

Summary of Changes to Birthing Center Rules OAR chapter 333, division 077

Current administrative rules for birthing centers are numbered [OAR 333-076-0450 through OAR 333-076-0710](#) which lands between two other licensed acute care facility types that are not closely related. The Oregon Health Authority (OHA) is proposing that the birthing center rules be renumbered under OAR chapter 333, division 077 as identified below.

The OHA is proposing several new rules that address standard operating procedures that apply to all licensed facility types. These rules include:

- The license application process - review, approval, denial, expiration, renewal, suspension or revocation;
- Request for waivers;
- Complaint procedures and investigations;
- In-person licensing surveys;
- Facility cleanliness and safety;
- Emergency planning;
- Building and other specialty codes for new structures or renovating existing structures;
- Enforcement actions; and
- Civil penalties.

Additional rule topics that apply to all licensed facility types but have specific requirements based on the license type include:

- Medical records;
- Specific types of services such as laboratory, pharmacy, and food;
- Necessary equipment and supplies;
- Infection control; and
- Quality assessment and performance improvement.

The following rules are specific to health and safety and a summary of each rule has been provided:

OAR 333-077-0090 – Policies and Procedures (formerly OAR 333-076-0670)

Requirements for policies and procedures that a birthing center must have were amended and include types of services and procedures that will be provided; staff training requirements; systems for ensuring 24-hour coverage; client care and services activities; admission and discharge criteria; visitor conduct and control; client grievance procedures; assessment of risk and consultation; medical record content; infection control requirements; equipment storage, maintenance and sterilization; provision of life saving measures; availability of emergency transportation; orientation and education of clients and families; performance of laboratory services; procurement, storage and administration of drugs; collection of blood for newborn screening; performance of pulse oximetry screening; systems to ensure filing of appropriate vital records; procedures for notifying clients of any financial interest; and procedures for providing health care interpreter services to clients who prefer to communicate in a language other than English.

OAR 333-077-0100 – Client Services

This new rule specifies that clients registering for care shall receive an orientation and written information about services to be provided. Clients must receive a statement of client rights and disclosures and specifies the information that must be disclosed. The rule further identifies the minimum services that must be provided which includes intrapartum and postpartum care and allows a birthing center to provide prenatal care. A birthing center must assess the client's risk status throughout pregnancy, labor and delivery to determine if receiving care that the birthing center is appropriate. The rule allows the birthing center to consult with perinatal care or other specialty care providers. The rule makes provisions for the use of telemedicine through synchronous communication.

OAR 333-077-0110 – Admission and Discharge

This new rule specifies that a birthing center shall only admit a client for whom medical history, physical exam, laboratory screening and risk assessment do not exclude them from receiving care and services. Clients who meet certain risk factor criteria must be referred to an appropriate health care provider or facility. Discharge plans must be developed and communicated to the client and must include provisions for newborn screening follow-up care and whether a follow-up visit is necessary.

OAR 333-077-0120 – Client Transfer

Under this new rule a birthing center must have a policy for essential lifesaving measures, stabilization and immediate transfer of a client or newborn to a hospital for medical care that exceeds the capability of the birthing center. It specifies

minimum requirements for the policy. The rule further acknowledges that imminent fetal delivery may delay or preclude transfer prior to birth.

OAR 333-077-0125 – Risk Status Assessment and Consultation Requirements

This new rule requires a clinical provider at the birthing center to assess a client's risk status throughout pregnancy to determine whether the client may continue to receive care and services, including delivery, in a birthing center based on adopted risk factor tables. The rule notes that the risk factors identified in tables are not comprehensive and other conditions may arise that may require further consultation or transfer to a hospital. The rule requires that an in-person risk assessment be completed within the first 21 days after the first prenatal care visit. Risk assessments must be updated throughout the pregnancy, labor, and delivery. Appropriate referral to a hospital must be prompt if the client, fetus, or newborn meet any of the exclusion criteria identified in the relevant risk factor table. Based on the risk assessment findings and associated risk factor tables, a birthing center provider may be required to consult with a certified nurse midwife, licensed direct entry midwife, physician, physician associate, or nurse who has experience handling complications of the risk factor(s) found. A client must be present for the consultation or if the client is unavailable, the client must be notified about any findings and recommendations suggested by the consultant. Outcomes of the consultation and decisions made about the plan of care must be implemented and documented and the rule specifies requirements for documentation. Under this new rule, a client who must be referred or transferred to higher level of care based on a risk assessment may continue to receive prenatal care at the birthing center if certain criteria are met.

OAR 333-077-0170 – Newborn Care and Screening

Various newborn screenings and care are required under this new rule pursuant to other rules adopted by the OHA including administering Vitamin K, metabolic disease screening, newborn hearing screening, evaluation and treatment for gonococcal conjunctivitis, and pulse oximeter screening.