Kansas Administrative Regulations

Department of Health and Environment

Article 4.—Maternal and Child Health

28-4-1310. Clinical services and patient care.

(a) Each licensee shall ensure that the clinical services provided at the birth center are limited to those services associated with a normal, uncomplicated pregnancy and a normal, uncomplicated delivery.

(b) Each licensee shall ensure that only the clinical services approved by the clinical director are performed at the birth center.

(c) Each clinical staff member providing services shall work under the direction of and in consultation with the clinical director or the acting clinical director.

(d) Each clinical staff member shall have access to patient diagnostic facilities and services, including a clinical laboratory, sonography, radiology, and electronic monitoring.

(e) Each licensee shall make available to each patient, in writing, information concerning the following:

(1) The clinical services provided by the birth center;

(2) the rights and responsibilities of the patient and the patient's family, including confidentiality, privacy, and consent;

(3) information on the qualifications of the clinical staff members;

(4) the risks and benefits of childbirth at the birth center;

(5) the possibility of patient or newborn transfer if complications arise during pregnancy, labor, or delivery and the procedures for transfer; and

(6) if a fetal death occurs, the patient's options for the taking or disposition of the fetal remains.

(f) Each licensee shall limit patients to those women who are initially determined to be at low maternity risk by a clinical staff member and who are evaluated regularly throughout the pregnancy to ensure that each patient continues to be at low risk for a

poor pregnancy outcome. Each clinical director shall establish a written maternity risk assessment, including screening criteria, which shall be a part of the approved policies.

(g) When conducting the maternity risk assessment, each clinical staff member shall assess the health status and maternity risk factors of each patient after obtaining a detailed medical history, performing a physical examination, and taking into account family circumstances and psychological factors.

(h) The screening criteria of the maternity risk assessment shall be used as a baseline on which the risk status of each potential patient or patient is determined. The screening criteria shall apply to each potential patient before acceptance for birth center services and throughout the pregnancy for continuation of services. The screening criteria shall include the specific qualifications of the clinical staff members and the availability of supplies and equipment needed to provide clinical services safely.

(i) The factors to be considered in the development of the maternity risk assessment shall include the following:

(1) Age of the patient as a possible factor in determining the potential additional risk of poor pregnancy outcome;

(2) major medical problems including any of the following:

(A) Chronic hypertension, heart disease, or pulmonary embolus;

(B) any congenital heart defect assessed as pathological by a cardiologist that places the patient or fetus at risk;

(C) a renal disease;

(D) a drug addiction or required use of anticonvulsant drugs;

(E) diabetes mellitus;

(F) thyroid disease; or

(G) a bleeding disorder or hemolytic disease;

(3) previous history of significant obstetrical complications, including any of the following:

(A) RH sensitization;

(B) a previous uterine wall surgery, including caesarean section;

(C) seven or more term pregnancies;

(D) a previous placental abruption; or

(E) a previous preterm birth; and

(4) medical indication of any of the following:

(A) Pregnancy-induced hypertension;

(B) polyhydramnios or oligohydramnios;

(C) a placental abruption;

(D) chorioamnionitis;

(E) a known fetal anomaly;

(F) multiple gestations;

(G) an intrauterine growth restriction;

(H) fetal distress;

(I) alcoholism or drug addiction;

(J) thrombophlebitis; or

(K) pyelonephritis.

(j) Each patient found to be at high obstetrical risk based on the maternity risk assessment shall be referred to a qualified physician.

(k) Each licensee shall ensure that the policies and procedures include a program of education that prepares patients and their families for childbirth, including the following:

(1) Anticipated changes during pregnancy;

(2) the need for prenatal care;

(3) nutritional requirements during pregnancy;

(4) the effects of smoking, alcohol, and substance use;

(5) the signs of preterm labor;

(6) preparation for labor and delivery, including pain management and obstetrical complications and procedures;

(7) breast-feeding and care of the newborn;

(8) signs of depression during pregnancy and after childbirth and instructions for treatment;

(9) instruction on understanding the patient and newborn health record information;

(10) sibling preparation; and

(11) preparation needed for discharge of the patient and the newborn following delivery.

(l) Each licensee shall ensure that the policies, procedures, and clinical protocols are followed for each patient during labor, delivery, and postpartum care.

(m) Each patient shall be admitted for labor and delivery by a physician, a certified nurse-midwife, a certified professional midwife, or a certified midwife.

(n) At least one clinical staff member shall be available for each patient in labor.

(o) At least two employees shall be available for each patient during delivery. One shall be a clinical staff member. The other shall be another clinical staff member or a licensed practical nurse (LPN) practicing within the scope of the LPN's training and experience and working under the direct supervision of a licensed physician, a certified nurse-midwife, or a registered professional nurse.

(p) A clinical staff member shall monitor the progress of the labor and the condition of each patient and fetus as clinically indicated to identify abnormalities or complications at the earliest possible time.

(q) The patient or newborn shall be transferred to a medical care facility if a clinical staff member determines that medical or surgical intervention is needed.

(r) The patient's family or support persons shall be instructed as needed to assist the patient during labor and delivery.

(s) The surgical procedures performed at the birth center shall be limited to the following:

(1) Episiotomy;

(2) repair of episiotomy or laceration; and

(3) circumcision.

(t) Each clinical director shall develop and implement policies and procedures for the discharge of postpartum patients and their newborns, which shall be followed by all clinical staff members.

(1) An individual, written discharge plan shall be developed for each patient and newborn, including follow-up visits and needed referrals. Each patient shall receive a copy of the plan at the time of discharge.

(2) Each patient and each newborn shall be discharged no later than 24 hours after birth and in accordance with policies, procedures, and clinical protocols.

(3) Each birth or death certificate shall be completed and filed as required by state law.

(4) A follow-up visit shall be conducted by a designated clinical staff member between 24 hours and 72 hours after discharge of the patient to perform the following:

(A) A health assessment of the patient;

(B) a health assessment of the newborn; and

(C) the required newborn screening tests.

(5) The policies and procedures shall include a program of postpartum education and care, including the following:

(A) Newborn care;

(B) postpartum examinations;

(C) family planning; and

(D) a plan for well-woman routine gynecologic health care.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-507, K.S.A. 65-508, and K.S.A. 2009 Supp. 65-67a10; effective July 9, 2010.)