**Section 265.1900 Newborn Infant Care**

a) Each birth center shall adopt, implement and enforce written policies and procedures for the care of the infant. The medical director and Director of Nursing and Midwifery Services shall review and revise the policies as necessary to reflect current practices. The policies shall comply with the Guidelines for Perinatal Care, published by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, and include, at a minimum:

1) Resuscitation of the newborn;

2) Within two hours after delivery, ophthalmic ointment, or drops containing tetracycline or erythromycin, instilled into the eyes of the newborn infant as a preventive against ophthalmia neonatorum in accordance with the Infant Eye Disease Act;

3) A single parenteral dose of vitamin K-1, water soluble 0.5 milligrams, given to the infant soon after birth as a prophylaxis against hemorrhagic disorder in the first days of life;

4) Documentation of a physical examination of the newborn performed before discharge;

5) Referral for any abnormalities or problems;

6) The collection of blood for newborn screening;

7) Procedures for the detection of Rh and ABO isoimmunization;

8) HIV testing pursuant to the Perinatal HIV Prevention Code; and

9) Preparation and submission of birth certificates.

b) Identification of Newborns

1) While the newborn is still in the birth room, the nurse or certified nurse midwife in the birth room shall prepare identical identification bands for both the mother and the newborn. Wrist bands alone may be used; however, it is recommended that both wrist and ankle bands be used on the newborn. The birth center shall not use footprinting and fingerprinting alone as methods of client identification. The bands shall indicate the mother's admission number, the newborn's gender, the date and time of birth, and any other information required by birth center policy. Birth room personnel shall review the bands prior to securing them on the mother and the newborn to ensure that the information on the bands is identical. The nurse or certified nurse midwife in the birth room shall securely fasten the bands on the newborn and the mother without delay as soon as he/she has verified the information on the identification bands. The birth records and identification bands shall be checked again before the newborn leaves the birth room.

2) If the condition of the newborn does not allow the placement of identification bands, the identification bands shall accompany the newborn and shall be attached as soon as possible.

3) When the newborn is taken to the mother, the nurse or other birth center staff shall examine the mother's and the neonate's identification bands to verify the gender of the neonate and to verify that the information on the bands is identical.

4) The umbilical cord shall be identified according to birth center policy (e.g., by the use of a different number of clamps) so that umbilical cord blood specimens are correctly labeled. All umbilical cord blood samples shall be labeled correctly with an indication that these are a sample of the newborn's umbilical cord blood and not the blood of the mother.

5) The birth center shall develop a newborn infant security system. This system shall include instructions to the mother regarding safety precautions designed to avoid abduction of her newborn infant. Electronic sensor devices may be included as well.

c) Discharge of newborn infants shall be in accordance with the birth center policies (see Section 265.1950).

d) The birth center shall communicate with the pediatric care provider and shall transfer birth and newborn records to the pediatric care provider.

e) In breastfeeding and in the storage and handling of infant formula, the birth center shall comply with the provisions of the Guidelines for Perinatal Care.

f) Mandatory Hearing Screening

1) *Each* birthcenter *shall conduct bilateral hearing screening of each newborn infant prior to discharge unless medically contraindicated or the infant is transferred to* a *hospital before the hearing screening can be completed.* (Section 5(a) of the Early Hearing Detection and Intervention Act)

2) *The facility performing the hearing screening shall report the results of the hearing screening to the Department within 7 days* after *screening.*

A) *If there is no hearing screening result or an infant does not pass the hearing screening in both ears at the same time the* center *shall refer the infant's parents or guardians to a health care practitioner for follow-up, and document and report the referral, including the name of the health care practitioner, to the Department in a format determined by the Department.*

B) *For infants born outside a* birth center*, the newborn's primary care provider shall refer the patient to a medical care facility for the hearing screening to be done in compliance with the Act within 30 days after birth, unless a different time period is medically indicated.* (Section 5(b) of the Early Hearing Detection and Intervention Act)

(Source: Amended at 43 Ill. Reg. 1633, effective January 18, 2019)