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REGULATIONS FOR MATERNITY AND NEWBORN SERVICES

The above regulations promulgated by the Health Department were received in the Department of Records on September 18, 1981, for filing and advertising.

Inasmuch as there were no requests for hearings these regulations became effective October 20, 1981.

cc: Stuart Shapiro, M.D., Health Commissioner

City of Philadelphia
DEPARTMENT OF PUBLIC HEALTH

REGULATIONS FOR
MATERNITY AND NEWBORN
SERVICES

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TABLE OF CONTENTS

	<u>Page</u>
[Introduction-----	3]
Authority-----	4
1. Definitions-----	5
2. General Regulations-----	8
3. Staff and Personnel-----	11
4. Care of Maternity Patients-----	16
5. Care of Newborn Infants-----	23
6. [7] <u>Combined Obstetrical-Gynecological Services</u> -----	41
7. [6] <u>Effective Date of Regulations</u> -----	45

INTRODUCTION

[Many elements are required to attain adequate care for the maternity patient and the newborn infant. Sound professional and administrative practices are so vital that without these components no success can be expected. Physical facilities consonant with the needs of patients and staff are similarly important.]

[We have included in these regulations the standards promulgated by national and local professional groups. The Board of Health expects these regulations to be useful in guiding hospitals in the design of services for the optimum protection of health and lives of pregnant women and their newborn infants and acknowledges full responsibility for keeping their content current.]

[It should be noted that some of the sections of these regulations have a delayed enforcement date, but in no event shall the enforcement of any section of these regulations be effective later than January 1, 1968.]

City of Philadelphia
DEPARTMENT OF PUBLIC HEALTH

REGULATIONS FOR MATERNITY AND NEWBORN
SERVICES

THE PHILADELPHIA CODE
TITLE 6 - HEALTH CODE

Section 6-402 Business, Professional and Community Controls.

(4) Institutions and Schools.

- (b) All institutions and schools shall be conducted, operated and maintained in accordance with this Title and such regulations as the Board may prescribe to protect the health and life of patients and persons therein. Such regulations may include, but shall not be limited to reasonable requirements to insure or require:
- (1) the control of the spread of communicable disease;
 - (2) the effective treatment of disease;
 - (3) that care rendered and facilities available for such care are conducive to the health and life of all patients and the unborn;
 - (4) sufficient illumination for the care being given or the work being performed;
 - (5) sufficient and adequate ventilation, circulation, and conditioning of air to prevent or eliminate health hazards resulting from gases, fumes, dust, material particles, or other concentrations of atmospheric contaminants or harmful substances;
 - (6) prevention of harmful combination of heat and humidity;
 - (7) sufficient and adequate housekeeping and sanitation or service facilities to prevent health hazards;
 - (8) prevention of the use of materials, equipment or supplies which create health hazards unless effectively regulated or unless adequate protective devices are established and used;
 - (9) the control of arthropods and rodents.

Pursuant to Section 5-301(b) of the Home Rule Charter, and Section 6-402(4)(b) of the Philadelphia Code, the following regulations are promulgated by the Board of Health.

1. DEFINITIONS

In this regulation, the following definitions apply:

- (a) Admission/Observation Area. An area adjacent to the delivery room or in the Well Infant Nursery or Continuing Care Area where infants are closely observed for the first four to twenty-four hours.
- (b) Clean Maternity Area. An area in a maternity division of an institution in which there are no maternity patients having or suspected of having a potentially transmissible infection.
- (c) Combined Obstetrical-Gynecological Service. An area of the clean maternity service to which members of the hospital's obstetrical staff may admit selected non-infected newly admitted gynecologic patients in accordance with an approved plan of operation.
- (d) Continuing Care Area. An area for low birth weight infants who are not sick but continue to require more nursing hours than normal infants.
- (e) Delivery Room. A room distinct from patient bedrooms and set apart for the delivery of patients, and for essential operative procedures related to the delivery.
- (f) Department. Philadelphia Department of Public Health
- (g) Fetal Death. The expulsion or extraction from its mother of a product or products of conception after sixteen (16) weeks gestation which shows no evidence of life after such expulsion or extraction.
- (h) Full-Term Infant. Any infant known to be delivered after 37 or more completed weeks gestation.
- (i) High-Risk Infant. Any infant who can be considered likely to require more than routine neonatal care.
- (j) Intensive Care Area. A room or portion of a room in which are housed seriously sick infants who require constant nursing care and continuous cardiopulmonary support.
- (k) Intermediate Care Area. A room or portion of a room in which are housed sick infants who require 6 to 12 hours of nursing care.
- (l) Isolation /Unclean/ Maternity Area. An area outside the clean or observation maternity areas which will insure isolation of infected patients from the clean maternity area.

- (m) Isolation Nursery. A nursery for the care of an infant in which a definite diagnosis of a transmissible infection such as diarrhea or infections of the skin has been made or is suspected.
- (n) Labor Room. A room for a patient in labor distinct from a patient bedroom and from an operating or delivery room, but located in close proximity to the delivery room.
- (o) Licensed 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.
- (p) Licensed Practical Nurse. A person who has graduated from an approved practical nursing program, who has taken and passed her State Board examination and is currently licensed by the State Board of Nurse Examiners.
- (q) 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.
- (r) Low Birth Weight Infant. Any infant weighing less than 2500 grams (five pounds, eight ounces) at birth, regardless of the length of gestation.
- (s) Maternity and Newborn Services. That part of the hospital or institution in which, as a regular practice, maternity patients and/or newborn infants receive care.
- (t) Maternity Bed. A bed located on the maternity service for a maternity patient other than a bed in a labor, delivery, or recovery unit. Beds may be designated as post-partum for delivered patients or antepartum if located in the observation maternity area.
- (u) Maternity Patient. Any women who is pregnant at any stage, parturient, or recovering from parturition.
- (v) Maternity Service. The parts of a maternity and newborn service in which, as a regular practice, pregnant women are treated, delivered and receive puerperal care.
- (w) Neonatal Death. The death of a liveborn infant less than twenty-eight (28) days of age.
- (x) Newborn Infant. All infants less than 28 days of age or weighing less than 2500 grams.

- (y) Newborn Recovery Area. An area within, adjoining, or in close proximity to the delivery room(s), where all infants can be examined and observed following delivery pending decision as to need for other than routine care in a well infant nursery and for institution of diagnostic and therapeutic measures, if required.
- (z) Newborn Service. The part of a maternity and/or newborn service where newborn infants under 28 days of age receive care.
- (aa) New Hospital Construction. Any major construction, additions, alteration, or deletions to old hospital buildings or new hospital building, or both.
- (bb) Observation Maternity Area. An area of the maternity service separate from the isolation /unclean/ maternity area in which patients with /for the observation and treatment of patients with/ non-infectious complications of pregnancy or diseases complicated by pregnancy are housed.
- (cc) Patient. Any pregnant, parturient or puerperal women or her newborn infant(s).
- (dd) Premature Infant. Any infant known to be delivered at less than 37 completed weeks gestation, regardless of birth weight. /Any infant whose weight at birth is five (5) pounds, eight ounces (2500 grams) or less./
- (ee) Qualified Anesthesiologist. A physician who is certified or eligible for examination by the American Board of Anesthesiology or American Osteopathic Board of Anesthesiology.
- (ff) Qualified Neonatologist. A physician who is a qualified pediatrician and in addition is eligible for examination by the American Board of Pediatrics' subspecialty board of neonatal-perinatal medicine.
- (gg) Qualified Obstetrician. A physician who is certified or eligible for examination by the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology, [or is (2) a fellow of the American College of Surgeons in the speciality of obstetrics and gynecology, or is (3) a fellow of the American College of Obstetrics and Gynecology, or (4) who has served a minimum of five years on the attending staff in the Department of Obstetrics and Gynecology in a hospital which is approved for residency training in this field by the Council on Medical Education and Hospitals of the American Medical Association or the American Osteopathic Association.]
- (hh) Qualified Pediatrician. A physician who is certified or eligible for examination by the American Board of Pediatrics, or American Osteopathic Board of Pediatrics. [or is (2) a fellow of the American Academy of Pediatrics or (3) has the rank of associate attending pediatrician or higher, at a

hospital approved for residency training in pediatrics by the Council of Medical Education and Hospitals of the American Medical Association or the American Osteopathic Association.7

- (ii) Registered /Licensed/ Professional Nurse. A person who has graduated from an approved school of nursing who has taken and passed the State Board examination and who is currently licensed by the State Board of Nurse Examiners. /Nursing Education and Licensure of Pennsylvania./
- (iii) Resuscitation Area. An area within or adjacent to the delivery room for resuscitation and/or stabilization of newborn infants immediately after birth.
- (kk) Rooming In. A plan for hospital care in which the infant's crib is placed by the mother's bed. /to permit mother and infant to be cared for as a unit./
- (ll) Support Person. Husband, father of baby or other individual designated by the patient to be present during labor.
- (mm) Transfer Nursery. An Intensive Care Area in a hospital other than the hospital of birth to which a sick infant may be transferred for care.
- (nn) Well-Infant Nursery. A nursery for the care of well newborn infants who have not been exposed to potential sources of infection.

2. GENERAL REGULATIONS

(a) Compliance with Related Laws.

Each maternity and newborn service shall conform to all City ordinances and regulations in addition to all State and Federal laws and regulations relating thereto.

(b) Separate Maternity Service.

Patients on a maternity service shall be cared for in a division, unit, building, wing, or floor separate from all other services except as provided in Section (7) below where provision is made for a combined obstetrical-gynecological service under specially-controlled conditions as approved by the Department /of Public Health/.

The delivery suite shall be in an area which does not have traffic-bearing corridors to other parts of the hospital.
The labor and delivery unit shall be considered a semi restricted area.
The hospital shall post restrictions to limit entry into this unit to authorized persons. 137.12(a) and 137.13

(c) Environmental Facilities.

All parts of the maternity and newborn facilities 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 of Public Health.

(d) Approval of Plans.

Within six (6) months from the effective date of these regulations, all hospitals maintaining a maternity and newborn service shall file with the Department of Public Health floor plans drawn to scale showing current dimensions, layout and use of all rooms and other space assigned to such service. Maternity and newborn services proposed to be constructed after the effective date of these regulations shall, before being constructed, file with the Department of Public Health complete floor plans for such services, as described above. The Department of Public Health shall approve in advance any changes in use, alteration or any new construction relating to all maternity or newborn services in the City of Philadelphia.

(e) Availability of Regulations.

A copy of these regulations shall be kept in each maternity and newborn service.

(f) Right of Inspection.

Authorized representatives of the Department of Public Health shall be permitted to inspect maternity and newborn services at any time.

(g) Records and Reports.

Each institution maintaining a maternity service shall have available, at all times, reports for the preceding five (5) years which shall include the total numbers (separated into ward and private groups) of:

- (1) Patients discharged from maternity service;
- (2) Deliveries;
- (3) Patient deaths in hospital from maternal causes;
- (4) Patient deaths in hospital from non-maternal causes but in association with pregnancy or within ninety (90) days postpartum;
- (5) Live Births;
- (6) Premature Births.

- (7) Fetal deaths (after sixteen (16) weeks gestation), including births weights;
- (8) Neonatal deaths (under twenty-eight (28) days of age), including birth weights;
- (9) Caesarean sections.

(h) Facilities, Equipment and Supplies.

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.

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. "

(i) Services - Laboratory, Clinical or X-ray.

Each institution conducting a maternity and newborn service shall have on its premises laboratory facilities adequate to perform such studies as are necessary for safeguarding the lives of maternity patients and newborn infants. These shall include, but need not be limited to, [hematological, chemical, bacteriological and roentgenological examinations.] hematocrit, hemoglobin, Coombs Test, blood type, Rh type, urinalysis, bacteriologic cultures, spinal fluid analyses, microbiological determinations for bilirubin, glucose, sodium, potassium and total protein. 139.27 /If special therapeutic services for the management of patients, such as exchange transfusions, premature care, blood bank, roentgenogram interpretation are not available on the premises, such institution shall be responsible for arranging an acceptable affiliation for same to insure satisfactory patient care.]

Laboratory services, radiological equipment and services, blood banking and blood transfusion services shall be available on a 24-hour, seven day a week basis. 139.27

(j) Elevator.

Each institution conducting a maternity and newborn service in which patients are moved from one floor to another shall have elevator service for the needs of the patients [hospital]. Such

elevators shall be of sufficient size to accommodate a wheel stretcher, and the patient's attendant.

At least one elevator shall be connected to the facility's emergency electrical circuit.

(k) Physician to be Available.

There shall be, at all times, in each institution conducting a maternity and newborn service, at least one physician immediately available for the care of patients.

(l) Visitors.

Siblings of the newborn infant may visit with the mother in her room, when the infant is not present.

Siblings may view the infant through glass. Children with infectious conditions may not visit on the maternity unit. Visitors and non-essential hospital personnel shall be excluded from the maternity department during infant feeding hours / . / with the following exceptions:

/The father./ The support person and/or the principal after discharge caretaker shall be encouraged to hold and feed the infant after proper preparation, handwashing and gowning.

All precautionary measures shall be carried out to minimize the possibilities of cross-infection to the maternity patient and newborn infant. /Visitors shall not at any time have contact with infants and shall view them only through glass except as specified in Section 4(e)(2)./

Each institution is responsible for regulating the conduct of visitors within its walls.

(m) Gynecological Operations.

Gynecological operative procedures or general surgical procedures shall not be performed, nor such patient housed in a maternity service, except as may become necessary for complications arising in a patient during pregnancy, delivery or the puerperal period with the following exception:

Postpartum tubal sterilization procedures may be performed in the delivery room.

3. STAFF AND PERSONNEL

(a) Staff Requirements and Rules.

Every institution conducting a maternity and newborn service shall at all times maintain an obstetric, pediatric, anesthesia

and nursing staff adequate in training and numbers. Each hospital shall have available: (1) the current minimum requirements as to the professional qualifications of the obstetric, pediatric, anesthesia and nursing staff positions, and (2) current rules for the conduct of the maternity service and the newborn service.

(b) Chief of Maternity Service.

The maternity service shall be under the supervision and direction of the qualified obstetrician who is designated chief of the maternity service. Such chief, in cooperation with a committee of physicians, nurses, administrator, and other relevant personnel 137.3(a), shall be responsible for the establishment and enforcement of the medical policies governing the maternity service. This responsibility includes the care of all patients in the maternity service, including pre- and post-natal patients seen in the outpatient department.

(c) Chief of Newborn Service.

The newborn service shall be under the supervision and direction of a qualified pediatrician with special training and experience in the care of newborn infants who shall be appointed as chief of the newborn service. Such chief shall be responsible for the establishment and enforcement of the medical policies governing the newborn service. This responsibility shall include the care of all infants in the newborn service. When the chief of the newborn service is not a qualified neonatologist, the institution shall arrange for consultation on an ongoing basis from a qualified neonatologist.

(d) Medical Staff of the Maternity Service.

The staff of the maternity service shall be responsible to the chief of the maternity service and shall have privileges in obstetrics.

A current roster of physicians with obstetrical privileges shall be properly maintained and made available to medical and nursing personnel. An on-call schedule shall be posted to ensure that: 139.21b(1) and (2)

A qualified obstetrician shall be on-call at all times for consultation and obstetrical emergencies.

A qualified anesthesiologist shall be on-call at all times for consultation for anesthesia emergencies.

(e) Medical Staff of the Newborn Service.

The medical staff of the nursery shall be appointed from the pediatric staff and shall be responsible to the chief of the newborn service.

(f) Nursing Supervisor of the Maternity Service.

The nurses and nursing care of the patients on the maternity service shall be under the supervision of a registered /licensed/ professional nurse with a baccalaureate degree in nursing and advanced preparation or experience beyond graduation in the field of maternity nursing.

The nursing supervisor shall be responsible to the chief of the maternity service for all medical policies and procedures governing the nursing care of patients on the service. Such nursing supervisor shall be a full time employee of the institution and, while acting in such capacity, shall not be assigned to any service other than the maternity or newborn service, except that the nursing supervisor of the maternity service may, if /necessary/ qualified, serve simultaneously as nursing supervisor of the newborn service and gynecology service.

(g) Supervision of Nursing Care on Maternity Service.

All nursing personnel on the maternity service shall be supervised at all times by a registered /licensed/ professional nurse with advanced preparation, or experience beyond graduation, in maternity nursing.

(h) Nursing Service - Prenatal and Postnatal Clinics.

In the event that the nursing supervisor of the maternity service is not responsible for the nursing care of prenatal and postnatal patients in the outpatient department, the designated supervisor of nursing care in the outpatient department is directly responsible to the chief of the maternity service for all medical policies governing the management of the prenatal and postnatal patients in the clinic.

(i) Nursing Personnel of Labor and Delivery Room.

At all times when a patient is present in the labor /or/, delivery or recovery rooms, a registered /licensed/ professional nurse qualified by training and experience in obstetrical and post obstetrical care 137.4(d) must be in attendance. At all times, at least one member of the nursing staff shall be assigned to every four (4) patients in labor or delivery rooms.

(j) Ratio of Persons Giving Nursing Care to Maternity Inpatients.

In each maternity service there shall be, in addition to those persons giving nursing care in the delivery and labor rooms, a minimum of one (1) person giving nursing care to not more than ten (10) maternity patients during the day shift and a minimum of one (1) person giving such care to not more than twenty (20) maternity patients during the other shifts. There shall be at least one (1) registered /licensed/ professional nurse present during each shift.

(k) Nursing Supervisor of Newborn Service.

The nurses and nursing care of infants on the newborn service shall be under the supervision of a registered /licensed/ professional nurse with a baccalaureate degree in nursing and advanced preparation or experience beyond graduation in the nursing care of newborn infants. Such nursing supervisor shall be responsible to the chief of the newborn service for all medical policies and procedures governing the nursing care of infants on the service. Such nursing supervisor shall be a full-time employee of the institution and, while acting in such capacity, shall not be assigned to any service other than the newborn service or maternity service except, that the nursing supervisor of the newborn services may, if necessary/ qualified serve simultaneously as nursing supervisor of the maternity service and gynecology service.

(1) Ratio of Persons Giving Nursing Care to Newborn Infants.

The nursing care in the nursery /full term and premature nurseries/ shall be at all times, day and night, under the supervision of a registered /licensed/ professional nurse experienced in the care of newborn infants.

/(1) For hospitals not maintaining a separate premature nursery, i.e., where premature and full term infants are housed in the same nursery room, a minimum of one (1) person giving nursing care for each ten (10) such infants shall be provided./

/(2) For hospitals maintaining separate term and premature nurseries, there shall be at all times, day and night, a minimum ratio of one (1) person giving nursing care for each six (6) premature infants and one (1) person for each twelve (12) full term infants./

(1) Admission/Observation Area. A minimum of one (1) member of the nursing staff shall be provided for each four (4) infants.

(2) Well Infant Nursery. A minimum of one member of the nursing staff shall be provided for each eight (8) infants.

(3) Continuing Care Area. A minimum of one (1) member of the nursing staff shall be provided for each six (6) infants.

(4) Intermediate Care Area. A minimum of one (1) member of the nursing staff shall be provided for each three (3) infants.

(5) Intensive Care Area. A minimum of one (1) member of the nursing staff for each one and a half (1.5) infants. 139.24(b)(1)

(m) Nursing Care for Rooming-In Patients.

At all times when a newborn infant is rooming-in, persons giving nursing care shall be provided in the ratio of one (1) person for every eight (8) mother-infant units.

(n) Separate Nursing Staff for Maternity and Newborn Service.

The nursing staff of the maternity and newborn service, while assigned to such service, shall have no other assignment. The nursing supervisor is discussed under Sections 3(f)(g) and 3(k).

(o) Health Evaluation of Employed Personnel on Maternity and Newborn Service.

All employed personnel assigned to the maternity or newborn service shall have a pre-employment health evaluation, including a chest X-ray. The chest X-ray shall be repeated annually, 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 on the maternity and newborn service. Medical house staff, staff nurses, and auxiliary workers with an infection shall report this to their immediate supervisor. Such personnel may be assigned duty elsewhere in the hospital, but they shall be excluded immediately from duty on the maternity and newborn service. It is the responsibility of the chief of the respective service 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 maternity and newborn area until they are examined and declared free of any transmissible or contagious disease by a physician designated by the hospital.

(p) Health Record of Employed Personnel.

Hospital administration shall be responsible for seeing that all information described under Section 3(o) shall be maintained in an individual health record available for inspection by the Department of Public Health.

(q) Social Service.

Each institution maintaining a maternity and newborn service shall furnish social service either through its own staff or through affiliation with a recognized social service agency.

(r) Formula Room Personnel.

All personnel working in the formula room shall comply with Section 3(o) and 3(p). No person working in the formula room shall have any direct contact with patients who have infectious diseases.

4. CARE OF MATERNITY PATIENTS

(a) Prenatal Care.

- (1) Prenatal Clinic Facilities. In a maternity and newborn service 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, X-ray of the chest, rubella HI titer 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) 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, Chest X-ray, rubella HI titer, 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) Patient's records. Patients of the hospital's prenatal clinic shall have a prenatal record of this pregnancy on file at the hospital at the time of admission. Emergency admissions or unregistered patients shall have a serologic test for syphilis, hemoglobin or hematocrit, and Rh determination carried out and recorded. The records of private patients or a summary including significant

history, laboratory studies, and potential complications shall be on file at the hospital at least four (4) weeks prior to the expected date of confinement. The completed record, after discharge, shall include the prenatal record, indications for and consultations on operative procedures when needed, details of labor and delivery including anesthesia, postnatal progress, and condition on discharge.

- (2) Call System. An efficient call system shall be provided for each maternity patient. Such system shall be connected to the facility's emergency electrical circuit.
- (3) Disposal of Waste. Waste from all examining, labor, maternity and nursery isolation rooms and delivery rooms shall be adequately and appropriately stored under sanitary conditions and disposal shall be in accordance with regulations of the Department [of Public Health].
- (4) Bedpans. Bedpans shall be cleaned and sanitized after each use [and sterilized after each bowel movement and between use by different patients]. Reusable bedpans shall be sterilized before reissue to a different patient.
- (5) Infected or Infectious Patient. If, on admission or during hospitalization, 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 isolated from the clean maternity area.

(c) Inpatient Care - Care in Labor and Delivery Room Unit.

- (1) Integrated Labor and Delivery Room Unit. The maternity patient in active labor and during delivery shall be cared for in an integrated labor and delivery room unit. A ratio of one (1) labor bed for each ten (10) maternity beds is required.
- (2) Space and Capacity of Labor Room.
 - (a) Each labor room shall have not less than eighty (80) square feet of floor space per bed. [Adequate arrangements shall be furnished for privacy of each patient in the labor room.]
 - (b) Individual labor rooms shall be provided for all patients in labor. There shall be at least one labor room for each delivery room. It shall provide privacy and be convenient to the delivery room. Beds used by patients in labor shall be equipped with protective sides. 137.13 At no time shall there be more than [four (4)] one (1) bed [s] in a labor room. This requirement may be waived by the Commissioner of Health in exceptional circumstances.

In no case shall the number exceed two (2).
Each labor room unit shall have at least three (3) feet between beds when there is more than one (1) bed in a room. 7 [This section shall not be enforced until January 1, 1968, for maternity and newborn units constructed prior to March 1, 1963.]

7 (c) In all new construction individual labor rooms shall be provided. All windows of labor rooms shall be protected to prevent escape of patients. 7

(3) Number and Equipment of Delivery Rooms.

(a) The delivery room shall be in the maternity unit and shall be used exclusively by the maternity and newborn services. Delivery rooms shall be provided in the ratio of at least one (1) delivery room for not more than twenty (20) maternity beds exclusive of beds for complications of pregnancy.

There shall be at all times available on each delivery floor supplies and equipment for routine and emergency care of mother and infant.*

(b) At least one delivery room shall be equipped for the performance of emergency cesarean sections.

(c) [b] There shall be a minimum of two hundred and ninety (290) square feet for each delivery room.

(d) Each delivery room shall be equipped for administration of inhalation and regional anesthesia.

(e) Each delivery room shall have a functioning source of emergency electrical power.

(f) Each delivery room shall have an emergency call or inter-communication system.

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

(h) Equipment for examination, identification and care of infants shall be readily available in each delivery room. 137.12(g)

[This section shall not be enforced until January 1, 1968 for maternity and newborn units constructed prior to March 1, 1963.]

*Outlined in the current Manual of Standards of the American College of Obstetricians and Gynecologists.

(4) Accessory Facilities for Labor and Delivery Unit.

Each labor and delivery unit shall have dressing rooms and scrub-up facilities for physicians and nurses. Scrub-up facilities for the delivery room shall be adjacent to, but outside of the room itself. Scrub sinks shall have elbow, foot, or knee controls [.], hot and cold running water with mixer and hand scrubbing accessories. 137.12(j) Separate clean and soiled utility rooms containing facilities for storing supplies and for cleansing and sterilization of reusable bedpans and enema equipment shall also be provided.

- (5) Care of Patients. There shall be a responsible person (physician, nursing personnel or medical student if delegated by the chief of service) present at all times with the maternity patient who is in labor, or who is under the influence of an anesthetic or obstetrical analgesic, or in whom labor is being induced. A ratio of at least one (1) responsible person for not more than every four (4) such patients shall be maintained. See Section 3(1) for ratio of nursing personnel to labor patients.

Every patient in a delivery room shall be under the immediate care of a physician, house staff, registered professional nurse, licensed practical nurse, or licensed midwife at all times.

- (6) Prevention of Infection. All activities in the labor and delivery room shall be carried out in such a way as to minimize possibilities of infection.
- (7) Gowns and Handwashing. Personnel working in the labor and delivery area shall remove street clothing and don clean basic gowns or scrub suits which shall be changed daily and when soiled. Hands shall be washed before and after examining or attending to each patient's needs. Physicians, technicians, support persons, or others who have only brief contact with the labor patient shall cover regular clothing with a clean gown and wash hands before and after contact with patient. When it is necessary to leave the labor and delivery area, a covering gown shall be worn over the basic gown or the individual shall change from labor room attire. All covering gowns shall be laundered after each use.
- (8) Labor and Delivery Unit for Infected Patient. A separate labor and delivery unit with separate equipment shall be made available when an infected or infectious patient is to be delivered. If the hospital has only one (1) delivery room, some other room shall be used for the delivery of such patients. If the labor or delivery room is unavoidably used for the delivery of such patients,

the room and its equipment shall be thoroughly cleansed and disinfected before subsequent use.

- (9) Blood Availability and Administration. There shall be, at all times, in each institution maintaining a maternity service, a supply of type O Rh negative blood for the exclusive use of the maternity service as well as blood of other types, blood available for proper crossmatching when time permits. An adequate supply of intravenous fluids, including plasma, fresh frozen plasma and plasma expanders and of fibrinogen shall be immediately available for use, and the location of such supplies shall be posted in the delivery unit.
- (10) Persons in Delivery Room. There shall not be more than one (1) patient and her newborn infant(s) in a delivery room at any one time. Persons unassigned, or unnecessary for the care of the patient and the newborn infant(s), shall be excluded from the delivery room. Support persons /husbands/ may be allowed, when properly prepared and with previous arrangements having been made, at the discretion of the institution and the obstetrician.
- (11) Delivery Room Technic. Operating room technic shall be maintained in the delivery room. Caps, basic gowns or scrub suits, and masks shall be worn by all personnel, and those conducting or assisting in the actual delivery shall scrub and don sterile gowns and gloves. Personnel handling the newborn infant shall be freshly scrubbed and wear clean gowns. If it becomes necessary to give care to the mother, or to handle any unsterile object, individuals shall re-scrub before returning to the infant. All activities shall be carried out so that possibilities of contamination of mother and infant are minimized.
- (12) Anesthetic Precautions. All persons present in a delivery room in which explosive anesthetics are stored or in use shall observe necessary precautions against explosion and electric shock hazards and shall wear appropriate anti-static apparel and conductive footwear.
- (13) I2 Placentas. All placentas, with attached cord and membranes, shall be examined in the delivery room before being discarded, and the findings recorded.
- (14) I3 Caesarean Section. Facilities shall be readily available to perform caesarean sections.
- (15) I4 Recovery Room.
- (a) An adequately equipped recovery room, in which the postpartum patient may recover, shall be maintained in the labor, and delivery room unit.

/This section shall not be enforced until January 1, 1968 for maternity and newborn units constructed prior to March 1, 1963. For maternity and newborn units constructed prior to March 1, 1963, the following shall apply: A recovery room shall be provided for a service of more than twelve (12) beds./

(b) The room shall be under the supervision of a registered /licensed/ professional nurse. Whenever a patient is present in the recovery room, a responsible person /see Section 4(c)(5)/ must be present constantly. All patients must be maintained in the recovery room for a minimum of one (1) hour postpartum.

~~(16) The delivery room and equipment shall be cleaned after each patient's delivery is completed. At least once each day the delivery room walls, floor and furniture, including overhead lights, shall be thoroughly cleaned and sanitized.~~

(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, for not more than every six (6) maternity beds. There shall be emergency call devices adjacent to toilets. 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.

/This section shall not be enforced until January 1, 1968 for maternity and newborn units constructed prior to March 1, 1963./

/For maternity and newborn units constructed between August 1, 1962 and March 1, 1963, the following shall apply: Toilet facilities shall be provided in the ratio of one (1) toilet to eight (8) patients, and one (1) bathroom for each nursing unit./

(3) **Technic.** All procedres shall be carried out in a way that will minimize possibilities of contamination and cross-infection.

(e) **Rooming-In Care.**

(1) **Method.** Rooming-in may be continuous or intermittent.

(2) **Visitors.** Visitors shall wash their hands and wear a clean hospital gown.

(3) **Nursing Care for Rooming-In Patients.** Persons giving nursing care shall be provided in the ratio of one (1) person for every eight (8) mother-infant pairs per eight (8) hour nursing shift at all times when a new-born infant is rooming-in.

(f) Policies and Procedures. Written policies and procedures for obstetrical services shall be maintained and made available to medical and nursing staff members. They shall be reviewed by the medical staff, revised as necessary, and dated to indicate the time of last review. Such policies and procedures shall include: 137.21(a) 137.21(b)

(1) Provisions to ensure that spontaneous deliveries of patients in the final stages of labor shall not be delayed.

(2) Policies for intervention in cases of maternal, fetal or neonatal distress.

(3) Criteria established by the medical staff to govern the administration of oxytocic agents, when used for induction or stimulation of labor. These criteria shall include a requirement for the immediate presence of a physician. Procedures for the use of oxytocic drugs during each of the three stages of labor will be prepared by the chief of the obstetrical service.

(4) Procedures to prevent isoimmunization of Rh negative mothers.

(5) Procedures for immediate blood transfusion services, as necessary.

(6) Procedures for admission of clean gynecology patients to the obstetrical service when a combined obstetrical-gynecological service has been approved by the Department. (See Section 6)

(7) Policies for visitors.

(8) Policies and procedures governing the presence of support persons in the delivery room, if the hospital allows this practice.

137.22(a) and (b)

(9) Policies for prevention, reporting and control of infections on the obstetrical services. Such policies shall be formulated by a committee designated by the hospital, be readily available to appropriate personnel and reviewed for possible revision once yearly. One member of the committee shall be delegated to receive reports of infections and to assist in interpretation and implementation of established policies. Such policies shall include as a minimum procedures for isolation of patients with suspected or confirmed infections and procedures for cleaning the delivery rooms following use by such patients in a manner adequate to eliminate the contamination.

(10) Policies regarding the use and administration of anesthetics, sedatives, analgesics and other drugs.

137.25

(11) Policies for the performance of diagnostic radiologic examinations of known pregnant patients to minimize radiation exposure of mother and fetus. Such policies shall be available to all appropriate personnel and shall be reviewed by appropriate medical staff at least once annually for possible revision. The written request for a diagnostic radiologic examination of a known pregnant patient will clearly indicate the date of the patient's last menstrual period or the fact that the patient is pregnant.

(12) Policies and procedures for the care and treatment of drug dependent newborns.

(13) Policies and procedures for rooming-in when such service is provided.

(14) Procedures for orienting new parents in newborn care and hygiene.

(g) Breast Feeding. Mothers who choose to breast feed their infants will be encouraged to breast feed as soon after delivery as possible. Flexible feeding schedules shall be encouraged.

5. CARE OF NEWBORN INFANTS

(a) Delivery Room Care

(1) Policies and Procedures. The Chief of the Maternity Service and the Chief of the Newborn Service shall formulate written policies and procedures for delivery room care of infants which are consistent with the recommendations of the nursery committee. 139.23(b).

- (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 or immediately adjacent to the delivery room. 139.23(a)
- (3) Physician for Infant. A physician trained in the care of newborn infants shall be available at all times. A physician on call schedule shall be posted in the nursery. 139.22(a) If an abnormal delivery such as a caesarean section, a premature infant or other high risk infant, or potentially erythroblastotic infant is anticipated, a pediatrician and the nurse in charge of the nursery 139.23(b)(1) shall be notified in advance.
- (4) Technic of Handling Infant. Operating room technique shall be maintained in the delivery room. Caps, basic gowns or scrub suits, and masks, shall be worn by all personnel, and those conducting or assisting in the actual delivery shall scrub and don sterile gowns and gloves. Personnel handling the newborn infant shall be freshly scrubbed and wear clean gowns. If it becomes necessary to give care to the mother or to handle any unsterile object, individuals shall re-scrub before returning to the infant. All activities shall be carried out so that possibilities of contamination of mother and infant are minimized. There shall not be more than one (1) patient and her newborn infant(s) in a delivery room at one time. Persons unassigned, or unnecessary for the care of the patient and the newborn infant(s), shall be excluded from the delivery room. A support person husband may be allowed when properly prepared and with previous arrangements having been made, at the discretion of the institution and the obstetrician.
- (5) Emergency Supplies. Emergency equipment and drugs for infant resuscitation shall be available in the delivery area.
- (6) Sterile Blanket. A sterile blanket shall be ready to receive the infant at birth.
- (7) Infant Warmer. Heated Crib An infant warmer a heated crib or incubator warmed in advance, shall be available.
- (8) 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.
- (9) Oxygen. A supply of oxygen, adequate equipment and facilities for resuscitation of the newborn infant shall be provided.
- (10) Cord Equipment. There shall be available sterile equipment suitable for ligating the umbilical cord in accordance with standard medical practice. 139.23(b)(3)

- (11) 8 Prophylactic Treatment of Infant's Eyes. As soon as practicable after birth, the physician attending the delivery, or his designated representative, shall instill into each eye of the newborn infant a one percent (1%) silver nitrate solution from an ampoule or perle, for the purpose of preventing ophthalmia neonatorum. If the parent or guardian of the newborn infant objects because of religious beliefs or practices, the silver nitrate 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 and the parent or guardian.* /This shall be followed immediately by irrigation of each eye with sterile nine-tenth percent (0.9) sodium chloride solution.7
- (12) 9 Identification. There shall be placed on each newborn infant and mother 139.23(b)(5) before either mother or infant leaves the delivery room, a means of identification to be checked by the nurse or physician before the infant leaves the delivery room. The infant shall wear such identification until discharged from the hospital. 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 hospital records. No two (2) infants born of different mothers shall be permitted to be in any one delivery room at the same time.
- (13) ----- Rh Negative Mother. A sample of cord blood shall be collected and laboratory determinations performed for blood type, Rh and Coombs Test on every infant born to an Rh negative mother with a family history of blood incompatibility. 139.23(b)(4)
- (14) ----- Examination of Infant. Every infant shall be examined at the time of delivery and the following recorded on his medical record.
- (a) Condition at birth. 139.23(b)(7)
- (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. 139.23(b)(7)

(15) 10

Transfer from Delivery Room to Nursery. Each infant shall be protected from exposure and infection while in the delivery room and during transit from the delivery room to the nursery. Oxygen and heat shall be available during transit, whenever necessary. The records of the infant shall accompany him to the nursery. Such record shall include an obstetrical history of the mother's previous pregnancies, description of complication of labor and delivery, complicating maternal disease, drugs taken by the mother during pregnancy, labor and delivery, anesthesia, analgesia and other medications received by the mother, duration of ruptured membranes, maternal antenatal serology, rubella HI titer, blood and Rh type, Coombs Test result, if indicated, description of labor, including induction and operative procedures, if any, condition of infant at birth, Apgar Scores, resuscitation required, if any, time of sustained respirations, description of any physical abnormalities, placental and cord vessel abnormalities, if any, date and hour of birth, written documentation of eye prophylaxis, birth weight, length and period of gestation, procedures performed on infant, report of initial physical examination. 139.28(a) (1) -
 [13] 139.23 (5) (9)

(b) Nurseries Full Term Nursery.

(1) General Regulations.

- (a) Admission to Nursery. Admission to any nursery room shall be limited to newborn infants and to personnel essential to the care or supervision of the infants and the maintenance of the nursery with the following exception:

Mothers and support persons of infants remaining in the hospital after the mother is discharged will be allowed, at the discretion of the Chief of the Newborn Service, to handle and/or feed the infant. Such support person will don a clean gown and observe scrupulous hand washing technic under the supervision of the nursing staff of the nursery.

- (b) Handwashing. On initial entry into the nursery unit to examine, perform any laboratory procedure, or to offer care to an infant, hand scrubbing technic shall be carried out, and nails shall be thoroughly cleaned. All persons shall wash their hands with soap or detergent and water before and after handling or feeding any infant and after each handling of a soiled diaper or other soiled material.

(c) Gowns and Masks. Physicians shall don a clean gown before entering the nursery. The use of masks by nursery personnel is not permitted. Each person giving nursing care in a nursery shall wear a clean scrub gown which shall be changed daily. When it is necessary to leave the nursery or postpartum unit, a surgical gown shall be worn over the nursing gown. Technicians and members of the maintenance staff entering the nursery for the purposes of cleaning, repairing, etc., shall observe strict nursery technique and shall wear a clean surgical gown.

(d) Examination of Newborns. Immediate preliminary examination of the infant shall be performed and recorded by the obstetrician or pediatrician in the delivery room. The newborn infant shall receive a complete physical examination within twenty-four (24) hours after admission to the nursery service and the results recorded. Each infant shall be re-examined at appropriate intervals thereafter and before within 24 hours of discharge and the results recorded. The infant shall be examined in his bassinet or incubator. 139.22(b) (d)

(e) Any infant who displays abnormal signs or symptoms shall be examined promptly by a physician. 139.22(c)

(f) [e] Keeping of Newborn 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, serial bilirubin levels, if indicated, race, sex, date of admission, admission weight, serial weights, type and volume of feedings, time of first voiding, time of passage of first stool, number, color and consistency of stools, temperature. If abnormalities are suspected, the nurses 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, 139.29 date of 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 139.28(a)(14) and if deceased, whether or not an autopsy was performed.

(g) [f] 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. /and shall be followed by a postal card provided for that purpose.]

(h) [g] Transportation of Infants. When infants are hand-carried to mothers, or are being returned to the nursery, no more than one (1) infant shall be carried at one time. [If a mechanical device is used to transport more than one (1) infant at a time, strict separation of each infant and his bedding from other infants shall be maintained.]
Group carriers shall not be used to transport infants.
139.25(b)(1) [No bedding, however handled, can be used for two (2) infants without being thoroughly cleansed between uses; that is the bed linen washed in the hospital laundry, and the bassinet cleansed with soap and water.] See Section 5(b)(3)(c) below for cleaning bassinets between use for different infants.

Elevators when used to transport infants from the delivery room shall be kept free of other passengers.
137.12(i)

(i) [h] Propping of Bottles. Infants shall not be fed by means of propped bottles.

(j) Identification at Discharge. There shall be a method for the proper identification of each infant and his mother or other responsible person at discharge. Infants discharged or transferred to another nursery or hospital shall be carefully identified. 139.72(e)

(k) Policies and Procedures. 139.21 The Chief of the Newborn Service shall be responsible for formulating written policies and procedures for all aspects of the operation of the Newborn Nurseries available at all times to the medical and nursing staff. These shall include procedures for the control of infection. 139.25(a) Such policies and procedures shall be reviewed at least once a year, revised as necessary, dated to indicate the time of last review, shall be in accord with these regulations and shall include procedures for screening infants for hypothyroidism and phenylketonuria. 139.21

- (m) Nurseries and Special Care Areas. All hospitals with maternity services shall provide a newborn recovery area, an observation area, a well infant nursery, an isolation nursery and provision for care of infants requiring more than well infant care in a special care nursery. Such special care nursery shall be either at the hospital of birth or at a transfer site. If the special care nursery is not available in the hospital of birth, written policies and procedures for transfer of infants shall be posted in the delivery and nursery area. There shall be a written agreement between the transfer hospital and the hospital of birth for on-going transfer of infants requiring special care. 139.12(a) 139.12(d)

(2) Nursing Services

- (a) Nursing Supervisor of Newborn Service. The nurses and nursing care of infants on the newborn service shall be under the supervision of a registered /licensed/ professional nurse with a baccalaureate degree in nursing and advanced preparation or experience beyond graduation in the nursing care of normal and high risk newborn infants. Such nursing supervisor shall be responsible to the chief of the newborn service for all medical policies governing the nursing care of infants on the service. Such nursing supervisor shall be a full time employee of the institution and, while acting in such capacity, shall not be assigned to any service other than the newborn service or maternity service, except that the nursing supervisor of the newborn service may, if necessary, serve simultaneously as nursing supervisor of the maternity service and gynecology service.
- (b) Ratio of Persons Giving Nursing Care to Newborn Infants. The nursing care in the full term and premature/ nurseries shall be at all times, day and night, under the supervision of a registered /licensed/ professional nurse experienced in the care of normal and high risk newborn infants.

(1) For hospitals not maintaining a separate premature nursery, i.e., where premature and full term infants are housed in the same nursery room, a minimum of one (1) person giving nursing care for each ten (10) such infants shall be provided.

(2) For hospital maintaining separate term and premature nurseries, there shall be at all times, day and night, a minimum ratio of one (1) person giving nursing care for each six (6) premature infants and one (1) person for each twelve (12) full term infants.

(1) Well Infant Nursery. A minimum of one (1) person giving nursing care for each eight (8) infants shall be provided.

(2) Special Care Nurseries. See Section 5(d)(2)(b)(1)-(3). and Section 3(1)(1)-(5)

(c) Observation of Infant. A member of the nursing staff shall be present in the nursery at all times. At no time shall a nursery be unattended.

(d) Procedures for Nursing Care. The Chief of the Newborn Service shall be responsible for establishing procedures for the medical and nursing care of newborn infants.

(e) All nursery personnel shall have education and nursing skills appropriate to their duties and assignments.

139.4 (c)

(3) Well Infant [Term] Nursery - Environmental Facilities.

(a) Nursery. Suitable physical space shall be provided for a newborn nursery, which is not to be used for any other purpose [.] and which shall be maintained in a clean and sanitary manner and free of arthropods and rodents at all times. 139.16

(b) Nurses Station and Chart Room.

(1) The nurses' station shall be used for review and writing of records by the physicians and nurses, and for donning gowns and caps. Minimum contents shall be a chart rack, desk, telephone, cabinet for clean caps and gowns, and a receptacle for used caps and gowns.

(2) The nurses' station shall be contiguous with the nursery room so that it serves as the entrance from the corridor into the nurseries [and so that administrative facilities may be handled separately from medical facilities].

[This section shall not be enforced until January 1, 1968 for maternity and newborn units constructed prior to August 1, 1962.]

(3) There shall be viewing windows from the nurses' station to each nursery room.

[This section shall not be enforced until January 1, 1968 for maternity and newborn units constructed prior to March 1, 1963.]

(c) Floor Space of Nursery.

- (1) There shall be aisles at least two (2) feet three (3) feet in width between bassinets and there shall be no more than twelve (12) bassinets in each well infant full term nursery.
- (2) Each nursery room shall provide a minimum of twenty-four (24) square feet of floor space for each bassinet.

This section shall not be enforced until January 1, 1968 for maternity and newborn units constructed prior to August 1, 1962.

For maternity and newborn units constructed before August 1, 1962, the following shall apply: Each nursery room shall provide a minimum of sixteen (16) square feet of floor space for each bassinet.

(d) Treatment Room.

- (1) Any treatment table shall be draped for each infant with fresh linen or paper sheeting.
- (2) Each nursery for newborn infants weighing over five (5) pounds eight ounces (2500 grams) at birth shall have contiguous therewith an area or room where diagnostic or therapeutic procedures which cannot be done in the infant's bassinet are carried out.

- (e) Facilities for Handwashing. Each nursery room shall be provided with a wash basin having hot and cold running water, a sufficient supply of liquid soap or other suitable detergent in dispensers, nail sticks, sponges, and disposable towels. When paper towels are used, a dispenser shall be provided. 139.13(c)

The running water shall be furnished by means of equipment. The wash basin shall be equipped with elbow, foot or knee controls. Liquid soap or detergent dispensers shall be cleaned between refills.

- (f) Weighing Scale. A weighing scale shall be provided for each nursery unit and during use shall be draped, for each infant, with fresh linen or paper sheeting.
- (g) Thermometers. An individual thermometer, kept in a fresh antiseptic disinfectant solution which is changed daily, shall be provided for each infant's exclusive use.

(h) Formula storage area shall be provided for each nursery. Precautions shall be taken to avoid contamination of commercial formula. 139.32

(h) Bottle Warmer. There shall be provision for warming bottles in each nursery unit. If bottle warmers are used in which the bottles are immersed in water, care shall be taken that the water is boiled or discarded between each using, changed at least once daily, and that it does not come in contact with nipples.

(i) Handling of Diapers, Soiled Linen and Waste. Soiled diapers shall be placed in a covered disposal can with foot control and provided with a removable paper bag or lining. The disposal can shall be emptied at least every eight (8) hours by removal of the inner bag. No rinsing of diapers or soiled linens shall be done in any part of the nursery unit or by personnel who care for or feed infants. Hampers, with removable linings, for the disposal of soiled linens other than diapers shall be provided. The inner bag from the diaper can and the soiled linen hamper shall be placed outside the nursery so that the collector shall not enter the nursery unit. A separate can for the disposal of waste matter other than linen and diapers from all nurseries shall be provided and emptied at least every eight (8) hours and shall be in accordance with regulations of the Department.

(j) Laundering of Linens. Non-disposable diapers and other soiled nursery linen coming in contact with the infant shall be washed separately from other hospital linen in accordance with acceptable procedures.

(k) Cleaning of Nursery. Walls, floors, ceilings and equipment shall be so constructed as to be easily washed. Only wet mopping and wet dusting shall be permitted in any part of the nursery unit.

(l) Temperature and Humidity in Nursery. 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 nursery staff to monitor temperature and humidity.

(m) Number of Bassinets. A ratio of at least one (1) bassinet for each postpartum maternity bed in the maternity service shall be provided.

(n) Type of Bassinet. Each All newborn infants shall have, for their his exclusive use while in the nursery, a bassinet or incubator which is not attached to or in direct contact with any other bassinet or incubator.

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.

- (o) **Cleaning of Bassinet.** Whenever a bassinet or incubator is vacated, it shall be thoroughly cleaned before use by another infant/ .] ; that is, the bed linen washed in the hospital laundry, and the bassinet clean/s/ed /with soap and water/ and disinfected.
- (p) **Identification Cards.** Each bassinet or incubator shall have fixed or attached thereto a card, clearly identifying the infant to whom such bassinet or incubator is assigned.
- (q) **Equipment and Supplies.** Furnishings and supplies shall be limited to those necessary for the care of infants. /There shall be at least one (1) incubator for each sixteen full term infants, exclusive of those required in the delivery and premature nursery rooms./ There shall be, at all times, available and ready for use in each nursery, equipment and supplies including individual catheters for suction and oxygen administration. All necessary supplies for each infant shall be stored in covered containers to permit individualized infant care. 139.13(b)
- (r) **Examining Instruments.** All examining instruments used in nurseries shall be standard equipment and must remain in the nursery. Separate sets of examining instruments shall be maintained in each room of the nursery unit and shall remain in the nursery room. Non-disposable unsterile examining instruments shall be thoroughly clean/s/ed by wiping with /antiseptic/ a disinfectant solution before use on each infant. At least weekly, and more often when necessary, these instruments shall be thoroughly cleaned.

[(c) Observation Nursery.]

- [(1) Observation Nursery.** The chief of the newborn service shall be responsible for establishing and enforcing policies for infants suspected of developing an infectious condition. This shall include any infant delivered of a mother who has or is suspected of having a significant infection. There shall be available, in each hospital, a separate observation facility to which such an infant can be removed. If an observation area is not available, the infant may be placed with his mother in a separate room on a continuous rooming-in plan.]

[2] Applicability of Other Regulations. Except as otherwise noted, all provisions of nursery regulations shall also apply to all observation nursery rooms.]

[d] Isolation Nursery.

(1) Isolation Nursery.

(a) There shall be provided in each hospital an isolation area to which an infant, in whom a definite diagnosis of infection has been made or who is suspected of developing an infectious condition, can be removed. The isolation area shall be physically separated from the routine nursery service by a solid partition extending from floor to ceiling and any door and any window shall be unopenable.

Infants suspected of developing an infectious condition may alternatively be placed with their mother in a separate room on a continuous rooming-in plan.

(b) The isolation area shall allow a minimum of forty (40) square feet of usable floor space per bassinet.

(2) Nurses in Isolation Nursery Room. Nursery personnel assigned to the isolation area shall not, while caring for such [infected] infants give nursing care to other infants on the newborn service.

(3) Applicability of Other Regulations. Except as otherwise stated all provisions of nursery regulations shall also apply to isolation nursery rooms.

[e] Special Care Nurseries. [Premature Nursery]

(1) General Regulations.

[a] Chief of the Premature Service. The chief of the premature service shall be appointed by the chief of the newborn service.]

(a) Policies and Procedures. In all hospitals which operate a special care nursery the chief of the newborn service shall be a qualified neonatologist.
[He/ The chief shall be responsible for formulating written policies and procedures governing the service. 139.24 Such policies and procedures shall include staffing patterns and required qualifications of nursery staff: physician, nursing, social work and ancillary nursing staff. 139.24.(b)(1)

- (b) Physician for Infant. Each /premature/ infant in a special care nursery shall be under the continuous care of a physician who is a member of the staff of the newborn service.
- (c) Examination of the Infant. The /premature/ infant in the special care nursery shall be examined by a nursery physician and the findings recorded. The extent of the initial examination shall depend on the size and general condition of the infant.
- (d) Keeping of /Premature/ Special Care Nursery Records.

Adequate records shall be kept up to date (see Section 5(b)(1)(f) /including each mother's name and religion, infant's name, race, sex, date of admission, admission weight, date of discharge, discharge weight, manner of discharge (home, hospital or death) and if deceased, whether or not an autopsy was performed./

- (e) /Premature/ Infants in the Special Care Nursery Suspected of Infection. Placement of /premature/ infants suspected of infection shall be left to the discretion of the chief of the /premature/ newborn service.

(f) Admission to the Special Care Nursery. Written policies and procedures for admission of infants to the Special Care Nursery shall be formulated by the Chief of the Newborn Service and be readily available to the appropriate staff of the Newborn Services. 139.24(a)

(g) Transfer Nurseries. Hospitals with obstetrical services that do not maintain intensive care nurseries shall have written agreements with hospital(s) maintaining intensive care nurseries, which shall serve as "Transfer Nurseries." 139.12(a). The Chief of the Newborn Service of the hospital of birth shall formulate written policies and procedures for transfer of infants from the hospital of birth to a transfer nursery. 139.12(d)

(h) Problems of Special Care Infants. Provision shall be made for physicians, nurses and social service staff to assist parents to become acquainted with the infant and /his/the infant's problems during the hospital stay. 139.24(b)(5)

(i) Follow-up Care. Written policies shall be developed by the hospital nursing and social service departments for involvement of community health and social service agencies for provision of continuing care, follow-up and home assistance following discharge of a special care infant. 139.24(b)(6)

(j) Applicability of Other Regulations. Except as otherwise stated, all provision of nursery regulations shall also apply to the premature unit Special Care Nursery.

(2) Nursing Services.

(a) Nursing Supervisor of the Premature Service Special Care Nursery. The nursing staff of the premature, nursery unit Special Care Nursery shall be under the supervision of a licensed registered professional nurse with a baccalaureate degree in nursing and advanced preparation or experience beyond graduation in the care of premature newborn infants requiring special care.

(b) Ratio of Nurses to Infants. In addition to the supervising nurse there shall be at least one (1) member of the nursing staff registered professional nurse with training and experience beyond graduation in the care of premature infants newborns requiring special care, and who has no other responsibility, assigned to the care of such infants for each eight (8) hour period of the twenty-four (24) hours. 139.24(b)(1) There shall be at least one (1) member of the nursing staff for every 6 premature infants. The ratio of nursing staff giving care to infants in special care nurseries shall be as follows: 139.24(b)(1)

(1) Intensive Care Area. One (1) member of the nursing staff for each one and one half (1.5) infants.

(2) Intermediate Care Area. One (1) member of the nursing staff for each three (3) infants.

(3) Continuing Care Area. One (1) member of the nursing staff for each five (5) infants.

(c) Ancillary nursing staff shall have demonstrated skills in caring for infants requiring special care and shall have adequate direct supervision at all times. 139.24(b)(4)

(3) Premature Special Care Nursery, Environmental Facilities.

(a) premature Special Care Nursery Location.

A separate nursery for premature infants requiring special care shall be provided if the daily census

premature such infants is six or more. The premature and term nurseries shall be completely separated by a solid partition extending from floor to ceiling and any door and any window shall be unopenable. It shall be located in a part of the hospital physically separated from services which care for infectious diseases. Institutions not having provisions necessary for the adequate care of premature infants shall transfer the infants to other institutions where such facilities are available.

(b) Floor Space.

(1) For All Old Construction.

(a) 1 Units designed for premature infants requiring special care shall have a minimum of thirty (30) square feet per bassinet infant unit. This section shall not be enforced until January 1, 1968 for maternity and newborn units constructed prior to August 1, 1962.

(b) 2 Units for premature infants requiring special care shall have no more than six (6) bassinets or incubators per room.

This section shall not be enforced until January 1, 1968 for newborn units constructed prior to March 1, 1963.

(c) 3 There shall be aisles of at least three (3) feet in width between bassinets infant units.

2. For all new construction, renovation or expansion of special care nurseries undertaken after the date these regulations take effect the following shall apply: 139.17(I)

(a) Intensive Care Area. A minimum of eighty (80) square feet per infant unit with at least six (6) feet between infant units and aisles at least eight (8) feet wide.

(b) Intermediate Care Area. A minimum of fifty (50) square feet per infant unit with at least four (4) feet between infant units and aisles at least five (5) feet wide.

(c) Continuing Care Area. A minimum of thirty (30) square feet per infant unit. 139.17

(c) Control of Atmospheric Conditions.

(1) The heating mechanism shall be controlled within the nursery unit by a thermostat.

- (2) The premature special care nursery room shall be air conditioned.

This section shall not be enforced until January 1, 1968 for maternity and newborn units constructed prior to March 1, 1963.

- (3) A properly maintained means of humidifying or dehumidifying the air shall be provided.

(d) Oxygen. Oxygen shall be available when needed to all premature infants requiring special care. It shall be administered only upon the specific indications as established by the chief of the premature newborn service. The oxygen concentration shall be determined by means of an oxygen analyzer and recorded at least every four (4) hours. 139.14

(e) Equipment.

(1) Apparatus for the safe administration of oxygen shall be provided, including humidification when needed. An analyzer for measuring oxygen content in incubators shall be provided in each premature nursery special care unit. 139.14 There shall be at least one double grounded electrical outlet for each incubator or radiant warmer. 139.17(4) All electrical equipment shall have Underwriters Laboratory Approval and be properly grounded. Ample suction, with individual catheters for individual infants, shall be provided. Some electrical outlets shall be on the emergency electrical circuit of the hospital and shall be so marked. 139.17(4)

(2) Oxygen and medically pure compressed air shall be piped in from outside the nursery. There shall be a minimum of one (1) oxygen outlet and one (1) compressed air outlet for each incubator or radiant warmer.

(3) Resuscitation equipment must be available in each special care nursery. 139.17(5)

(4) Air in the special care nursery shall not be recirculated and shall be turned over each hour. 139.17(6)

(f) Transfer from Delivery Room to Premature Special Care Nursery. A portable incubator or heated crib with available oxygen shall be provided for transporting the premature infant requiring special care from the delivery room to the premature special care nursery.

(g) Individual Incubators. An individual incubator shall be provided in the premature/special care nursery for each infant who requires additional heat. The temperature and humidity in such incubator shall be maintained at a level prescribed by the chief of the premature/newborn service as necessary for the needs of the infant occupying such incubator. Each incubator shall be equipped with a thermometer and an automatic safety device which shall warn of temperatures injurious to the health of an infant. Each incubator shall be free from fire and electrical hazards as shown by the approval of the Underwriters' Laboratory.

[(f) Formula Room.

[(1) Location. A separate room shall be provided for preparation of feedings and shall be used for no other purpose. The formula room shall be situated where danger of contamination is least, and where the most supervision can be given by a dietician or nurse.]

[(2) Construction.]

[(a) The formula room shall be divided into two (2) sections by a full-length ceiling-height partition, in which there is a sliding opening.]

[This section shall not be enforced until January 1, 1968 for maternity and newborn units constructed prior to March 1, 1963.]

[(b) Such a division permits the exclusive use of one section as a clean-up room for receiving and washing glassware, nipples, and utensils, and the other section for preparation, terminal sterilization, and refrigeration of formulas and special fluids.]

[(3) Supervisor of Formula Room. The supervisor of the formula room shall have had special training in formula preparation and in sterilization procedures. She shall train and supervise all formula room personnel. Workers in the formula room shall have no direct contact with patients who have infectious conditions.]

[(4) Formula Room Personnel. All personnel working in the formula room shall comply with Sections 3(o) and 3(p).]

- ∟(5) Gowns and Handwashing. Before performing any duty in the formula preparation room, personnel shall remove street clothing, don clean surgical gown and scrub cap, and shall employ the conventional three (3) minute scrub.7
- ∟(6) Formula Preparation. In the clean-up section of the formula room, formula bottles, nipples, and other formula equipment shall be thoroughly washed, using a detergent solution (not soap) and a bottle brush or mechanical washing unit. Nipples shall be inverted in the cleaning process, rinsed in running water, then boiled for fifteen (15) minutes or autoclaved at 230 degrees F. for ten (10) minutes. In the preparation part of the formula room, formula mixtures shall be bottled, capped, sterilized, and cooled.7
- ∟All formulas shall be prepared according to the technic of terminal sterilization. The milk mixtures shall be made up using clean but not aseptic technic, transferred to clean bottles, capped, and placed in metal racks. The nipple caps may be of glass, metal, plastic or water resistant paper. The racks of filled bottles shall be placed in sterilizers and terminally heated, either under pressure at 230 degrees F. for ten (10) minutes, or by the non-pressure method of steam or water at 212 degrees F. for twenty-five (25) minutes. Upon completion of this terminal sterilization, the formulas shall be removed from the sterilizer, cooled at room temperature for no longer than one (1) hour, and then placed in a refrigerator maintained at 40 degrees F. to 45 degrees F.7
- ∟(7) Used Formula Bottles. After use, all formula bottles shall be rinsed with warm water to remove the formula residue and to facilitate the cleaning of the bottles.7
- ∟(8) Examination of Formulas. The technic of formula preparation shall be checked by bacteriologic examination at least once a week, and such records shall be available to the Department of Public Health upon request.7
- ∟(9) Purchased Formulas. If the formula is not prepared in the hospital, but purchased from an outside source; it shall be purchased from a source approved by the Department of Public Health, be transported to the hospital in individual formula bottles (or individual nursing units), and transported to the hospital and stored within the hospital at a temperature maintained at 40 degrees to 45 degrees F. until used. Any other

manner of transporting or storing formula may be used only with the concurrence of the Health Commissioner.7

(f) 7 Circumcisions.

- (1) Space. In hospitals where ritual circumcisions are performed, space shall be made available, with a room for the procedure separate and apart from the place for visitors. Other circumcisions may be carried out in the nursery treatment room, delivery room or comparable area whose location, size and facilities permit safe accomplishment of the procedure.
- (2) Examination Prior to Circumcision. Each infant shall have been examined by a physician, and no infant shall be circumcised if such physician has found a contraindication to circumcision.
- (3) Aseptic Precautions. Strict surgical aseptic technic shall be used. Persons in the room where any circumcision is performed shall wear gowns. The hospital 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.
- (4) Number of Participants. The number of participants in the ritual circumcisions shall not exceed five (5), exclusive of infant, operator, and members of the hospital professional staff.
- (5) Nursing Supervision. A nurse shall be in attendance, at all times, during a ritual circumcision and shall supervise the carrying out of the procedures approved by the chief of the newborn service.
- (6) Placement of Infant After Ritual Circumcision. An infant, after having had a ritual circumcision performed in the manner prescribed in Section 5(f)(1) to 5(f)(5) inclusive, may be returned to a regular nursery room. If, for any reason, the ritual circumcision has not been performed as stipulated, such infant, if kept in the hospital, shall not be placed in a regular nursery room, but shall be placed in an area separate from other newborns.

7(6) COMBINED OBSTETRICAL-GYNECOLOGICAL SERVICE

(a) Application.

Any hospital requesting permission to operate a combined

obstetrical-gynecological service shall apply in writing to the Philadelphia Department of Public Health. Included in the application shall be a copy of the proposed rules of the hospital for the conduct of the combined obstetrical-gynecological service including policies and procedures regulating admission of gynecological patients to the combined service and providing lists of specific types of patients that may be admitted, that shall not be admitted, and that shall be transferred from the combined service; as well as a detailed presentation of the method of operation to insure at all times continuing competent medical supervision of admissions and transfers; it being expressly understood that the intent of these Regulations, in allowing the operation of combined obstetrical-gynecological service, is to permit the admission on this service of such gynecological patients as shall not be potential or actual sources of infection and the retention of such patients on the service so long as they remain free of infection, and shall not unduly increase the risk of infection of other patients.

(b) Records and Reports.

Each institution maintaining a combined obstetrical-gynecological service shall have available, at all times, reports for the preceding five (5) years which shall give the following information for each gynecological patient admitted to the combined service:

- (1) Identification;
- (2) Admission diagnosis;
- (3) Discharge diagnosis;
- (4) Reason for transfer from the combined service (if transferred);
- (5) Person approving admission.

(c) Responsibility of Chief of Maternity Service.

The Chief of the Maternity Service, as described in Section 3(b) shall be responsible for enforcement of the medical policies of the combined service including those related to admission of gynecological patients to the combined service. He The chief, or when the chief he is not available, a previously-designated member of the medical staff of the maternity service) shall approve, prior to admission, the admission of each gynecological patient to the combined service. He The chief shall be responsible for preparing and posting:

(1) A current roster of physicians including their obstetrical and gynecological responsibilities.

(2) An on-call roster of physicians to ensure that a physician with obstetrical-gynecological privileges is readily available at all times.
137.34

(d) Admission of Gynecological Patients.

(1) Direct Admission.

Admissions to the combined service shall be limited to persons newly admitted to the hospital and shall not include transfers from other inpatient services of the hospital.

(2) Occupancy Limitations.

No maternity patient shall be denied admission to the combined service because of the presence of gynecological patients. Such a gynecological patient shall immediately be removed from the combined service if necessary to make room for a maternity patient. In any case, no gynecological patient shall be admitted to the combined service at any time when the combined service occupancy exceeds seventy (70) percent.

(e) Separate Rooms.

Gynecological patients may not occupy the same room as a maternity patient, it being understood that such rooms shall be separated by a solid partition extending from floor to ceiling.

(f) Visiting.

The visiting hours and other visiting policies for the maternity patients shall apply to the gynecological patients on the combined service.

(g) Nursing Supervision.

The nursing supervisor of the maternity service, as described in Section 3(f) shall supervise the nurses and the nursing care of the patients on the combined service. The nurses and nursing care of patients on the combined service shall be under the supervision of a registered professional nurse with a baccalaureate

degree in nursing and training or experience beyond graduation in obstetrical gynecological and newborn nursing. This shall include the nursing care of gynecological patients on the combined service. 137.33
137.33

A registered professional nurse with experience in obstetrical, gynecological and newborn nursing shall at all times, day and night, supervise the nursing care of patients on the combined service.

(h) Nursing and Medical House Staffs.

(1) Nursing Staff.

Nursing staff assigned to a combined service shall not provide nursing care in the newborn nurseries or in the labor and delivery room unit. Nursing care for all adult patients on the combined service both gynecological and maternity may be provided by the nursing staff of the maternity service.

(2) Medical House Staff.

Gynecological patients on a combined service may receive medical care from the same medical house staff of interns and residents that provide medical care to the maternity patients. The same medical house staff may provide medical care in the nurseries and in the labor and delivery room unit.

(i) Labor, Delivery, and Operating Rooms.

(1) Labor Rooms and Delivery Rooms.

The labor rooms and delivery rooms of the maternity service shall not be used by gynecological patients on the combined service.

(2) Operating Room.

Surgery on gynecological patients on the combined service shall be done in an operating room not part of the maternity service. If an infection is found at operation, the patient shall not be returned to the combined service but shall be transferred to another service.

2. [k] (j) Applicability of Other Items of these Regulations.

Except as otherwise noted, all provisions of maternity and newborn regulations provided above shall also apply to institutions with a combined obstetrical-gynecological service.

6 (7) EFFECTIVE DATE OF REGULATIONS

Enforcement of this regulation shall commence on March 1, 1963 except where specifically provided.

Each hospital with maternity and newborn services constructed prior to March 1, 1963 shall, until January 1, 1968, make an annual report to the Health Commissioner stating the plans, progress, and an estimate of the actual cost involved in achieving compliance with all items in the regulations. If such reports are not made, the effect of this failure to report shall be as if the regulations were in complete effect and force for that particular hospital as of March 1, 1963.