Call System. An efficient call system shall be provided for each maternity patient.
  3. Disposal of Waste. Waste shall be adequately and appropriately stored under sanitary conditions and disposal shall be in accordance with regulations of the Department.
  4. Bedpans. Bedpans shall be cleaned and sanitized after each use. Reusable bedpans shall be sterilized before reissue to a different patient.
  5. Infected or Infectious Patient. If, on admission or during stay, evidence is found that a maternity patient, delivered or undelivered, has a significant potential or actual infection, or is a carrier, suspected carrier, or susceptible contact of a communicable disease, she shall be regarded as infectious and shall be transferred to the back-up hospital.
  6. Consultation. Every patient in a Birth Center shall have available, if needed, consultative services of a physician.
  7. Prevention of Infection. All activities in the Birth Center shall be carried out in such a way as to minimize possibilities of infection.
  8. Visitors. Children with infectious conditions may not visit the Birth Center.
  9. Precautionary Measures. All precautionary measures shall be carried out to minimize the possibilities of cross-infection to the maternity patient and newborn infant.
- C. Care of Patients While in Birthing Room.
1. Space, Capacity and Equipment of Birthing Room.
    - a. Each birthing room shall have not less than eighty (80) square feet of floor space per bed.
    - b. Individual birthing rooms shall be provided for all patients in labor. At no time shall there be more than one (1) bed in a birthing room. This requirement may be waived by the Commissioner of Health in exceptional circumstances. In no case shall the number exceed two (2).
    - c. Each birthing room shall have a functioning source of emergency electrical power.

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d. Oxygen and suction equipment which can be accurately regulated shall be available for both mother and infant in each birthing room. Every medical gas system shall be tested after initial construction or installation of the system and following any repair to the system.

e. Equipment for examination, identification and care of infants shall be readily available in each birthing room.

2. Presence of Responsible Person. There shall be a certified nurse midwife present at all times with the maternity patient who is in labor. A ratio of at least one (1) certified nurse midwife for not more than every four (4) such patients shall be maintained.

3. Infectious Patient. If the birthing room is unavoidably used by a patient who is infectious, the room and its equipment shall be thoroughly cleansed and disinfected before subsequent use.

4. Presence of Support Persons. Support persons may be allowed, when properly prepared and with previous arrangements having been made, pursuant to the policies and procedures of the Birth Center.

5. Placentas. All placentas, with attached cord and membranes, shall be examined in the room before being discarded, and the findings recorded.

6. Postpartum Observation. All patients must be maintained in the birthing room for a minimum of one (1) hour postpartum. A Certified Nurse Midwife must be present.

7. Cleaning. The birthing room and equipment shall be so constructed as to be easily cleaned. The birthing room and equipment shall be cleaned after each patient's delivery is completed.

D. Inpatient Care - Postnatal

1. Physical Facilities for Care.

a. Multi-occupancy rooms for delivered patients shall have not less than eighty (80) square feet of floor space per maternity bed. In such multi-occupancy rooms, equipment shall be provided to insure privacy for each patient. Single bedrooms shall have not less than one hundred (100) square feet of floor space.

b. Multi-occupancy rooms for delivered patients shall have at least three (3) feet between beds in rooms housing more than one (1) patient.

2. Toilet Facilities. There shall be, for the use of the patients, at least one (1) wash basin with hot and cold running water, and at least one (1) flush toilet. Showers for postpartum patients, with water controls at least four (4) feet above the floor are required. Hand rails shall be installed at the approach to and in each shower and on at least one side of toilets.

V. Care of Newborn Infants

A. General Newborn Care.

1. Policies and procedures. The Birth Center shall maintain policies for care of newborn infants that shall be developed by the Physician Director and the supervisor of nurse midwife staff.

2. Recovery Area. There shall be provided a recovery area equipped for stabilization and resuscitation of newborn infants immediately after birth. It shall be located within the birthing room.

3. Prophylactic Treatment of Infant's Eyes. As soon as practicable after birth, the physician, certified nurse midwife, or designated representative attending the delivery, shall install into each eye of the newborn infant a one percent (1%) silver nitrate solution from an ampoule or perle or other appropriate medications approved by the Department for the purpose of preventing ophthalmia neonatorum. If the parent or guardian of the newborn infant objects because of religious beliefs or practice, the silver nitrate, or other medications, will be withheld. An entry will be made to that effect on the infant's record, indicating the reason for withholding treatment, and signed by the physician or certified nurse midwife and the parent or guardian.

4. Identification at Birth. Suitable footprints of each infant, and suitable fingerprints of the infant's mother, shall be taken immediately after the birth of the infant, recorded and filed in the Birth Center records. No two (2) infants born of different mothers shall be permitted to be in any one birthing room at the same time. If mothers and/or infants are moved between rooms while at the Birth Center, there

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shall be placed on each newborn infant and mother, before either mother or infant leaves the birthing room, a means of identification to be checked by the nurse or physician before the infant leaves the birthing room. The infant shall wear such identification until discharged from the Birth Center.

5. Identification at Discharge. There shall be a method for the proper identification of each infant and his/her mother or other responsible person at discharge. Infants discharged or transferred to a hospital shall be carefully identified.

6. Examination Post Delivery. Every infant shall be examined at the time of delivery and the following recorded on his medical record:

a. Condition at birth.

b. Apgar Score. At one minute and five minutes following birth the Apgar Score of the infant will be determined and recorded on the infant's record.

c. Time of sustained respirations.

d. Physical abnormalities or pathological states.

e. Evidence of distress.

7. Examination of Infants. The newborn infant shall receive a complete physical examination within twenty-four (24) hours after birth, and the results recorded. Each infant shall be re-examined at appropriate intervals thereafter and within 24 hours prior to discharge and the results recorded.

8. Referral of Infants. Any infant who displays abnormal signs or symptoms shall be examined promptly by a physician and referred to the back-up hospital.

9. Keeping of Infant Records. Adequate written records shall be kept up-to-date, including each mother's name and religion, infant's name, date of PKU and thyroid function tests and results, if known, estimated number of weeks of gestation, Apgar score, race, sex, date of admission, admission weight, serial weights, type and volumes of feedings, time of first voiding, time of passage of first stool, number, color and consistency of stools, temperature. If abnormalities are suspected, the

nurse's notes shall contain notations of respiratory rate, dyspnea, color, cyanosis, jaundice, pallor, lethargy, twitching, motor activity, skin and buttocks, vomiting, condition of eyes and umbilical cord, and other relevant information. Treatments, medications, and special procedures ordered by the physician shall be recorded with time, date and name and title of the individual who administers them, date of discharge (home, hospital or death), discharge physical examination, including head circumference and body length, discharge diagnosis, a listing of all diagnoses since birth, recommendations, signature of attending physician, specific follow-up plan for care of infant, and if deceased, whether or not an autopsy was performed.

10. Reporting of Infections. Any illness definitely diagnosed as a reportable communicable disease in any newborn infant shall be reported immediately by telephone to the Department.

11. Circumcisions. Circumcisions may be carried out in an area whose location, size and facilities permit safe accomplishment of the procedure.

a. Each infant shall have been examined by a physician or certified nurse midwife, and no infant shall be circumcised, if such physician or nurse midwife has found a contraindication to circumcision.

b. Strict surgical aseptic technique shall be used. Persons in the room where any circumcision is performed shall wear gowns. The Birth Center shall be responsible for the sterilization of all instruments prior to use. The infant shall not be touched by anyone other than those necessary for the procedure and these individuals shall be gowned and scrubbed.

12. Propping of Bottles. Infants shall not be fed by means of propped bottles.

13. Temperatures and Humidity. Heat shall be thermostatically controlled so that room temperature is kept constant at approximately 75 degrees F. Relative humidity shall be kept between thirty-five (35) and sixty (60) percent. Equipment shall be provided for staff to monitor temperature and humidity.

## B. Equipment for Newborn Care

1. Weighing Scale. A weighing scale shall be provided for each birthing room and during use shall be draped, for each infant, with fresh linen or paper sheeting.
2. Emergency Equipment and Supplies. Emergency equipment and drugs for infant resuscitation shall be available in the delivery area.
3. Type of Bassinet. All newborn infants shall have, for their exclusive use while in the Birth Center, a bassinet which is not attached to or in direct contact with any other bassinet. Each bassinet shall be of the type that permits ease of cleaning. Each bassinet shall have a firm well-fitting mattress, covered with rubber sheeting or the equivalent. Bassinets constructed with bars shall be protected by a removable, washable lining which shall be changed for each infant.
4. Cleaning of Bassinet. Whenever a bassinet is vacated, it shall be thoroughly cleaned before use by another infant; that is, the bed linen washed, and the bassinet cleaned and disinfected.
5. Examining Instruments. All examining instruments used in Birth Centers shall be standard equipment. Non-disposable unsterile examining instruments shall be thoroughly cleaned by wiping with a disinfectant solution before use on each infant. At least weekly, and more often when necessary, these instruments shall be thoroughly cleaned.
6. Infant Warmer. An infant warmer or incubator warmed in advance, shall be available.
7. Suction Device. A safe, suitable type of suction device, for cleaning the infant's upper respiratory tract of mucous and other fluid, shall be available. Individual catheters shall be provided for individual infants.
8. Oxygen. A supply of oxygen, adequate equipment and facilities for resuscitation of the newborn infant shall be provided.
9. Cord Equipment. There shall be available sterile equipment suitable for ligating the umbilical cord in accordance with standard medical practice.

VI. Transfer Hospitals

- A. Written Agreements. Each Birth Center shall have written agreements with hospital(s) for transfer of women and infants where necessary.
- B. Transfer of Patients. Each Birth Center shall promulgate policies and procedures for the indications for and methods of transferring patients to backup hospital(s).

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