

CRITICAL ACCESS HOSPITALS

OBSTETRICAL SERVICES					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Are obstetrical services under the medical direction of a qualified physician member of the medical staff appointed by the governing body? 19 CSR 30-20.126(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is this physician responsible for implementing the rules of the medical staff governing obstetrical privileges, quality of obstetrical care and patient safety? 19 CSR 30-20.126(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are services supervised by a qualified registered professional nurse with relevant education, experience and demonstrated current competency? 19 CSR 30-20.126(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the obstetrical supervisor have the authority to implement and enforce hospital policies and procedures governing obstetrical services and have the responsibility for evaluating the competency of assigned nursing personnel? 19 CSR 30-20.126(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are OB facilities designed to prevent unauthorized traffic? 19 CSR 30-20.126(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are undelivered patients receiving intravenous oxytocin under continuous observation by trained personnel? 19 CSR 30-20.126(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is induction or augmentation of labor with oxytocin initiated only after a qualified physician has evaluated the patient, determined that induction or augmentation is beneficial to the mother, fetus, or both, recorded the indication and established the plan of management? 19 CSR 30-20.126(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the physician initiating these procedures readily accessible to manage complications that arise during oxytocin infusion and a physician who has privileges to perform Caesarean deliveries consulted and readily accessible in order to manage any complications that require surgical intervention? 19 CSR 30-20.126(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Is there a provision for isolation of infants with known or suspected infectious or communicable diseases? 19 CSR 30-20.126(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are policies and procedures regarding isolation integrated with the hospital infection control program? 19 CSR 30-20.126(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the polices for the obstetrics unit approved by the medical staff and governing body? 19 CSR 30-20.126(18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is each newborn identified by an acceptable method which includes the name, date and time of birth, the infant's sex and the mother's hospital number? 19 CSR 30-20.126(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the nursery have at least one premature-care incubator? 19 CSR 30-20.126(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all cases of acute infectious conjunctivitis (Ophthalmia neonatorum) reported immediately to infection control and to the local or district health department? 19 CSR 30-20.126(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is erythromycin 0.5 percent ophthalmic ointment or tetracycline one percent ophthalmic ointment being applied topically to the eyes of all newborns as soon as possible after birth and no later than one hour of age? Is this reported on the birth certificate? 19 CSR 20-26-010 210.070 RSMo	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Are all cases of newborn epidemic diarrhea reported immediately to infection control program and the local or district health department? 19 CSR 30-20.126(12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is resuscitation, suction, oxygen, monitoring and newborn temperature control equipment available for the care of newborns? 19 CSR 30-20.126(13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Is an incubator or bassinet with controlled temperature available for each delivery room and for transport to the nursery? 19 CSR 30-20.126(14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is space provided for the preparation or the handling and storage of formula? 19 CSR 30-20.126(15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is separate refrigeration provided for formula? 19 CSR 30-20.126(15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there written policies and procedures to provide safe transport of infants within the hospital or to another healthcare facility? 19 CSR 30-20.126(17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a mechanism for the review and evaluation on a regular basis of the quality of obstetrical and newborn services provided? 19 CSR 30-20.126(19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have written and approved policies for the final disposition of the remains of a human fetus? (194.384, RSMo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Within 24 hours after a miscarriage, does the hospital inform the mother (orally and in writing) of her right to determine the final disposition of the remains of the fetus? (194.387, RSMo and 194.200, RSMo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital provide counseling or refer the mother to appropriate services for counseling concerning the death of the fetus? (194.387, RSMo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital offer a DHSS approved shaken baby syndrome video for viewing? (191.748, RSMo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is every newborn delivered screened for critical congenital heart disease with pulse oximetry or in another manner as directed by the department of health and senior services in accordance with the American Academy of Pediatrics and American Heart Association guidelines? 191.334 RSMo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is every newborn tested for metabolic and genetic disorders as prescribed by DHSS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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19 CSR 25-36.010					
Are hearing screenings done in accordance with DHSS established methodologies and procedures? 19 CSR 40-9.010 19 CSR 40-9.020 19 CSR 40-9.040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

Key Resources and Links

- [19 CSR 20-26.010](#)
- [19 CSR 30-20.126](#)
- [19 CSR 25-36.010](#)
- [19 CSR 40-9.010](#)
- [19 CSR 40-9.020](#)
- [19 CSR 40-9.040](#)
- [210.070 RSMo](#)
- [191.334 RSMo](#)
- [194.384, RSMo](#)
- [194.387, RSMo](#)
- [194.200, RSMo](#)
- [191.748, RSMo](#)