**Section 250.1820 Obstetric and Neonatal Service (Perinatal Service)**

a) Provision of Care

1) All hospitals licensed as general hospitals by the Department shall provide for the admission, medical care, transfer or discharge of obstetric and neonatal patients.

2) No hospital shall fail to provide obstetric or neonatal care without the written consent of the Director or the Director's designee.

3) Each hospital providing perinatal services shall comply with the perinatal care standards in the Regionalized Perinatal Health Care Code.

4) *Every hospital shall ensure that it has the proper instruments available for taking a pregnant women’s blood pressure.* (Section 11.1a of the Act)

b) Location

1) Obstetric and neonatal services shall be located and arranged to provide maximum protection for obstetric and neonatal patients from infection and cross-infection from one another, patients in other services of the hospital and staff and visitors.

2) Obstetric and neonatal facilities shall be located in an area of the hospital that prevents through-traffic to any other part of the hospital.

c) Adequacy of Services

The hospital shall have well-organized obstetric and neonatal services that are adequately supervised by qualified personnel and with the necessary space, facilities, equipment, and personnel to provide obstetric and neonatal services in compliance with the hospital's designated level of care pursuant to the Regionalized Perinatal Health Care Code.

d) Obstetric and Neonatal Service Plan

1) Hospitals providing obstetric and neonatal services shall develop a plan for the management of the obstetric and neonatal patients that meets the requirements of this Subpart and the requirements of the Regionalized Perinatal Health Care Code applicable to the hospital's level of care, as designated by the Department. The plan shall be developed by the nursing department and medical staff and shall be approved by the governing authority of the hospital.

2) The hospital's written Obstetric and Neonatal Service Plan and level of care shall be known to medical staff and nursing personnel to obstetric and nursery personnel. A copy of the Plan shall be available in each obstetric and nursery unit and in every relevant hospital service area; the Plan shall be reviewed at least every three years and revised as indicated by the review.

e) Levels of Care

1) Care shall be provided to obstetric and neonatal patients according to the following levels level of specialized care as defined in the Regionalized Perinatal Health Care Code:

A) Non-Birthing Center hospitals do not provide perinatal services, but have a functioning emergency department. A letter of agreement shall delineate, but is not limited to, guidelines for transfer/transport of perinatal patients who are transferred to an appropriate perinatal care hospital in accordance with the non-birthing center hospital's letter of agreement with an Administrative Perinatal Center.

B) Level I hospitals provide care to low-risk pregnant women and newborns, operate general care nurseries and do not operate a Neonatal Intensive Care Unit (NICU) or a Special Care Nursery (SCN).

C) Level II hospitals provide care to women and newborns at moderate risk, operate intermediate care nurseries and do not operate a NICU or an SCN.

D) Level II hospitals with Extended Neonatal Capabilities (IIE) provide care to women and newborns at moderate risk and do operate an SCN but do not operate a NICU.

E) Level III hospitals care for patients requiring increasingly complex care, operate a NICU, and provide multidisciplinary consultation and supervision for those patients with medical and surgical problems that require highly specialized treatment and highly trained personnel.

2) Service Management Plan

A) A service management plan shall be provided for all levels of care for all patients. The plan shall provide for consultation services and shall establish the services for early diagnosis of obstetric, fetal and neonatal problems. The plan shall include an infection control risk assessment and policy and procedures if the hospital allows water births. Hospitals that are not designated to provide all levels of care shall maintain plans for the safe transfer of patients who require a higher level of care to hospitals with more specialized facilities, services and personnel, pursuant to the Regionalized Perinatal Health Care Code.

B) When the condition permits, a patient may be transferred from the Level III facility to a Level II facility that is nearest the family residence or another facility that can provide the appropriate level of care, in accordance with the Regionalized Perinatal Health Care Code.

f) Infection Control

1) The hospital shall follow procedures approved by the hospital's infection control committee, including procedures for the isolation of known or suspected cases of infectious disease in the obstetric and neonatal departments.

2) The hospital shall establish policies and procedures for infection control in the obstetric and neonatal departments that are consistent with the Guidelines for Perinatal Care; Section 250.1100 of this Part; the Control of Tuberculosis Code; and the recommendations in the American Academy of Pediatrics Red Book, Report of the Committee on Infectious Diseases.

3) The policy for infection control in the obstetric and neonatal departments shall include, but not be limited to, the following:

A) Health personnel shall:

i) Show evidence of prior rubella infection or rubella vaccination and comply with the health assessment and immunization requirements of Section 250.450 (Personnel Health Requirements). Health care personnel in obstetric and neonatal services shall comply with any additional requirements for health and immunizations, pursuant to the hospital's policies and procedures for infection control in the obstetric department;

ii) Wash hands to the elbows with an antiseptic agent using a procedure developed and posted by the infection control committee before entering the nursery at the beginning of a shift, and before handling infants for the first time. Hands shall be washed before and after touching each infant and after touching any object. Fingernails shall be kept short. Artificial fingernails or anything other than clear polish is not acceptable;

iii) Remove all rings, watches and bracelets before hand washing and entering the nursery.

B) The hospital's infection control committee shall establish a dress code for employees and visitors in compliance with the Guidelines for Perinatal Care.

C) An infected newborn shall be placed in an isolation room with separate scrub facilities if the following conditions are not met in the newborn nursery (see Section 250.2440(h) for additional requirements):

i) Adequate nursing and medical staff for unhurried movement between patients;

ii) Adequate time for thorough hand washing between patients and gowning;

iii) Sufficient space (4 to 6 feet) for easy movement between patients so that staff will not move from one patient to another without hand washing;

iv) A continuing program of instruction for all nursery personnel on the mode of spread of infections; and

v) At least two sinks for each nursery room.

D) The hospital shall develop infection control guidelines consistent with the Guidelines for Perinatal Care for infants born outside the hospital, other than transfers, or under conditions not aseptic, or born of mothers with membranes ruptured 24 hours or more, or born of mothers suspected of harboring infectious disease, with careful attention to proper aseptic technique of attending personnel and to conditions described in subsection (f)(3)(C) of this Section.

E) Infection control for the obstetric department shall include procedures for disinfection of patient areas consistent with Guidelines for Perinatal Care and the unit's procedures manual.

F) Policies and procedures for water births shall include an infection control risk assessment by the hospital's infection control committee to identify potential sources of infection for the mother and infant and recommendations for mitigating infections during water deliveries. The policies and procedures shall be provided to the Department, upon request.

g) Combined Facilities

1) Obstetric and clean gynecologic service facilities may be combined in accordance with a plan that complies with the requirements of this Subpart. The combined service program, its functional operations and detailed requirements shall be approved by the hospital obstetric and newborn service, medical staff, and governing authority.

2) In combined programs, caesarean section and obstetrically related surgery, other than vaginal delivery, shall be carried out in a designated and approved operating or delivery room. In combined programs, vaginal deliveries shall be carried out only in designated and approved delivery rooms or designated and approved operating rooms used solely for obstetric and clean gynecologic procedures.

3) Gynecologic service and obstetric service may be provided in a combined Obstetric and Gynecologic Service, or clean gynecologic cases may be admitted to the postpartum nursing unit of an obstetric service in accordance with the hospital's Obstetric and Neonatal Service Plan.

4) Only members of the medical staff with appropriate privileges may admit and care for patients in combined service areas. Admission shall be strictly controlled and be subject to the final authority delineated in the medical staff bylaws and approved by the hospital governing authority. The hospital's infection control committee shall provide close surveillance of the services.

5) Patients admitted to combined service facilities of hospitals with approved programs shall be limited to:

A) Obstetric patients admitted for delivery;

B) Clean obstetric complications (regardless of month of gestation); and

C) Selected clean gynecologic patients.

6) A gynecologic and obstetric patient's eligibility for admission shall comply with the hospital's infection control policy.

7) On a daily basis, unoccupied reserve beds in the combined facilities shall be ready for use by obstetric patients, pursuant to hospital policy.

8) Patients admitted to the combined services may be taken to x-ray or other hospital facilities for diagnostic procedures, if the procedures do not pose an infection risk or other hazard to the patient or to other patients on the combined service.

9) Patients may receive postpartum or immediate postoperative care in the general recovery room prior to being returned to the combined service floor if the following conditions exist (refer to Section 250.1320(a)):

A) The recovery room or intensive care unit is a separate unit adjacent to or part of the general surgical operating suite and delivery suite;

B) The recovery room or intensive care unit contains no patients with known or suspected infectious or communicable disease or other adverse conditions;

C) The recovery room is under the direct supervision of the anesthesia service (see Section 250.1410); and

D) Health care professionals providing care to post-surgical obstetric or gynecologic patients in a separate recovery room have training consistent with that required for health care professionals providing care in the general recovery room.

10) Nursing care of all patients shall be supervised by a registered nurse qualified to provide supervision.

11) Nursing care of all patients may be provided by the same personnel.

12) Visiting regulations for obstetric patients shall apply to all patients admitted to the combined facilities (refer to Section 250.1830(k)).

h) Activity Records

1) The hospital shall establish and keep daily records, including a Patient Log and the Obstetric Services Daily Census Report, from which required reports can be prepared.

2) The Patient Log shall contain, at a minimum, the following data on each patient admitted to the department other than obstetric patients:

A) Name of patient or hospital patient number;

B) Age;

C) Attending physician's name;

D) Date of admission;

E) Admitting diagnosis;

F) Operative procedure;

G) Discharge diagnosis;

H) Date of discharge;

I) Days stay;

J) Transferred off floor

Yes Date ; No ; and

K) Reason for transfer.

3) An Obstetric Service Daily Census Report shall be kept that, for each day of the month, gives the patient census (at the census-taking hour) of:

A) obstetric patients, including patients with clean obstetric complications;

B) gynecologic patients;

C) empty beds in the department; and

D) total patients.

4) The hospital shall submit required reports pursuant to the Regionalized Perinatal Health Care Code.

(Source: Amended at 46 Ill. Reg. 8914, effective May 12, 2022)