

H 26

Filed Feb 7, 1966  
2 P.M.

STATE OF WISCONSIN )  
                          ) ss  
BOARD OF HEALTH     )

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, E. H. Jorris, M.D., Executive Secretary of the Wisconsin State Board of Health and custodian of the official records of said Board, do hereby certify that the annexed rules relating to Hospital Obstetric and Newborn Infant Units--Administration and Patient Care, were duly approved and adopted by this Board on February 4, 1966.

I further certify that said copy has been compared by me with the original on file in this department, and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the department at the State Office Building, 1 West Wilson Street, Madison, this 4th day of February, 1966.

E. H. Jorris M.D.  
Executive Secretary

Seal

ORDER OF THE STATE BOARD OF HEALTH

REPEALING AND RECREATING RULES

Pursuant to authority vested in the State Board of Health by Sections 140.05 (3) and 140.36 (2), Wisconsin Statutes, the State Board of Health hereby repeals and recreates rules as follows:

Sections H 26.011, H 26.021, H 26.022, H 26.023, H 26.031, H 26.032, H 26.041, H 26.042 and H 26.063 (1) and (2) of the WISCONSIN ADMINISTRATIVE CODE are repealed and recreated to read as follows:

Chapter H 26

HOSPITAL OBSTETRIC AND NEWBORN INFANT UNITS--  
ADMINISTRATION AND PATIENT CARE

Sections H 26.011, H 26.021, H 26.022, H 26.023, H 26.031, H 26.032, H 26.041, H 26.042 and H 26.063 (1) and (2) of the WISCONSIN ADMINISTRATIVE CODE are repealed and recreated to read:

H 26.011 Maternity Hospital.

(1) DEFINITION. ". . . a place in which any person, firm, association or corporation receives, treats or cares for more than one woman within a period of 6 months because of pregnancy or in childbirth or within 2 weeks after childbirth, but not counting in case of an individual, women related to such person or his or her spouse by consanguinity within the sixth degree of kindred computed accordingly to the civil law." Section 140.35, Wis. Stats.

(2) OBSTETRIC AND NEWBORN UNITS

(a) The number of beds and bassinets for obstetric patients\* and newborn infants, term and premature, shall be designated in the annual license.

\*Maternity (obstetric) patient defined by law - see H 26.011 (1) above.

(b) It is recommended that individual hospitals reduce their obstetric unit bed capacity and continue to maintain a strictly segregated obstetric unit rather than admit non-obstetric patients to the obstetric unit.

(c) Hospitals taking other than obstetric patients shall segregate newborn infants and labor and delivery suites.

(d) Hospitals which admit to the obstetric unit adult female patients other than obstetric patients shall comply with the following:

1. Shall have written policies and procedures incorporating the criteria for admission or exclusion and care of patients (both obstetric and non-obstetric, as well as newborn infants) and its proposed methods of control, supervision, means of implementation and evaluation, and shall submit same to the State Board of Health prior to admitting non-obstetric patients to the obstetric unit.
2. Shall maintain a department or committee of obstetrics under the supervision of a physician who shall be responsible for carrying out the above plan.
3. Shall designate the rooms to which clean non-obstetric patients may be admitted to the obstetric unit.
  - a. These rooms shall be remote from the nurseries and away from traffic areas utilized in taking infants to mothers for feeding and mothers' rooms.
  - b. Separate bathroom facilities shall be maintained for obstetric patients.
  - c. It is recommended that the obstetric facilities be in one section of the unit and other facilities in a separate wing or end of corridor.
  - d. Non-obstetric patients shall not be placed in the same room with obstetric patients.
  - e. Obstetric patients shall always take priority for facilities in the obstetric unit and a sufficient number of unoccupied beds shall always be available in the unit to

accommodate peak obstetric loads and emergency admissions.

4. Surgery on non-obstetric patients shall not be performed in the delivery suite.
- (3) MEDICAL SUPERVISION OF PATIENTS. Obstetric patients and newborn infants, full-term and premature, shall be under the care of a physician licensed in Wisconsin.
  - (4) MEDICAL STAFF AND STAFF MEETINGS--RECOMMENDATION. It is recommended:
    - (a) That the medical staff be organized in accordance with the recommendations of the Joint Commission on Accreditation of Hospitals or its successor.
    - (b) That, when such personnel is available, the staff organization include:
      1. A qualified specialist in obstetrics as chief of the obstetrical service.
      2. A qualified specialist in pediatrics assigned to general supervision of the newborn service.
    - (c) That departmental or general staff meetings be held at regular intervals to review obstetric practices, maternal, infant and fetal morbidity and mortality and cases of infection.

PERSONNEL

H 26.021 Staff and staff supervision.

- (1) ADEQUATE PERSONNEL.
  - (a) Sufficient professional and auxiliary personnel shall be employed to provide necessary services for patients and adequate instruction and supervision of staff.

(2) NURSING STAFF.

(a) A professional nurse currently registered in Wisconsin, shall be on duty at all times and responsible for nursing care of all patients within the unit. (Condition and number of patients and definition of nursing as defined by Wisconsin Statutes 149.10, Sec. Definitions, sub-section (1) will determine whether her presence is needed within the unit at all times.)

1. When a hospital's plan for admitting non-obstetric patients to the obstetric unit has been approved, the registered professional nurse responsible for nursing care of obstetric patients and newborn infants may also be responsible for the care of all patients in the unit.

(b) Persons giving direct care to newborn infants shall not give care to non-obstetric patients.

(c) An adequate number of nursing service personnel to meet the needs of the situation shall be required at all times.

(d) The duties and practices of nursing personnel (registered professional or licensed practical or assistants) shall be defined in writing and there shall be adequate supervision by a professional nurse currently registered in Wisconsin.

(e) Special duty nurses shall be under the supervision of the professional nurse in charge of the obstetric or newborn service and shall be required to follow established technics.

(f) It is recommended that the registered professional nurse in charge of the obstetric unit have special training in obstetric nursing.

(g) It is recommended that the registered professional nurse in charge of the newborn service have special training in newborn nursing.

(3) DIETITIAN--RECOMMENDATION. It is recommended that a dietitian meeting the qualifications of the American Dietetic Association for

hospital dietitians be employed full time, or part-time each week, to plan and supervise the diets of patients and to assist with nutritional problems.

H 26.022 Staff training.

There shall be a written plan in operation for training staff of the obstetric and newborn infant units, food handlers, laundry workers and housekeeping personnel; this plan shall provide for orientation in basic hospital procedures and for instruction as needed.

H 26.023 Employee health.

(1) PHYSICAL EXAMINATION.

- (a) Prior to employment and annually thereafter, a physical examination including chest x-ray shall be required of staff in the obstetric and newborn units and food handlers, laundry workers and housekeeping personnel serving these units.
- (b) Cultures or other specific procedures shall be required as indicated.
- (c) A dated record of latest examination, on an acceptable form, shall be kept on file.

(2) EXCLUSION FROM DUTY.

- (a) Employees with gastrointestinal, upper respiratory or other infectious or contagious disease shall be relieved from duty until there is evidence that they are free from infection.
- (b) Carriers of infectious organisms such as salmonella, staphylococcus, etc., having close contact with mothers or infants shall be relieved from duty until shown to be recovered from the carrier state by appropriate laboratory tests.

ADMISSIONS AND VISITORS

H 26.031 Admissions.

(1) OBSTETRIC.

(a) Infectious disease or suspect cases.

1. Obstetric patients with acute infectious disease--polio, typhoid, chronic active tuberculosis, etc., shall not be admitted to the obstetric unit and patients developing such diseases after admission shall be transferred from the unit.

2. Segregation in the obstetric unit and use of isolation techniques in care shall be provided for:

- a. Obstetric patients reported by their physician to have gastrointestinal, respiratory, skin or other communicable disease, or those reported to have had or been in contact with such a disease within one week preceding admission.
- b. Undiagnosed or questionable cases such as those with elevated temperatures, rash, or diarrhea, until the physician has diagnosed the condition as non-contagious.

- (b) Delivery without preparation. When delivery occurs without initial preparation, whether at home, enroute, or in the hospital, mother and baby shall be segregated for at least 48 hours. An alternate can be rooming-in for the duration of the hospital stay.

- (c) Non-admission of sick infants. Sick infants or children admitted to the hospital shall not be placed in any room in the obstetric or newborn infant units.

(d) Admission data--obstetric patients.

1. The blood pressure, temperature, pulse, respiration and fetal heart rate shall be recorded for every obstetric patient on admission.
2. It is recommended that admission weight also be recorded.



(2) NON-OBSTETRIC.

When other than obstetric cases are placed in the obstetric unit compliance with the following shall be required:

- (a) The physician in charge of obstetrics or his designee shall be responsible for the supervision of admissions and any problems concerning admission or transfer of patients shall be cleared with him.
- (b) All admissions of non-obstetric patients shall be cleared through the physician in charge of obstetrics or the director of nursing service or her designee before admission to the obstetric unit.
- (c) Records shall be reviewed at least once daily and a plan shall be made by which patients showing evidence of infection can be transferred at anytime during the day or night.
- (d) Types of patients that may be admitted:
  - 1. Adult female patients with elective or diagnostic conditions considered to be free of infection, malignancy or debilitating conditions who have been examined by the physician within the last 48 hours prior to admission to the obstetric unit.
  - 2. An adult patient is one 16 years of age or over.
- (e) Types of patients that shall not be admitted if known on admission or shall be transferred from the unit should any one of these conditions develop:
  - 1. Patient with temperature (oral) of 100.4° F. or over.  

(Febrile morbidity is a temperature of 100.4° F. (38°C.) occurring on any two successive days of the first 10 days postpartum, exclusive of the first 24 hours. The temperature is to be taken by mouth by a standard technique at least four times daily. -- Definition adopted by American Committee on Maternal Welfare-- ACOG Manual of Standards, 2nd ed. April 1965.)
  - 2. Patients with known or questionable infections:
    - a. Observed symptoms or laboratory examination findings of infection.

- b. Unexpected pus or malignancy discovered in surgery. (This does not include non-invasive, intraepithelial carcinoma--cancer-in-situ.)
- c. Cases requiring intraperitoneal drainage.
- d. Postoperative wound infections.
- e. Other infections unrelated to the diagnosed condition, such as skin, upper respiratory, or genito-urinary infections.

H 26.032 Visitors.

- (1) POSTING OF REGULATIONS. The hospital's regulations regarding visitors shall be prominently posted.
- (2) EXCLUSION AS VISITORS.
  - (a) Children under 16 years of age shall not be admitted as visitors to the obstetric or newborn infant units.
  - (b) It is recommended that no visitor be admitted:
    - 1. Who has a cold, pustular skin disease, or other infectious disease.
    - 2. Who has recently recovered from or had contact with a communicable disease.
- (3) VISITORS TO NON-OBSTETRIC PATIENTS. Individuals visiting non-obstetric patients in the obstetric unit shall observe the regulations established for visitors to obstetric patients.
- (4) LIMITATION OF VISITORS.
  - (a) It is recommended that patients be allowed no more than 2 visitors at one time.
  - (b) When the rooming-in plan is used, 2 persons named by the mother shall be the only visitors admitted during the hospital stay.
- (5) SEATING AND WRAPS--RECOMMENDATION. It is recommended that visitors not be allowed to sit on the beds or to place their wraps on the beds.

MEDICAL ORDERS, PATIENT RECORDS, AND

REQUIRED REPORTING

H 26.041 Medical orders and reports.

(1) INDIVIDUAL ORDERS AND REPORTS.

- (a) Shall be in writing and signed and dated by the physician on the patient's chart.
- (b) Telephone or emergency verbal orders shall be recorded on the patient's chart and countersigned and dated by the physician as soon as possible.

(2) STANDING ORDERS.

- (a) Shall be in writing and signed and dated by the physician.
- (b) Shall be on file in the office of the administrator and a copy provided for the nursing unit.
- (c) Shall be re-evaluated at least annually.

(3) PRENATAL DATA PRIOR TO ADMISSION

- (a) The attending physician shall, prior to admission of patient, submit a written prenatal history stressing complications, blood grouping and other pertinent information essential to adequate care.
- (b) The Prenatal Facts form available through the Wisconsin State Medical Society is recommended.

H 26.042 Patient records.

(1) OBSTETRIC RECORD.

- (a) A record of each delivery shall be kept in the delivery suite record book.
- (b) Each obstetric patient shall have a complete hospital record.

(c) Recommended for inclusion are:

1. Prenatal history and findings.
2. Labor and delivery record including anesthesia.
3. Doctor's progress record.
4. Doctor's order sheet.
5. Medicine and treatment sheet including nurses notes.
6. Laboratory and x-ray reports.
7. Medical consultant's notes when such service is given.
8. Estimate of blood loss.

(2) NEWBORN INFANT'S RECORD.

(a) Each newborn infant shall have a complete hospital record.

(b) Recommended for inclusion are:

1. Record of pertinent maternal data, type of labor and delivery, and condition of infant at birth.
2. Physical examinations.
3. Progress sheet (medicine, treatments, weights, feedings and temperatures).
4. Medical consultant's notes when such service is given.
5. Duplicate of official birth record or equivalent information.

(3) NON-OBSTETRIC RECORD.

(a) Hospitals admitting non-obstetric patients to the obstetric unit shall maintain a log book listing name, hospital number, date of admission, date of discharge or transfer (state reason), which shall be available for review at all times.

(b) Each non-obstetric patient shall have a complete hospital record.

II 26.063 Patient care.

- (1) CONSULTATION--RECOMMENDATION. It is recommended that there be consultation prior to:
- (a) Cesarean section or other major operative delivery such as high or mid-forceps, version, decomposition of a breech, a mutilating procedure, or cervical incisions.
  - (b) Contemplated delivery from below of a patient previously delivered by cesarean section.
- (2) OKYTOCICS. Nurses or other non-medical personnel shall not administer oxytocics to antepartum patients over 20 weeks gestation unless a physician is present.
- (a) This means oxytocics administered by any means--buccal, nasal, oral, intramuscular, or intravenous.
  - (b) Medication should be discontinued if the physician (or his "adequate medical substitute")\* is not immediately available (within the unit or hospital).
  - (c) Only nurses who shall have been properly instructed<sup>‡</sup> should stay with patients who are being medically induced in labor.

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\*"Adequate medical substitute" means a physician well enough versed in obstetrics to properly handle medical emergencies commonly resulting from adverse reaction to administered oxytocics.

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‡ "Properly instructed" indicates a course of instruction, demonstration, and supervision meeting the criteria established jointly by medical and nursing groups, covering the administration of drugs or biologicals (intramuscular, intradermal, etc.), untoward reactions, contra-indications for use of drugs or biologicals, precautions, and follow-up. The qualification for such instruction would be

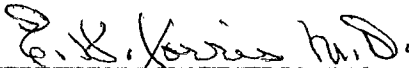
- (a) designation of a specific person as instructor who is qualified to teach the above mentioned techniques
- (b) course be written and approved by the executive committee and the medical and nursing staff
- (c) a record be made and signed that the individual nurse has been properly instructed.

(Subsections (3) through (9) remain unchanged.)

1/25/66

The rules contained herein shall take effect on April 1, 1966 as provided in Section 227.026 (1), Wisconsin Statutes, subject to approval under the provisions of Section 14.225, Wisconsin Statutes.

STATE BOARD OF HEALTH

  
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Executive Secretary

Dated February 4, 1966

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