

CHAPTER 137. OBSTETRICAL SERVICES

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Cross References

This chapter cited in 28 Pa. Code § 29.34 (relating to abortions not permitted on an ambulatory basis); and 55 Pa. Code § 6100.2 (relating to applicability).

GENERAL PROVISIONS

§ 137.1. Principle.

Where a hospital provides obstetrical services, they shall be provided in a manner sufficient to meet the medical needs of the patients.

§ 137.2. Organization and staffing.

The obstetrics service shall be organized in a manner that will ensure appropriate, effective care of maternity patients.

§ 137.3. Director.

(a) The director of the obstetrical services must be a member of the medical staff who is certified by the American Board of Obstetrics and Gynecology or an equivalent Board or who is eligible for Board certification or has successfully completed an approved residency training program in obstetrics-gynecology. The director of the obstetrical service, in cooperation with a committee of staff physicians, nurses, administrators, and other relevant personnel, shall establish policies for the proper conduct of the service.

(b) A designated physician who is experienced in the practice of obstetrics shall be on call at all times for consultation and obstetrical emergencies.

(c) A designated physician who is experienced in the practice of anesthesiology shall be on call at all times for consultation and anesthesia emergencies.

§ 137.4. Obstetrical nursing service.

(a) Obstetrical nursing services shall be provided in accordance with Chapter 109 (relating to nursing services) in addition to this section.

(b) The obstetrical nursing service shall be under the direction and supervision of a professional registered nurse who is qualified by training and experience in obstetrics and care of the newborn.

(c) There shall be at least one professional nurse on each tour of duty and other nursing personnel as needed. A professional nurse shall be available to supervise persons monitoring all occupied labor rooms.

(d) Recovery rooms, when occupied, shall have continuous coverage by nursing personnel qualified by training and experience in postobstetrical care.

FACILITIES**§ 137.11. Facilities and equipment.**

The obstetrics service shall be contained within a unit that shall include a labor and delivery unit and maternity unit, all of which shall be located and arranged to preclude unrelated traffic through the suite. Clean gynecological patients may be housed on the obstetrical unit.

Authority

The provisions of this § 137.11 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P.S. § 755-2).

Source

The provisions of this § 137.11 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37896).

§ 137.12. Delivery suite.

(a) Each delivery room shall be maintained and supplied as a separate unit which contains the equipment and supplies necessary for normal delivery, including examination and care of infants, and for the immediate management of complications in mother and infant. The obstetrical delivery suite shall be in an area which does not have traffic-bearing corridors to other parts of the hospital and which is physically separated from other departments.

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

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

(d) Caesarean sections may be performed in an operating room on the surgical service or in an operating room within the labor and delivery unit. At least one delivery room should be equipped for the performance of emergency Caesarean sections.

(e) Each delivery room shall have an emergency call or intercommunication system.

(f) Oxygen and suction equipment which can be accurately regulated shall be available for both mother and infant in each delivery room.

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

(h) The delivery room and equipment shall be cleaned after each patient's delivery is completed.

(i) A movable heated bassinet, transport incubator, or similar device should be made available to transport an infant from the delivery room. Oxygen shall be available for use during transit in cases of neonatal distress. Elevators, when used to transport infants from the delivery room shall be kept free of other passengers. The medical record of the infant shall accompany him to the nursery.

(j) Scrub sinks, equipped with elbow, knee or foot controls; hot and cold running water with mixer; and hand scrubbing accessories shall be available adjacent to or within all delivery rooms.

§ 137.13. Labor rooms.

The labor and delivery unit shall be considered a semirestricted area. The hospital shall establish and post appropriate restrictions to limit entry into this unit to authorized persons only. There shall be at least one labor room, properly equipped, for each delivery room. It shall provide privacy and be convenient to the delivery room. In an emergency, a properly equipped labor room may be used as a delivery room. The number of beds in a labor room or other rooms used for

this purpose shall not exceed two. Beds used by patients in labor shall be equipped with protective sides.

Authority

The provisions of this § 137.13 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

Source

The provisions of this § 137.13 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37897).

POLICIES

§ 137.21. Policies and procedures.

(a) 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.

(b) Obstetrical services policies and procedures shall include:

(1) A current roster of physicians with a delineation of their obstetrical privileges which shall be properly maintained and made available to nursing personnel.

(2) An on-call schedule established to ensure that a physician with obstetrical privileges is readily available at all hours.

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

(4) Policies for intervention where patients demonstrate evidence of maternal, fetal, or neonatal distress.

(5) 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.

(6) A program to prevent isoimmunization of RH-negative mothers.

(7) A program for immediate blood transfusion services, as necessary.

(8) Procedures in accordance with Chapters 27 and 29 (relating to communicable and noncommunicable diseases; and miscellaneous health provisions) governing the reporting of metabolic diseases in the newborn and screening for phenylketonuria. All hospitals with obstetrical services must comply with the act of September 9, 1965 (P. L. 497, No. 251) (35 P. S. § 621) which provides for the testing of all newborns for phenylketonuria.

(9) Clean gynecology patients may be housed on maternity units at the discretion of the chief of service. A maternity patient shall not be denied a bed because of the presence of gynecological patients.

(10) Policies for visitors.

(11) Policies and procedures governing the presence of fathers or other supportive persons in the delivery room, if the hospital allows this practice.

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

§ 137.22. Infection control.

(a) The hospital shall designate a committee which shall formulate specific policies for prevention, reporting, and control of infections on the obstetrical service. These policies shall be in written form, readily available to all appropriate personnel, and reviewed at least once every year for possible revision. One member of the committee or other individual shall be delegated to receive reports of infections and to assist in interpretation and implementation of established policies.

(b) The policies established in accordance with subsection (a) shall provide at a minimum:

(1) that, if a patient is admitted to the labor and delivery area with suspected or confirmed transmissible infection, isolation precautions or other appropriate precautions shall be instituted and followed.

(2) written policies governing the use of delivery rooms by patients with diagnosed or suspected infection and establishing techniques for cleaning delivery rooms following use by such patients. If a regular delivery room is used for such a patient, it shall be thoroughly cleaned following use in accordance with hospital policies and in a manner adequate to control the contamination.

§ 137.23. Labor room procedures.

(a) Medical and licensed nursing staff shall be present in the labor and delivery unit in sufficient numbers for the proper observation and care of patients in labor whenever a labor room is occupied.

(b) The director of obstetrical services or the appropriate medical staff committee shall establish written policies, which shall be available in the labor and delivery unit, concerning the use of oxytocic drugs during each of the three stages of labor.

(c) The director of obstetrical services or the appropriate medical staff committee shall establish written policies, which shall be available on the labor and delivery unit, regarding the use and administration of anesthetics, sedatives, analgesics, and other drugs.

§ 137.24. Delivery room procedures.

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

(b) Aseptic surgical techniques shall be used in all delivery rooms.

(c) Each obstetric patient shall be kept under close observation by competent professional personnel during the period of recovery after delivery, whether in the delivery room or in a recovery area until she is transferred to the maternity unit.

(d) 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 antistatic apparel and non-conductive footwear.

(e) Identification shall be attached to the mother and newborn infant before they are removed from the delivery room. Reference should be made to the act of April 20, 1925 (P. L. 358) (35 P. S. §§ 351—353).

(f) The eyes of newborn infants shall have instilled medication under § 27.98 (relating to prophylactic treatment of newborns) by the physician or his designee as soon as the condition of the infant permits. Procedures for prophylaxis shall be in accordance with § 27.98 (relating to prophylactic treatment of newborns).

Authority

The provisions of this § 137.24 issued under section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)); section 16 of the Disease Prevention and Control Law of 1955 (35 P. S. § 521.16); and section 803 of the Health Care Facilities Act (35 P. S. § 448.803).

Source

The provisions of this § 137.24 amended May 4, 1984, effective May 5, 1984, 14 Pa.B. 1553. Immediately preceding text appears at serial page (77289).

§ 137.25. Radiologic examination.

The medical staff shall establish written policies for the performance of diagnostic radiologic examinations of known or suspected pregnant patients, for the purpose of control of excessive radiation to fetus and mother. These policies shall be available to all appropriate personnel and shall be reviewed by the medical staff at least once annually for possible revision. A written request for a diagnostic radiologic examination of a female patient of childbearing age shall be marked in such a way as to clearly indicate to the person taking the roentgenogram the date of the patient's last menstrual period or the fact that the patient may be pregnant.

Authority

The provisions of this § 137.25 issued under section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)); and section 803 of the Health Care Facilities Act (35 P. S. § 448.803).

Source

The provisions of this § 137.25 amended through December 3, 1982, effective December 4, 1982, 12 Pa.B. 4129. Immediately preceding text appears at serial pages (52870) to (52871).

§ 137.26. Adoption procedures.

(a) A hospital providing maternity care shall provide a list, upon request, of available counselors and counseling services, compiled by the court, to maternity patients who are known to be considering relinquishment or termination of parental rights.

(b) Medical history information shall, where practicable, be delivered by the attending physician or other designated person to the intermediary, who shall deliver the information to the adopting parents or their physician. In cases where there is no intermediary, medical history information shall be delivered directly to the adopting parents or their physician. Medical history information shall be construed to be the adoptee's complete medical records as well as other information concerning an adoptee or an adoptee's natural family which are relevant to the adoptee's present or future health care or medical treatment.

(c) In all cases, medical history information shall be edited before delivery so as to remove contents which would identify the adoptee's natural family.

Authority

The provisions of this § 137.26 issued under section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)); and the Adoption Act, 23 Pa.C.S. § 2909.

Source

The provisions of this § 137.26 adopted November 2, 1984, effective November 3, 1984, 14 Pa.B. 3961.

COMBINED OBSTETRICAL-GYNECOLOGICAL SERVICES**§ 137.31. [Reserved].****Source**

The provisions of this § 137.31 reserved September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37900).

§ 137.32. Director of combined obstetrical-gynecological services.

If the services are combined, the director shall be a member of the medical staff who is certified by the American Board of Obstetrics and Gynecology or an equivalent board or who is eligible for such certification or has successfully completed an approved residency in Obstetrics and Gynecology.

§ 137.33. Obstetrical-gynecological nursing service.

(a) Obstetrical-gynecological nursing service shall be under the direction and supervision of a professional registered nurse who is experienced in maternity-gynecological and newborn nursing. Professional registered nurse supervision shall be provided on each tour of duty.

(b) A separate nursing staff shall be provided for the nursery.

- (c) A separate nursing staff shall be provided for delivery and labor rooms.
- (d) Bedside nursing care for obstetrical or gynecological patients, or both, may be provided by the same nursing staff.

§ 137.34. Policies and procedures.

(a) Written policies and procedures for the combined obstetrical and gynecological services shall be available to the medical and nursing staff.

(b) Policies shall state the type of patients admitted, retained and transferred. They shall also include the following:

(1) A current roster of physicians, with a delineation of their obstetrical-gynecological responsibilities, which shall be properly maintained and made available to nursing personnel.

(2) An on-call roster, to ensure that a physician with obstetrical-gynecological privileges is readily available at all hours.

(3) A provision that no maternity patient shall be denied a bed because of the presence of gynecological patients. If necessary, gynecological patients shall be transferred to other areas of the hospital.

(4) A requirement for isolation in a separate room of any patient with an infection or condition inimical to the safety and welfare of other patients.

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