

**DISTRICT OF
COLUMBIA
MUNICIPAL
REGULATIONS
for
MATERNITY
CENTERS**

CHAPTER 26. MATERNITY CENTERS

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22-2600. General Provisions.

2600.1 This chapter, and Chapter 31 of Title 22 of the D.C. Municipal Regulations, shall apply to the establishment and maintenance of maternity centers in order to protect the public interest by promoting the health, welfare, and safety of individuals in maternity centers.

2600.2 The Director shall make the final determination as to whether any building, or part of a building, or a group of buildings, constitutes a maternity center.

2600.3 Each section, subsection and paragraph of this chapter shall be independent of every other section, subsection and paragraph, and the finding or holding of any section, subsection and paragraph to be void or ineffective for any cause shall not be deemed to affect the validity of any other section, subsection and paragraph.

2600.4 Words used in this chapter shall have their usual meaning unless the context or a definition clearly indicates a different meaning.

2600.5 Words used in this chapter in the present tense include the future, words in the singular number include the plural number, words in the plural number include the singular number, and words in the masculine include the feminine.

2600.6 Whenever any office or department of the District government, other than the Director, is referred to in this chapter, the term shall include the authorized

agent of the office or department.

2600.7 Data relating to a maternity center, obtained as a result of the application of the provisions of this chapter, shall not be disclosed publicly in a manner that identifies the maternity center except in or following a public hearing, or except as necessary in case of a public health emergency.

2600.8 Each maternity center shall, in addition to the other requirements of this chapter, comply with the requirements of section 2004 regarding newborn hearing screening and newborn testing for metabolic disorders.

22-2601. Standards of Compliance.

2601.1 The Director may formulate and publish additional standards pursuant to the D.C. Administrative Procedure Act which, if followed, shall constitute prima facie evidence of compliance with the requirements of this chapter.

2601.2 Standards formulated and adopted by the Director pursuant to this chapter and the D.C. Administrative Procedure Act shall be made available to the public, and shall be maintained on file in the Director's office for inspection during regular business hours.

2601.3 The Director shall accept other means of compliance with this chapter if, after demonstration by the proponent of any method, process, means, or thing, it is determined that the method, process, means, or thing can, or is likely to, perform in the manner indicated or required, such that the total services and facilities of the maternity center will assure that the public health purpose will be achieved on a continuing basis.

2601.4 Demonstration by a proponent may include, but need not be limited to, approvals or acceptances by nationally recognized testing laboratories, reports of compliance with nationally accepted standards, or reports of investigations by universities or governmental agencies, and shall be in sufficient detail and magnitude that the Director may assure himself or herself that the public health purpose can and will be achieved under normal operating conditions on a continuing basis.

22-2602. License Requirements.

2602.1 No person shall operate or hold himself or herself out as operating a maternity center in the District without being licensed as required by the Act, except that any person operating a maternity center within the District on the date of adoption of these rules shall ensure compliance with these rules and obtain a license pursuant to this chapter within six (6) months of the date the rules were adopted.

2602.2 Each person who proposes to operate a maternity center in the District shall apply for a maternity center operator's license on a form prescribed by the Director.

2602.3 At the time of application, the applicant shall specify each category of birth conditions for which care will be offered. At the request of the Director, the applicant shall provide any other information relative to the operation of the maternity center.

2602.4 The initial application for a maternity center license, and applications for subsequent renewal, shall be accompanied by a license fee of three hundred (\$ 300)

dollars.

2602.5 The application for a maternity center license shall be submitted at least ninety (90) days before the prospective effective date of the license. Renewal applications shall be submitted at least (60) days prior to the expiration of the current license.

22-2603. Certifications Required.

2603.1 Upon receipt of satisfactory proof from the applicant, the Director shall certify that the following services shall be provided at the maternity center by or under the supervision of a certified nurse-midwife, provided a physician, as described in section 2614, is available on call at all times:

(a) Diagnostic services for screening and referral for care of at-risk maternity patients and newborn infants; and

(b) Midwifery services for the care of maternity patients and newborn infants.

2603.2 The Director, Department of Consumer and Regulatory Affairs ("DCRA"), or a designee, and the Chief, District of Columbia Fire Department ("Fire Department"), or a designee, shall inspect any physical facility to be used as a maternity center to determine whether the facility is appropriate for the proposed use, and if appropriate, issue to the applicant and the Director certification of the appropriate use. The Director shall not issue a license to operate a maternity center until the Director receives the certification of appropriateness from the Fire Department and DCRA.

2603.3 The Director may waive the on-site inspection if the Director determines that the maternity center to be located in the District is headquartered and licensed outside the District, and in the opinion of the Director, licensure by another jurisdiction constitutes sufficient evidence that the maternity center is in substantial compliance with District of Columbia law.

22-2604. Issuance of Licenses.

2604.1 The Director may issue a regular, provisional, or restricted license to operate a maternity center.

2604.2 Each maternity center license shall specify the following:

(a) The name of the person or organization to whom the license is issued;

(b) The name and location of the maternity center;

(c) The total rated bed capacity of beds and number of bassinets provided solely for maternity patients and newborn infants;

(d) The expiration date;

(e) The categories of care which the maternity center may furnish; and

(f) Any special limitations imposed by the Director.

2604.3 Licenses shall be classified as follows:

(a) Regular - for facilities that comply satisfactorily with the provisions of law and regulations; the Director shall issue a regular license to the maternity center if the facility complies satisfactorily with the provisions of this chapter.

(b) Provisional - for a maternity center that does not comply fully with the provisions of law and the regulations, where the non-compliance is not sufficiently serious in the judgment of the Director as to justify denial of a license for the operation of the center, and the center is taking appropriate corrective action as required by the Director. The maternity center may be permitted to operate under such conditions as the Director may specify for a period not to exceed 90 days under a provisional license.

(c) Restricted license - for a maternity center that does not comply fully with the provisions of law and the regulations, where the non-compliance is sufficiently serious in the judgment of the Director as to prohibit the maternity center from accepting new patients or to restrict the services offered by the center, for a period not to exceed ninety (90) days, when appropriate corrective action is not forthcoming from the center.

2604.4 Each maternity center license shall be valid only for the licensee and premises named in the license.

2604.5 The licensee shall frame the license under clear glass or plastic, and shall post it in conspicuous place in the main lobby or administrative office of the maternity center.

2604.6 Prior to the initial issuance of a license, and before license renewal, the Director or a designee shall conduct an on-site inspection of the applicant's maternity center to ensure compliance with the Act and the rules of this chapter.

2604.7 The Director or his or her designee may enter, announced or unannounced, a maternity center applying for licensure pursuant to this chapter during normal operating hours for the purpose of compliance with the Act or this chapter. The official conducting the inspection shall make every effort not to disrupt the normal operations of the maternity center.

2604.8 After initial licensure, the Director, in lieu of an on-site inspection, may accept accreditation by a private accrediting body, federal certification for participation in a health-insurance or medical assistance program as evidence of, and in lieu of inspecting for, compliance with any or all of the provisions of this chapter that incorporate or are substantially similar to applicable standards or conditions of participation established by that body or the federal government. Acceptance of private accreditation shall be contingent on the maternity center:

(a) Notifying the Director of all survey and resurvey dates no later than five (5) days after it receives notice of these dates;

(b) Permitting authorized government officials to accompany the survey team; and

(c) Submitting to the Director a copy of the certificate of accreditation, all survey

findings, recommendations and reports, plans of correction, interim self-survey reports, notice of noncompliance, progress reports on correction of noncompliances, preliminary decisions to deny or limit accreditation, and all other similar documents relevant to the accreditation process, no later than five (5) days after their receipt by the maternity center or agency or submission to the accrediting body.

22-2605. Change of Name, Location or Ownership.

2605.1 A licensed maternity center or part of a licensed maternity center shall not be relocated from the premises designated in the maternity center's license unless the licensee requests in writing approval from the Director at least thirty (30) days prior to the relocation, and obtains from the Director written permission to relocate.

2605.2 The relocation permit shall indicate on its face the special conditions governing the relocation of the maternity center or part of the maternity center as the Director may find to be in the interest of the public health.

2605.3 A licensee shall notify the Director of any change in ownership or name of the maternity center at least thirty (30) days prior to the change. If there is a change in the legal or beneficial ownership of ten (10) percent or more of the stock of a corporation that owns or operates a maternity center, the Director may, in his or her discretion, require reinspection or relicensure. In the event of a name change only, the licensee shall provide that information and such documents and records as needed to register the name change.

22-2606. Termination of Licenses.

2606.1 Each maternity center license, unless sooner terminated, suspended, or revoked, shall be issued only for one (1) calendar year from the date of issuance, and shall be subject to annual renewal. A provisional or restricted license shall be renewed no more than once.

2606.2 A licensed maternity center may continue to operate after the expiration of its license if a licensee applies for a renewal license at least ninety (90) days prior to the expiration of the licensee's current license. The licensee may continue to operate the maternity center until the Director notifies the licensee that the application for a renewal license is denied, at which time the center shall immediately cease operations.

22-2607. Denial, Suspension, Revocation or Conversion of License.

2607.1 The denial, suspension, revocation or conversion of a maternity center license shall be governed by this section and sections 3107 and 3108 of Chapter 31 of Title 22 of the D.C. Municipal Regulations.

2607.2 The Director may refuse to issue or renew, suspend, or revoke the license of a maternity center that is in violation of any provision of the Act, rule adopted pursuant to the Act, or other provision of District of Columbia or federal law, or whose governing body, chief executive officer, administration, or director has made a material misrepresentation of fact to a government official with respect to the center's compliance with any provision of the Act, rule adopted pursuant to the Act, or other provision of District of Columbia or federal law.

2607.3 If the Director determines that a maternity center operator has failed to comply with the provisions of this chapter, the Act or any District or federal law or regulation, the Director shall notify the licensee, in writing, of the failure to comply and require the licensee to show cause within five (5) days of the receipt of notice from the Director why the license should not be suspended or revoked.

2607.4 If the licensee does not respond to the show cause request, or if the licensee fails to show cause why the license should not be suspended or revoked to the Director's satisfaction, the Director shall suspend or revoke the license as appropriate to protect the public health, safety or welfare.

2607.5 If a maternity center loses its accreditation, it shall provide written notice thereof to the Director within five (5) calendar days of notification of such loss. Upon receipt of the written notice, the Director shall immediately:

(a) Convert the maternity center's license to a provisional or restricted license; or

(b) Suspend the center's license based upon a finding that loss of accreditation was prompted by existing deficiencies that pose an immediate and continuing danger to the health, safety or welfare of the center's patients.

2607.6 Upon suspension or conversion of a license pursuant to this section, the Director shall immediately give the maternity center written notice of the action, including a copy of the order of suspension or conversion, the grounds for the action, and notification that the center may file a written request for an expedited preliminary review hearing within seven (7) days of receipt of the notice, excluding Saturdays, Sundays, and holidays.

2607.7 If the center fails to timely communicate a request for an expedited preliminary review hearing, the order of suspension or conversion shall remain in effect until terminated by the Director or a final hearing is held before the Director or his or her designee within thirty (30) days of the date the order was entered.

2607.8 Upon receipt of a timely request for an expedited preliminary review hearing, the Director shall, within three business days, provide a hearing to review the reasonableness of the suspension or conversion. The Director shall have the burden of establishing a prima facie case of immediate or serious and continuing endangerment to the health, safety or welfare of persons utilizing the facilities and/or services of the center. The order of suspension or conversion shall be either affirmed or vacated at the hearing.

2607.9 If, after an expedited preliminary review hearing, the order of suspension or conversion is affirmed, it shall remain in effect for no longer than thirty (30) days from the date affirmed, unless extended by the Director, during which time a final hearing shall be held to consider the appropriateness of revocation or continuing restrictions on licensure.

2607.10 A final hearing on the suspension or conversion of a maternity center's license shall be held before the Director within thirty (30) days of the affirmation of the proposed order of suspension after an expedited preliminary review hearing, or within thirty (30) days of the date suspension or conversion was ordered if no expedited hearing was held. At the final hearing, the Director shall consider the appropriateness of revocation or continuing restrictions on licensure and shall have

the burden of proving the conditions justifying revocation or continuing restrictions.

2607.11 Prior to expiration of a suspension or conversion order, an extension may be granted by the Director for a period not to exceed an additional thirty (30) calendar days upon agreement of all parties or for good cause shown.

2607.12 A licensed maternity center may continue to operate after its license has been suspended or revoked if the licensee's appeal of the suspension or revocation is pending. The licensee may continue to operate the maternity center until the Director notifies the licensee that the appeal of the suspension or revocation is denied.

22-2608. Center Design, Construction and Safety.

2608.1 Each maternity center's design, construction and safety shall meet the building code, zoning regulations, and regulations regarding access for the handicapped of the District of Columbia, and the fire safety requirements as stated in the 1997 edition of the Life Safety Code of the National Fire Protection Association, NFPA 101, as interpreted and enforced by the Fire Chief.

2608.2 Each maternity center shall be designed, constructed, maintained and operated to minimize the possibility of a fire or other life threatening emergency to the personnel and patients. The protection of personnel and patients from fire or other life-threatening emergency shall be assured by careful development of operating and maintenance procedures in compliance with this section.

2608.3 New and existing buildings to be occupied by a maternity center may be of any recognized construction type except wood frame, providing that fire and safety requirements are adhered to. Any building three or more stories in height shall be of at least one hour fire resistive construction, or it shall be equipped with a sprinkler system. Every building over eight (8) stories or seventy-five (75) feet in height shall be equipped with a sprinkler system. If the maternity center is housed in another multi-use building, the fire regulations which govern it shall apply to that part of the building which houses the maternity center.

2608.4 There shall be a minimum of two exits from every level including the floor levels below the street. Additional exits may be necessary, based on the size of the center and the travel distance from the exits. Fire escapes exterior to the building are not considered exits.

2608.5 Hallways and doorways providing ingress and egress to the maternity center and birth rooms shall be adequate to accommodate an ambulance stretcher or wheelchair. Other doorways shall be a minimum of three (3) feet in width. Adequacy of these structures shall be demonstrated as part of the fire inspection procedure by means of a trial run implementation of a transfer procedure.

2608.6 Every stairway, elevator shaft, light and ventilation shaft, chute, and other opening between floors shall be enclosed or protected to prevent the spread of fire or smoke from one floor to another for a minimum of twenty (20) minutes.

2608.7 Any area used for general storage and the boiler or furnace room shall be separated by fire resistant construction and meet all requirements of sections F-305.3 and 308.1, respectively, of the Fire Prevention Code. If any oxygen or

compressed gases are stored or used, up to two thousand (2,000) cubic feet may be stored in one room, or approximately ten (10) average oxygen bottles, and such storage and use of oxygen cylinders shall be in compliance with section 2401.1 of the Fire Prevention Code.

2608.8 Each maternity center shall contain devices for detection, alarm and suppression of a fire as required by Chapter 5 of the Fire Prevention Code, and shall also contain devices for the detection and alarm of carbon monoxide. Detection and alarm devices may be combined in one device. Suppression of the fire may be manual by fire extinguishers or automatic by a sprinkler system. If fire extinguishers are used, there shall be at least one 2A10ABC extinguisher on each floor, with a travel distance of no more than one hundred (100) feet to any one extinguisher from any place on that floor.

2608.9 Each maternity center shall provide continuous illumination in the areas of egress during occupancy, and an auxiliary source of power for illumination in the birth room in the event of a power failure in accordance with section F-604.1 of the Fire Prevention Code.

2608.10 Each maternity center shall make available to its personnel a written copy of a plan for evacuation in the event of fire which has been reviewed and approved by the D.C. Fire Department. All personnel shall be instructed and kept informed of their responsibilities under the plan. A minimum of 4 fire drills at regular intervals shall be supervised and conducted for personnel annually.

22-2609. Facilities and Equipment.

2609.1 Each maternity center shall be configured to have, at a minimum, a reception and waiting area, a kitchen, bath facilities, birth rooms, examination rooms, a secure record storage area, and utility and laundry facilities. Each maternity center shall also be equipped with a heating, ventilation and air conditioning system in good working order. Each maternity center shall be illuminated by normal household lighting in common areas, adequate examination lights in the birth rooms, and provisions for automatic emergency lighting during a power failure.

2609.2 The reception or waiting area shall be adequate to meet the needs of patients and their families for space and comfort.

2609.3 The kitchen shall include a refrigerator, range, sink, storage cabinets, disposable dishware and eating utensils, and counter space for the convenience of patient's families to prepare snacks.

2609.4 Birth rooms shall be located so as to provide unimpeded rapid access to an exit of the building where emergency transportation vehicles may be accommodated. Each birth room shall be a minimum of 120 square feet, and designed to accommodate:

- (a) A bed large enough to safely accommodate mother and baby;
- (b) At least three persons, other than the mother and baby;
- (c) A sufficient number of chairs to accommodate all in attendance;

(d) A bassinet;

(e) A designated space for birth room supplies; and

(f) A sink with hot and cold running water in or adjacent to the room.

2609.5 Permanent toilet facilities equipped with grab bars shall be provided in each room where labor is permitted. Separate toilet facilities shall be provided for patient's family and personnel of the maternity center.

2609.6 Bath or shower facilities, with grab bars, shall be provided to each laboring mother within the patient's room or immediately adjacent thereto.

2609.7 Utility and storage facilities shall be provided for washing, sterilizing, storage, and other handling of equipment, linens, and medical supplies. Clean linen, sterile supplies, and equipment shall be separated from those that are soiled and/or contaminated.

2609.8 Offices for the provision of antepartum and well-woman care shall be distinctly separate from the birth areas.

2609.9 Areas for record storage, administrative staff, and minor laboratory tests shall be provided in space separate and distinct from public areas.

2609.10 Furnishings shall be constructed of materials that are fire retardant (or are made so) and can be easily cleaned with appropriate antiseptic solutions.

2609.11 Each maternity center shall be equipped with a washer and dryer maintained in good working order.

2609.12 Each maternity center shall be equipped with the following items that shall be maintained in working order in an area convenient for emergency application, and a record of periodic maintenance checks documenting functional competency and availability for each item kept on the premises of the maternity center:

(a) Portable infant equipment for transfer which shall provide for at least heat regulation, oxygen administration, and infant resuscitation;

(b) Warming devices shall be available so that adequate heat regulation of each newborn infant can be achieved;

(c) Equipment for adult intravenous fluid administration and adult and infant resuscitation;

(d) Oxygen for emergency use which shall be stored according to directions on the tank and consistent with section F-2401.0 of the Fire Prevention Code;

(e) Diagnostic equipment, including a microscope, a sphygmomanometer, adult, fetal and infant auscultation equipment, infant and adult airways; and

(f) Sterilization equipment.

22-2610. Variances.

2610.1 A maternity center required to perform an act by the provisions of this chapter shall be granted a variance under this section by the Director excusing the performance, either in whole or in part, upon a finding by the Director that the full performance of the act would result in exceptional or undue hardship by reason of excessive structural or mechanical difficulty, or impracticability, from bringing the maternity center affected into full compliance with all requirements of this chapter.

2610.2 A maternity center requesting a variance shall submit in writing to the Director the following:

- (a) The regulatory requirement(s) for which a variance from strict compliance is being requested;
- (b) Specific justification as to why the maternity center cannot meet the requirement(s); and
- (c) Alternative measures provided to ensure quality care and services consistent with this chapter.

2610.3 The Director may grant a variance from any of the requirements of the Act and rules of this chapter, if the variance can satisfy the following conditions, and when compensating factors are present to give adequate protection to the public health without impairing the intent and purpose of the Act or rules of this chapter:

- (a) The applicant can show undue hardship by reason of excessive structural or mechanical difficulty or impracticality;
- (b) It is consistent with other provisions of the Act;
- (c) It is not deleterious to the patient's health and safety; and
- (d) It would not have the effect of permitting a violation of other laws or regulations of the District of Columbia.

2610.4 The Director shall grant a variance only to the extent necessary to ameliorate an undue hardship.

2610.5 If the Director determines that the conditions in § 2610.3 are not met, the Director shall issue a written proposed denial together with advice to the applicant as to his or her right to a hearing on the matter which shall be conducted by the Director in accordance with this chapter.

2610.6 The Director shall maintain a record, open to inspection by the public, of all variances granted. The record shall contain a complete written explanation of the basis for each variance.

2610.7 The Director shall not be authorized to delegate any authority granted to him or her in this section.

2611. Nonconforming Fixtures, Appurtenances, Material, and Methods.

2611.1 Any person desiring to install or use a fixture, appurtenance, material, or method of a type not conforming with the requirements of, nor expressly prohibited by this chapter shall, prior to the installation or use, submit to the Director proof by recognized authority as the Director may require, to permit the Director to determine whether a fixture, appurtenance, material, or method is of a design or quality, or both, that appears to the Director as suitable, safe, and sanitary for the use for which it is intended. In the event the Director determines that a fixture, appurtenance, material, or method appears suitable, safe, and sanitary for the use for which it is intended, the Director may then permit its installation or use; provided, that the manner of installation or use is otherwise in accordance with applicable regulations.

2611.2 The Director may approve the installation or use in a maternity center of fixtures, appurtenances, materials, and methods of a type not conforming with the requirements of, nor expressly prohibited by, this chapter after the Director determines that a fixture, appurtenance, material, or method is of a design or quality, or both, that appears to him or her as suitable, safe, and sanitary for the use for which it is intended.

2611.3 The Director shall maintain a record of approvals or denials to use nonconforming items which shall be available to the public and, from time to time, shall recommend amendment of this chapter so as to either authorize or prohibit the installation or use of nonconforming fixtures, appurtenances, materials, and methods.

2611.4 Each installation or use approved under this section shall be subject to periodic inspection by the Director, and any fixture, appurtenance, material, or method shall, upon order, be discontinued or removed, if the inspection indicates to the Director that it is unsuitable, unsafe, unsanitary, or contrary to other applicable laws or regulations.

2612. Environmental Services and Infection Control.

2612.1 In order to prevent against and provide for the control of infection, each maternity center shall be equipped with the following:

- (a) Handwashing sinks in or adjacent to the birth rooms;
- (b) Separate toilet facilities for patients and their families and maternity center personnel;
- (c) Laundry facilities that are segregated as follows: an enclosed holding area with a handwashing sink to store soiled laundry, and a workroom with a handwashing sink to store and to hold clean laundry;
- (d) A janitor's closet and a sink for maintenance use separate from laundry and toilet facilities;
- (e) An enclosed area for the storage of clean supplies and equipment; and
- (f) Sterilization equipment to sterilize all surgical instruments used in patient care.

2612.2 If a dishwasher is used, it shall have a sanitation cycle.

2612.3 There shall be a defined means of discarding waste products and materials, including medical waste. Soiled linen shall be laundered with a final rinse cycle of at least 160 degrees F, or an approved commercial laundry may be used.

2612.4 Materials that cannot be properly sterilized for re-use shall be disposed of after a single use.

2613. Ownership and Responsibility.

2613.1 Each maternity center, whether organized as for profit or nonprofit, as a sole proprietorship, partnership, or corporation, shall identify the individuals or entity with authority and responsibility for overall policy and fiscal management of the maternity center and the services according to the stated purposes.

2613.2 The responsible individual or entity appointed by the maternity center shall develop and maintain a written organizational plan and be responsible for the appointment of a certified nurse-midwife as Director of the maternity center and a qualified physician as Director of Medical Affairs.

2613.3 The names of individuals who comprise the governing entity of each maternity center and an organizational chart shall be posted in an area available to each patient.

2613.4 The Director of the maternity center shall be responsible to the governing entity for the operation and maintenance of the center.

2613.5 The Director of Medical Affairs shall be a board certified or board eligible obstetrician/gynecologist with full obstetrical privileges at a nearby hospital. The Director of Medical Affairs shall be responsible for advising and consulting with the staff of the maternity center on all matters related to medical management of pregnancy, birth, postpartum, newborn and gynecologic health care, and established practice guidelines, including approval of policies, procedures and protocols for midwifery management of care.

2613.6 If nurse midwifery services are provided by the maternity center, a certified nurse midwife shall be appointed Director of Midwifery Services. The Director of the maternity center may serve in this capacity.

22-2614. Operating Procedures.

2614.1 Every maternity center, regardless of size, shall have written Practice Guidelines establishing procedures for both normal and emergency care. These guidelines shall be consistent with the Practice Guidelines of the American College of Nurse-Midwives and District of Columbia laws and regulations relating to midwifery practices, and shall indicate the areas of responsibility of medical, nurse-midwifery and nursing personnel and the extent to which the responsibility of physicians can be delegated. These Practice Guidelines shall be available to all members of the center and shall be reviewed annually.

2614.2 There shall be written Practice Guidelines that establish standards for the services provided by the maternity center. Practice Guidelines shall be developed by and approved by the governing entity, reviewed at least annually, revised as

necessary, dated to indicate the time of last review, signed by the Director of Medical Affairs and the Director of the maternity center, and enforced by the Director of the center.

2614.3 The Practice Guidelines shall describe the scope and conduct of maternity care provided in the center. Practice Guidelines shall relate to at least the following:

(a) Organizational structure, which delineates lines of authority, communications, and Practice Guidelines for admission and discharge responsibilities to patients; and

(b) Screening criteria and procedure for identifying:

(1) Low-risk maternity patients who shall be eligible for all services offered by the maternity center;

(2) Individuals who shall be ineligible for delivery services at the center;

(c) Plans and procedures for consultation, back-up services, transport of a newborn infant or patient to a hospital where appropriate care is available;

(d) Routine and emergency care of the patient, fetus and/or newborn infant, discharge planning, and post-partum follow-up until completion of care at the maternity center or transfer to other levels of care;

(e) Confidentiality of records;

(f) Role of medical, nursing and midwifery staff;

(g) Maintenance of required records, reports and statistical information;

(h) Infection control, including housekeeping, cleaning, sterilization, sanitation, storage of equipment and supplies, and health of personnel;

(i) Pertinent safety practices, including fire drills;

(j) The adoption, revision and implementation of Practice Guidelines;

(k) Regulation of persons visiting the maternity center;

(l) Roles and functions of maternity center personnel;

(m) Requirements for labor and birth room services and equipment;

(n) Quality assurance plan, with system for program review and evaluation, follow-up for correction of deficiencies, for improvement in services and functions;

(o) Written personnel staffing plan;

(p) Initiation of cardiopulmonary resuscitation;

(q) Administration of medications;

(r) Receiving, transcribing, safeguarding and management of narcotics and

anesthetic agents;

(s) Prophylactic treatment of the eyes of newborn infants; and

(t) Footprinting of newborn infants and fingerprinting of the infants' mothers; and

(u) Security measures.

2614.4 The Practice Guidelines for maternity center intrapartum care shall be developed jointly by the Director of the center, Director of Medical Affairs, and Director of Midwifery Services of the maternity center and include but not be limited to procedures for:

(a) Intrapartum admission;

(b) Intrapartum management/risk assessment;

(c) Intrapartum transfers;

(d) Birth/Delivery procedure;

(e) Episiotomy/Laceration repair;

(f) Emergency events:

(1) Medical emergency procedures;

(2) Emergency equipment;

(3) Resuscitation of newborn infants;

(4) Hemorrhage;

(5) Prolapsed cord; and

(6) CPR Review;

(g) Birth Certificate.

2614.5 A certified nurse-midwife, or a physician with special training in obstetrics, shall attend each patient in labor from the time of admission, during labor, during birth and through the immediate postpartum period. Such attendance may be delegated only to another certified nurse-midwife or physician.

2614.6 At least two attendants must be present at every birth, one of whom is a physician or certified nurse-midwife. Both attendants shall be currently certified in adult CPR equivalent to the American Heart Association Class C basic life support, and neonatal CPR equivalent to the American Academy of Pediatrics/American Heart Association.

2614.7 Qualified personnel, to include at a minimum a licensed nurse-midwife and/or a Board certified physician on the premises or on call, shall be on duty at all times when patients are admitted.

2614.8 The Director of the Maternity Center shall develop and adopt rules and procedures, subject to the approval of the governing entity, which shall include:

(a) Program for ensuring compliance by center personnel, including orientation, in-service education, and attendance at outside programs;

(b) Standard Practice Guidelines for providing safe and appropriate plans of care to meet the needs of each patient, her family and her newborn infant in keeping with current professional standards for uncomplicated pregnancy, intrapartal care, and postpartal and newborn care; and

(c) Delivery Practice Guidelines shall be consistent with the current professional standards of the National Association of Childbearing Centers, the Commission for the Accreditation of Birth Centers and the American College of Nurse Midwives.

2614.9 Each maternity center shall have a written quality assurance plan program designed to objectively and systematically monitor and evaluate the quality and appropriateness of services provided by the maternity center.

2614.10 The quality assurance plan shall describe the organization, objectives, scope and mechanism for overseeing the effectiveness of monitoring, evaluation and problem solving activities of the maternity center. The plan shall be evaluated at least annually and revised as necessary. Findings, conclusions, recommendations, actions taken and results of actions taken shall be documented and available for inspection by licensing and accrediting agencies.

2614.11 Each maternity center shall have a written practice agreement with at least one board-certified or board eligible obstetrician/ gynecologist and a board certified or board eligible pediatrician or neonatologist for the provision of 24-hour consultation, referral and transfer to an appropriate hospital facility for obstetric or newborn care under their direction.

2614.12 Each maternity center shall have written policies for the management of emergencies including, but not limited to, the following:

(a) Written procedures that clearly specify consultation and referral policies, notification of the receiving hospital, Practice Guidelines for when to initiate emergency procedures, and updating and transfer of the patient's medical report;

(b) A written transfer agreement with a hospital that provides for the transfer of patients to that hospital when they are no longer considered "low risk." The hospital must be accredited by the Joint Commission on Accreditation of Health Care Organizations and be capable of providing the following:

(1) Management of all obstetrical complications;

(2) Provision of a neonatal support system with facilities for high-risk newborn care or the capability for newborn stabilization and prearranged transport to a neonatal intensive care nursery elsewhere; and

(3) Prior written agreement with the hospital to allow for prompt admission.

2614.13 Each maternity center shall provide for adequate emergency transportation services which shall include the following:

- (a) A written agreement between the maternity center and a transport service that can provide vehicles with equipment necessary to meet the needs of obstetric and newborn infant patients;
- (b) Arrangements with a transport service to provide personnel with training in obstetrical and newborn infant emergency care; and
- (c) Alternative transport vehicles such as private automobiles, police cars, ambulances and other vehicles for hire.

2615. Personnel.

2615.1 An individual personnel record shall be maintained for each person employed by the maternity center and shall include, but not be limited to, the following:

- (a) A current job description for each person which is reviewed and revised as needed;
- (b) Evidence of a pre-employment examination, which shall include the results of a rubella antibody titer, a tuberculin skin test, and if indicated, a chest x-ray;
- (c) Evidence of the education, training and experience of the individual, and/or a copy of the current appropriate license, registration or certification credentials;
- (d) Written personnel policies distributed to personnel;
- (e) Evidence indicating the person was oriented to their specific job description, center personnel policies, philosophy, and emergency procedures during the first week of employment; and
- (f) Work schedules, time-worked schedules, on-call schedules, payroll, and disciplinary records.

2615.2 All personnel records shall be maintained during the course of a person's employment with the maternity center and for three (3) years following the person's separation from the center.

2615.3 There shall be sufficient, qualified personnel available to perform the services offered by the maternity center. In evaluating the numbers and qualifications of staff, the Director of the maternity center shall consider, at a minimum, the following criteria:

- (a) The number and type of patients of the center;
- (b) The type of services provided by the center;
- (c) The education, training and experience of the center's personnel as it relates to their job responsibilities;

- (d) Any specific requirements of these rules;
- (e) Professional credentials; and
- (f) Professional licensure requirements of the District of Columbia.

2615.4 All personnel and any consultants or volunteers providing services under the auspices of the maternity center who are required by the District of Columbia to be licensed, registered or certified shall have valid licenses, registrations or certificates, copies of which licenses, registrations or certificates shall be on file with the maternity center.

2615.5 Professional staff shall be responsible for training and supervision of all non-professional staff, unlicensed staff and volunteers.

2615.6 All personnel must have a pre-employment physical examination, including tuberculin testing, and demonstrate evidence of immunity to rubella or a rubella vaccination prior to employment.

2615.7 The Director of the maternity center is responsible for assuring that all personnel are free of communicable diseases.

2615.8 All personnel who provide direct patient care services shall have an annual physical examination, and a record thereof maintained in the individual's personnel file.

2615.9 All maternity center personnel who are exposed to blood shall demonstrate evidence of full immunization against hepatitis B or documentation of refusal.

2615.10 Maternity center personnel shall have annual training that meets OSHA regulations and any other applicable infection control guidelines.

22-2616. Patient Rights and Responsibilities.

2616.1 Each maternity center shall admit for labor and delivery only low risk individuals. A low risk individual is one who:

- (a) Has been determined to be in general good health;
- (b) Meets the reasonable and generally accepted criteria of good maternal and fetal health;
- (c) Participates in ongoing prenatal care, including maternity health education;
- (d) Has no major medical or mental health problems;
- (e) Has had no significant obstetrical complications which are likely to recur; and
- (f) Is anticipated to have an uncomplicated course of pregnancy and labor, including a normal spontaneous vaginal birth without the use of general or conductive anesthesia.

2616.2 Each maternity center shall fully inform each patient of the risks and benefits

of using the center and shall obtain the written, informed consent of each patient intending to use the maternity center for labor and delivery.

2616.3 Each consent form shall include, but not be limited to the center's services, transfer policy, newborn infant screening procedures, eye prophylaxis of the newborn infant and any other District of Columbia requirements.

2616.4 Each maternity center shall provide for patients and their families an orientation program that shall include, but not be limited to, the following:

(a) The philosophy and goals of the center;

(b) The services that are available in the center, and if the center makes referrals, services that may be made available by referral, consultation, or contract, including child birth education, EPSDT, well-child care, sibling classes, genetic services, breast feeding education and counseling, WIC services, nutritional counseling, parenting support, drop-in support, social work and legal assistance, and laboratory/X-ray/sonography;

(c) Explanation of charges and payment procedures;

(d) A tour of the maternity center; and

(e) Verbal and written information on the benefits and risks of using the services available at the center.

2616.5 Each maternity center shall develop written policies for visits by family and other support persons.

22-2617. Patient Evaluation and Preparation.

2617.1 Every patient admitted to the maternity center in labor shall undergo an evaluation consisting of an updated history, updated physical examination, and laboratory testing. This may be performed by a certified nurse-midwife, physician, or a registered nurse.

2617.2 Maternity center personnel shall ensure that a copy of the ambulatory care prenatal record is filed in the patient's chart. This record shall be reviewed by the Director of Medical Services and notations shall be documented concerning parity, estimated date of delivery, and other pertinent medical and obstetric data. Blood group, Rh type, serologic tests for syphilis, rubella titer, and any other important laboratory information shall also be recorded.

2617.3 The interval history documentation in the medical record shall include the time of onset of contractions, the status of the membranes, and the presence of any significant bleeding. Additional information having a bearing on the laboring mother's health shall also be recorded.

2617.4 Admitting personnel shall record whether the patient attended childbirth education classes, and her plans for breast or bottle feeding.

22-2618. Maternity Services.

2618.1 Each maternity center shall provide antepartum and postpartum care to women eligible for labor and delivery in the center if a plan of care is developed.

2618.2 Every patient admitted for labor and delivery shall have received a well-designed program of antepartum care. Antepartum care may be defined as a planned program of medical evaluation and management, as well as observation and education of the pregnant woman directed toward making pregnancy, labor, delivery, postpartum and the interconceptional period a safe and satisfying family experience. A well-designed antepartum program shall provide the opportunity for instruction of the patient and her partner toward appropriate care for the patient and the newborn infant.

2618.3 Each maternity center shall ensure that each patient's antepartum care record is available in the center at the time of admission for labor and delivery. Each record shall be updated at the time of discharge from the center to include pertinent data of maternity center care for subsequent management of the patient.

22-2619. Discharge Planning and Postpartum Care.

2619.1 Each patient shall receive counseling, including but not limited to, normal newborn infant behavior, normal newborn care, and accident prevention prior to discharge from the maternity center.

2619.2 Discharge will be in accordance with the discharge policy of the maternity center.

2619.3 Each maternity center shall conduct, on the day of discharge, an examination of all newborn infants discharged from the maternity center and the examination shall include but not be limited to:

(a) Complete physical examination, including vital signs;

(b) Recording of discharge:

(1) weight;

(2) height; and

(3) head circumference;

(c) Performing routine testing of:

(1) Blood groups;

(2) Coombs, type and Rh only on Rh negative and O + mothers;

(3) Hb and Hct;

(d) Performing metabolic screening in accordance with District of Columbia laws regarding time of evaluation, to include:

(1) PKU - 72 hours;

- (2) Thyroid;
 - (3) MS-LTD;
 - (4) Hemocystinuria;
 - (5) Galactosemia;
 - (6) Sickle hemoglobinopathy; and
 - (7) Other, e.g., glucose testing for size/dates discrepancy;
- (e) Indicate whether the following medications were administered or prescribed:
- (1) Aqua Mephyton - 1mg 1M; and
 - (2) Ophthalmic prophylaxis for ophthalmia neonatorum;
- (f) Ensure newborn infant is feeding properly; and
- (g) Complete documentation that the discharging professional has discussed all deviations from normal discovered during discharge examination with a physician consultant before discharge.

2619.4 If any procedures and/or testing, including newborn screening, are not performed for any reason, release forms must be signed by the parent or legal guardian.

2619.5 Each abnormal test shall be reported to the pediatrician/physician.

2619.6 Each maternity center shall designate a qualified person to visit the home of the patient on the first day following discharge to provide:

- (a) Patient teaching to include care of mother and infant; and
- (b) Review results of discharge examination of mother and newborn infant.

2619.7 Each maternity center shall designate a qualified person to visit the client on the third or fourth day following discharge to do the following:

- (a) Review procedures implemented during the first visit;
- (b) Collect a blood sample for newborn screening; and
- (c) Examine for jaundice and/or anemia.

22-2620. Administration of Medications.

2620.1 Each maternity center shall develop a written plan for pain control that utilizes primarily close human support, psychological analgesia, hydrotherapy and adequate preparation for the birth experience.

2620.2 If a professional determination is made by the physician or certified nurse

midwife that the best interest of the patient would be served by the implementation/use of an analgesic/anesthetic, systemic analgesia may be administered. General and regional anesthesia shall not be used in a maternity center. Local anesthesia for episiotomy and repair may be performed according to procedures outlined in the maternity center's Practice Guidelines.

2620.3 Personnel of each maternity center, in cooperation with a licensed consultant pharmacist, the nursing staff and as necessary, representatives of other disciplines, shall develop written Practice Guidelines governing the safe administration and control of drugs and other medications. Such guidelines shall comply with Chapter 5 and 10 of Title 22 of the DCMR, and be annually reviewed and revised as necessary.

2620.4 The Practice Guidelines governing drugs and medications shall provide for legal authorization, storage, administration and record keeping, including but not limited to the following:

- (a) Medications shall be ordered by a certified-nurse midwife or physician or other member of the staff who is licensed to write such orders;
- (b) Medication orders shall be recorded in the patient's chart and signed by the ordering person with his/her whole signature;
- (c) Medications shall be administered by a physician, nurse midwife, registered nurse or licensed practical nurse, and in accordance with the approved practice guidelines;
- (d) Each maternity center shall have on file a current copy of Drug Enforcement Administration Certificates for all maternity center personnel authorized to prescribe and/or dispense controlled substances;
- (e) Controlled substances shall be stored in a locked cabinet;
- (f) Medications requiring refrigeration shall be kept in a pharmaceutical refrigerator or in a separate locked compartment within a refrigerator. All refrigeration shall have thermometers that are easily readable, in proper working condition, and accurate within a range of plus or minus two (2) degrees;
- (g) Medications labeled for "external use" or "poison" shall be kept separate from other medications in a locked cabinet;
- (h) All drugs shall be labeled adequately, including the expiration date; and
- (i) Each maternity center shall maintain in good repair and operating order a security system designed to detect illegal entry into the drug storage area.

2620.5 Each maternity center shall maintain an adequate system for accounting for controlled substances. Each person licensed to distribute, administer or dispense controlled substances shall be required to keep records and maintain inventories in conformance with the record keeping and inventory requirements of federal and District of Columbia law.

22-2621. Medical Records and Reporting.

2621.1 Each maternity center shall maintain a medical record system and Practice

Guidelines that provide for identification, security, confidentiality, control, retrieval and preservation of patient care data and information.

2621.2 Each maternity center shall keep in one centralized location medical records indicating all the services rendered to maternity center patients.

2621.3 Each patient shall have a single integrated medical record. Each entry into a patient's record shall be dated and signed by the center personnel making the entry, indicating name and title. Each page of each patient's record shall have two unique forms of identification. The record with respect to each patient shall be accurate and complete. Patients shall have access to their own records.

2621.4 Each maternity center shall record the following information with respect to each newborn infant:

(a) All information required by the State Center for Health Statistics of the District of Columbia;

(b) The condition of the newborn infant at birth, including the Apgar Score at one minute and five minutes, time of sustained respiration, details of physical abnormalities and pathological states;

(c) Footprint and other identification of both the newborn infant and mother;

(d) Verification of eye prophylaxis or parental objection;

(e) Newborn screening as mandated by District of Columbia law or evidence of parental objection;

(f) Treatments, medications and any special procedures or problems utilized or encountered; and

(g) Condition at discharge or transfer.

2621.5 Each maternity center shall keep each patient's and newborn infant's entire record until the infant reaches the age of majority plus three (3) years.

2621.6 Medical records shall be stored in such a manner as to provide protection from loss, damage or unauthorized access.

2621.7 A written authorization for release of medical record information outside the maternity center must be signed by the patient prior to the release of any medical record information. In the event of a request for a newborn infant's medical record information, authorization must be signed by the legal parent or guardian except that, if a newborn infant has reached 18 years of age or is otherwise legally emancipated, he or she shall be capable of granting such authorization.

2621.8 The maternity center shall collect and make available to the State Center for Health Statistics, licensing authorities and other appropriate authorities the following data on an annual basis:

(a) Number of births by categories: birth weight, gestational age, maternal age, maternal parity, race, number of prenatal visits and when prenatal care was started;

- (b) Antepartum, intrapartum and postpartum transfer rates and indications for transfer listed for each transfer;
- (c) Maternal hospital admissions listed individually;
- (d) Neonatal hospital admissions listed individually;
- (e) Stillbirths listed individually;
- (f) Hospitals which have refused transfers, listed individually with the reason for refusal;
- (g) Maternal mortality and morbidity and diagnosis; and
- (h) Perinatal mortality and morbidity and diagnosis.

22-2622. Hearings and Appeals.

2622.1 Whenever these rules grant a hearing to an applicant or licensee adversely affected by an initial determination under this chapter, the hearing shall be conducted in accordance with Title 22, Chapter 31, Sections 3110 through 3112 of the D.C. Municipal Regulations.

2622.2 Whenever these rules grant to an applicant or licensee adversely affected by a final determination under this chapter, this appeal shall be filed in writing with the Board of Appeals and Review pursuant to [22 DCMR 3113](#).

2622.3 Each appeal shall be filed within the period specified in the final determination notice, but in no case more than thirty (30) days after the date of service of the notice, except where a request for a variance has been submitted to the Director in accordance with the provisions of this chapter. The appeal shall be filed within ten (10) days after the date of the service of the notice of the final determination on the request for the variance.

22-2699. Definitions.

2699.1 When used in this chapter, the following terms and phrases shall have the meanings ascribed:

Act - The Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983.

Center - A maternity center as defined below.

Communicable disease - any disease as defined in chapter 2, [section 299 of Title 22 of the DCMR](#).

D.C. or District - the District of Columbia.

Department - the Department of Health of the District of Columbia.

Director - the Director of the D.C. Department of Health.

Hospital - any building or part of a building, or group of buildings, in which there are facilities, services, or ancillary services provided for the housing of two (2) or more persons not related by blood or marriage within the third (3rd) degree of consanguinity to the owner, operator, or manager of the building, part of the building, or group of buildings, for the diagnosis, treatment,, or care of physical or mental conditions for a period of more than twenty-four (24) consecutive hours; or for maternity care involving labor and delivery for any period of time.

Infant - a person under the age of one (1) year.

Infant, newborn - any newly delivered infant.

Laboratory - any area in the maternity center or hospital set up for chemical, bacteriological, and histopathological examinations.

Maternity care - medical and/or nursing care of women for pregnancy, delivery, or the puerperal state, or for any condition intimately related to the pregnancy, delivery, or puerperal state.

Maternity center - a facility or other place, other than a hospital or the mother's home, that provides antepartal, intrapartal, and postpartal care for both mother and newborn infant during and after normal, uncomplicated pregnancy.

Maternity and newborn service - that part of the hospital in which, as a regular practice, pregnant women are delivered of babies, pregnant or puerperal women receive care, and in which newborn infants receive care.

Medical record - a maternity center or hospital record of a patient that provides identifying information about the patient and information about his or her medical condition, progress, and treatment.

Midwifery services - techniques and practices provided by a nurse-midwife to women in childbirth.

Newborn care - medical and/or nursing care of newborn infants.

Nurse - any person engaged in providing nursing care, and includes professional and non-professional nursing personnel.

Nurse-midwife - an advanced practice registered nurse educated in midwifery and certified by the American College of Nurse-Midwives.

Nurse, registered - a person who is licensed and currently registered by the Board of Nursing of the District to practice professional nursing in the District; or a person licensed to practice in another jurisdiction whose application for registration is pending in the District.

Obstetrician - a physician who is certified in obstetrics by the American Board of Obstetrics and Gynecology, or who has training and experience in obstetrics substantially equivalent to that required for certification.

Obstetrics - the provision of medical care and services to women during and after

pregnancy.

Patient - a person who has been admitted to a maternity center or hospital for the diagnosis, treatment, or care of physical or mental conditions.

Pediatrician - a physician who is certified by the American Board of Pediatrics, or who has training and experience in pediatrics substantially equivalent to that required for that certification.

Person - any individual, firm, partnership, corporation, company, organization or association; including executors, administrators, guardians, trustees, directors, and agents.

Pharmacist - a person who is authorized to practice pharmacy by the Board of Pharmacy of the District of Columbia.

Physician - a person licensed or registered by the Board of Medicine of the District to practice medicine and surgery, or a person licensed in another jurisdiction whose application for a license or registration is pending in the District.

Rated bed capacity - the number of beds, exclusive of bassinets for newborn infants, normally available for the full-time care of patients when the minimum number of square feet of floor space per bed and other standards specified in this chapter are applied.