Kansas Administrative Regulations

Department of Health and Environment

Article 34.—Hospitals—Part 1. General.

28-34-18a. Obstetrical and newborn services.

(a) General provisions. If the hospital provides obstetrical and newborn services, they shall be provided in a manner sufficient to meet the medical needs of the patients.

(b) Personnel.

(1) The director of the obstetrical services shall be a member of the medical staff who has experience in obstetrics. The director of the newborn nursery service shall be a member of the medical staff who has experience in pediatrics. The obstetrical and newborn nursing services, including labor, delivery, recovery, and postpartum care, shall be under the supervision of a registered professional nurse qualified by education and experience to provide nursing care to the obstetric and newborn patients.

(2) Personnel qualified to administer inhalation and regional anesthesia shall be readily available. A registered professional nurse shall be available to supervise staff who are monitoring labor, delivery, recovery, and postpartum patients. Labor, delivery, and recovery rooms, when occupied, shall have continuous coverage by nursing staff qualified by education and experience in intrapartum and postdelivery care. The newborn nursery shall be under the supervision of a registered professional nurse qualified by education and experience in the care of normal and high-risk infants.

(c) Facilities and equipment. The obstetrical and newborn services shall include facilities to provide for labor, delivery, recovery, postpartum, and newborn care in a designated area.

(1) Each labor room shall have access to the following:

(A) Toilet facilities;

(B) handwashing facilities in or immediately adjacent to each labor room;

(C) oxygen and suction equipment;

(D) a nurse call system;

(E) an emergency delivery pack;

(F) resuscitation equipment;

(G) a fetal monitor;

(H) intravenous therapy solutions and equipment; and

(I) emergency tray with drugs appropriate to obstetrical emergencies.

(2) Each delivery room shall have access to the following:

(A) Equipment appropriate for maternal and newborn resuscitation, including suction, airways, endotracheal tubes, and ambubags;

(B) equipment for administration of inhalation and regional anesthetics;

(C) a functioning source of emergency electrical power;

(D) an emergency call or intercommunication system;

(E) oxygen and suction equipment which can be accurately regulated;

(F) a fetal monitor;

(G) supplies and instruments for emergency Cesarean section;

(H) a scrub sink with foot, knee, or elbow control;

(I) prophylactic solution approved by the licensing agency for instillation into eyes of newborn pursuant to K.S.A. 65-153 and K.A.R. 28-4-73 and any amendments thereto;

(J) a method for identification of the newborn and mother;

(K) a movable, heated bassinet, a bassinet with a radiant warmer, or a transport isolette for the newborn while in the delivery room and during transport from the delivery room; and

(L) a sink with foot, knee, or elbow control.

(3) Each normal or neonatal intensive care nursery shall have access to the following:

(A) A bassinet or isolette for the exclusive use of each infant and for storage of individualized equipment and supplies;

(B) oxygen, oxygen analyzer, and suction equipment which can be accurately regulated;

(C) phototherapy light;

(D) intravenous infusion solutions and equipment. A pump shall also be available;

(E) sink with foot, knee, or elbow control; and

(F) newborn resuscitation equipment.

(d) General requirements.

(1) When an infected patient is delivered in the delivery room, an established infection control protocol shall be followed. An operating room may be used for delivery when the delivery rooms are occupied and for Cesarean sections or obstetrical complications.

(2) Any room may be used as a birthing room when the hospital has a birthing room program that is approved by the licensing agency.

(3) Newborn services shall provide for newborn recovery, observation, and isolation, and for high-risk infants, access to care in a neonatal intensive care nursery either at the hospital of birth or by transfer to a hospital with a neonatal intensive care unit.

(4) All necessary supplies shall be stored in covered containers to permit individualized care.

(e) Procedures and policies. The directors of the obstetrical and newborn services, in cooperation with nursing service, shall develop procedures and policies which shall be available to the medical and nursing staff. Minimal procedures shall include the following:

(1) Oxygen shall be administered only with proper apparatus for its safe administration and control of concentration. Concentrations of oxygen shall not exceed a safe level commensurate with current concepts of oxygen therapy.

(2) Identification shall be attached to the mother and newborn infant before they are removed from the delivery room.

(3) Hospital infection control protocol shall be followed with each patient admitted to the labor and delivery, nursery, or postpartum areas with suspected or confirmed transmissible infection.

(4) Each newborn shall be transported to the mother's room or other units outside the nursery in an individual bassinet.

(5) Each infant shall be tested for phenylketonuria, congenital hypothyroidism, and galactosemia prior to being discharged.

(6) Additional policies shall be adopted concerning, at minimum, the following:

(A) The use of oxytoxic drugs and the administration of anesthetics, sedatives, analgesics, and other drugs;

(B) the development of a current roster of physicians with a delineation of their obstetrical privileges. The roster shall be maintained and made available to personnel;

(C) the housing of gynecology patients on the maternity unit;

(D) the presence of fathers or other support persons in the labor, delivery, and birthing rooms;

(E) the protocol for visitors to labor and recovery patients and to the nursery and postpartum units;

(F) attire and handwashing protocols for obstetrical and newborn unit staff and other hospital staff entering these units;

(G) the flow of hospital staff between the obstetric and newborn units and other patient care areas;

(H) the procedure for obtaining blood samples for newborn screening lists, in compliance with K.S.A. 65-180 et seq. and any amendments to it, prior to newborn discharge;

(I) the procedure for reporting to the licensing agency within 48 hours when two or more infants in a nursery demonstrate simultaneous evidence of an infectious disease of a similar nature;

(J) an infection control program for labor, delivery, postpartum, and nursery area which shall include specific procedures for patient isolation and the cleaning, disinfection, and sterilization of patient areas, equipment, and supplies.

(K) arrangements for implementing patient education programs and family-centered care and for promoting parental/sibling/newborn attachment and initiation of breastfeeding;

(L) a system to facilitate coordination of prenatal and postpartum referral and follow up for mothers and newborns at risk and those being discharged less than 24 hours post delivery;

(M) a defined routine for care of obstetrical and newborn patients;

(f) Perinatal Committee. The hospital shall establish an obstetrical and newborn services committee to monitor, evaluate, and recommend the provision of patient services. The committee membership shall include appropriate medical and nursing staff personnel.

(Authorized by and implementing K.S.A. 65-431; effective May 1, 1986.)

***** Authenticated Kansas Administrative Regulation *****