New York State Prenatal Standards,
New York State Title 10 Rules and Regulations

85.40 Providers shall provide care and services, either directly or through subcontract with qualified agents or agencies, in accordance with generally accepted standards of practice and patient services and in accordance with the minimum requirements established in subdivisions (a)-(I) of this section.

a. General requirements. (1) The provider shall permit on-site program review by representatives of the Department of Health at any facilities where prenatal care and services are provided. (2) The provider shall make available to representatives of the Department of Health, upon request, any records and reports directly related to the prenatal care. (3) Any subcontracts between providers and other agents or agencies providing care and services shall:

i. be available for review and inspection by the Department of Health;

ii. include assurances that the Department of Health has access to agent or agency sites and records to conduct on-site program compliance reviews; and

iii. require that the subcontractors provide contracted care and services that meet the minimum standards established in this section and are provided in accordance with generally accepted standards of practice and patient care services.

b. Outreach. Providers shall engage in community outreach activities which as a minimum: (1) facilitate early entry into maternity services including the provision of on-site pregnancy screening among MCO members. (2) reflect linkages with community-based resources commonly utilized by pregnant women; and (3) disseminate through local media and community channels, information concerning available services and initial enrollment procedures.

c. Risk assessment. Every pregnant woman shall receive on-going assessment of both maternal and fetal risk throughout the prenatal period. Such risk assessment shall include, but not be limited to, an analysis of individual characteristics affecting pregnancy, such as genetic, nutritional, psychosocial, and historical and emerging obstetrical and medical-surgical risk factors. At the time of registration, a standardized written risk assessment shall be conducted using established criteria for determining high risk pregnancies based upon generally accepted standards of practice. This risk assessment shall be: (1) reviewed at each visit; (2) linked to the plan of care and clearly documented in the medical record.
d. Development of care plan and coordination of care. (1) A care plan which addresses the proper implementation and coordination of all services required by the pregnant woman shall be developed, routinely updated and implemented jointly by the pregnant woman and her family where mutually agreeable to the woman and all appropriate members of the health care team.

(2) Care shall be coordinated to:

i. ensure that relevant information is exchanged between the prenatal care provider and other providers or sites of care including the anticipated birthing site;

ii. ensure that the pregnant woman and her family, with her consent, have continued access to information resources and are encouraged to participate in decisions involving the scope and nature of care and services being provided;

iii. encourage and assist the pregnant woman in obtaining necessary medical, nutritional, psychosocial, drug and substance abuse services appropriate to her identified needs and provide follow-up to ensure ongoing access to services;

iv. provide the pregnant woman with an opportunity to receive prenatal or postpartum home visitation when the woman may derive medical or psychosocial benefits from such visits. The visit shall identify familiar and environmental factors which may produce increased risk to the woman or fetus and the relevant findings shall be incorporated into the care plan;

v. provide to or refer the pregnant woman for needed services including: a. inpatient care, specialty physician and clinic services which are necessary to ensure a health delivery and recovery; b. genetic services; c. drug treatment and screening services; d. dental services e. mental health and related social services; f. emergency room services; g. home care; h. pharmaceuticals; and i. transportation;

vi. provide for the pregnant woman special tests and services as may be recommended or required by the Commissioner of Health, who shall require such tests and/or services when necessary to protect maternal and/or fetal health. Women shall be provided appropriate medical care, counseling and education based on test results; and

vii. encourage continuity of care and client follow-up including rescheduling of missed visits throughout the prenatal and postpartum period.

e. Nutrition services. The provider shall establish and implement program of nutrition screening and counseling which includes: (1) individual nutrition risk assessment including screening for specific nutritional risk conditions at the initial prenatal care visit and continuing reassessment as needed; (2) professional nutrition counseling, monitoring and follow-up of all pregnant women at nutritional risk by a nutritionist or registered dietitian; (3) documentation of nutrition
assessment, risk status and nutrition care plan in the patient medical record; (4) arrangements for services with funded nutrition programs available in the community including provision for enrollment of all eligible women and infants in the Supplemental Food Program for Women, Infants and Children (WIC), at the initial visits; and (5) provision of basic nutrition education and counseling for each pregnant woman which includes the following topics:

i. appropriate dietary intake and recommended dietary allowances during normal pregnancy;

ii. appropriate weight gain; and

iii. infant feeding choices including individualized counseling regarding the advantages and disadvantages of breastfeeding.

f. Health education. Health and childbirth education services shall be given to each pregnant woman based on an assessment of her individual needs. Appropriate educational materials, including video and written information shall be used, taking into account cultural and language factors including the ability of the pregnant woman to comprehend the information. Such services shall be provided by professional staff. documented in the medical record and shall include but not be limited to the following: (1) orientation to procedures at medical facilities and at the expected site of birth; (2) rights and responsibilities of the pregnant woman; (3) signs of complications of pregnancy; (4) physical activity and exercise during pregnancy; (5) avoidance of harmful practices and substances including alcohol, drugs, non-prescribed medications, and nicotine; (6) sexuality during pregnancy; (7) occupational concerns; (8) risk of HIV infection and risk reduction behaviors; (9) signs of labor (10) labor and delivery process; (11) relaxation techniques in labor; (12) obstetrical anesthesia and analgesia; (13) preparation for parenting including infant development and care and options for feeding; (14) the newborn screening program with the distribution of newborn screening educational literature; and (15) family planning.

g. Psychosocial assessment. A psychosocial assessment shall be conducted and shall include: (1) screening for social, economic, psychological and emotional problems; and (2) referral as appropriate to the needs of the woman or fetus, to the local Department of Social Services, community mental health resources, domestic violence shelters, rape crisis service providers, support groups or social/psychological specialists.

h. Prenatal diagnostic and treatment services. Prenatal diagnostic and treatment services shall be provided by a qualified physician practicing in accordance with Article 131 of the New York State Education Law, a licensed midwife practicing in accordance with Part 20 of this Title and Article 139 of the New York state Education Law, a qualified nurse practitioner practicing in accordance with section 400.10 of this Title and/or Article 139 of the New York State Education Law or a registered physician's assistant practicing in accordance with Part 94 of this Title,
Article 37 of the New York State Public Health Law and Article 131 of the New York State Education Law. Such services shall meet generally accepted standards of professional patient care and services. (1) Prenatal diagnostic and treatment services provided shall include but not be limited to the following:

i. an initial comprehensive assessment including history, review of systems, and physical examination;

ii. standard laboratory tests and procedures;

iii. needed special laboratory tests as indicated by comprehensive assessment and initial or preliminary test findings;

iv. evaluation of risk;

v. discussion with the woman of operations for treatment, care and technological support that are expected to be available at the time of labor and delivery together with the advantages and disadvantages of each option;

vi. obtaining from the woman her informed choice of mode of treatment, care and technological support that are expected to be necessary, and

vii. postpartum counseling, evaluation and referral to professional care and services, as required, to include preconception counseling as appropriate.

(2) The provider shall establish arrangements for availability of after hours and emergency consultation and care for pregnant women. (3) The provider shall develop and implement written agreements with planned sites of delivery which address, at a minimum:

i. prebooking of women for delivery at 34-36 weeks gestation for low risk pregnancies and 26 weeks for high risk pregnancies;

ii. arrangements for referral of women and neonates to appropriate alternate care sites for medically indicated care;

iii. special tests and procedures which may be required;

iv. a plan detailing how hospitalization for medical or obstetrical problems will occur;

v. arrangements with facilities for postpartum services; and

vi. a system for sharing medical records with the delivery site and for receiving information from referral sources and delivery sites.
(4) The provider shall develop and implement written policies and procedures designating the requirements for consultation with a qualified physician or other health care specialist when necessitated by specific medical conditions. (5) The provider shall designate in writing those situations which require the transfer of the primary responsibility for patient care from a primary care professional who is a family practice physician, physician's assistant, licensed midwife or qualified nurse practitioner to a qualified obstetrician.

**i. HIV services.** The provider shall: (1) provide pregnant women with HIV counseling; (2) routinely offer the pregnant woman confidential HIV testing; and (3) provide the HIV positive woman and her newborn infant the following services or make the necessary referrals for these services;

i. management of HIV disease;

ii. psychosocial support; and

iii. case management to assist in coordination of necessary medical, social and addictive services.

**j. Records and reports.** The provider shall create and maintain records and reports in accordance with this subdivision that are complete, legible, retrievable and available for review by representatives of the Commissioner of Health upon request. Such records and reports shall include the following: (1) a comprehensive prenatal care record for each pregnant woman which documents the provision of care and services required by this section and which is maintained in a manner consistent with medical record confidentiality requirements; (2) special reports and data summaries necessary for the Commissioner of Health to evaluate the provider's delivery of services; (3) program reports including financial, administrative, utilization and patient care data maintained in such a manner as to allow the identification of expenditure, revenue, utilization and patient care data associated with health care provided to clients; (4) records of all internal quality assurance activities; and (5) all written policies and procedures required by this section.

**k. Internal quality assurance.** The plan shall develop and implement written policies and procedures establishing an internal quality assurance program to identify, evaluate, resolve and monitor actual and potential problems in patient care. Components of such program shall include but not be limited to the following: (1) a documented and filed prenatal chart audit performed periodically on a statistically significant number of current client records; (2) an annual written summary evaluation of all components of such audits; (3) a system for determining patient satisfaction and for resolving patient complaints; (4) a system for developing and recommending corrective actions to resolve identified problems; (5) a follow-up process to assure that recommendations and plans of correction are implemented and are effective; and (6) safeguards to prevent the inappropriate breach of patient confidentiality requirements.
j. Postpartum services. The provider shall coordinate with the neonatal care provider to arrange for the provision of pediatric care services in accordance with generally accepted standards of practice and patient services. A postpartum visit with a qualified health professional shall be scheduled and conducted in accordance with medical needs but no later than eight weeks after delivery. For the interim between delivery and the postpartum visit, the provider shall furnish each woman with a means of contacting the provider in case postpartum questions or concerns arise. The postpartum visit shall include but not be limited to the following: (1) identifying any medical, psychosocial, nutritional, alcohol treatment and drug treatment needs of the mother or infant that are not being met;

(2) referring the mother or other infant caregiver to resources available for meeting such needs and providing assistance in meeting such needs where appropriate; (3) assessing family planning needs and providing advice and services or referral where indicated; (4) providing preconception counseling as appropriate and encouraging a preconception visit prior to subsequent pregnancies for women who might benefit from such visit; (5) referring infants to preventive and special care services appropriate to their needs; and (6) advising the mother of the availability of Medicaid eligibility for infants.

_Bureau of Women's Health_