Prepublication Requirements

The Joint Commission

• Issued June 20, 2022 •

New Requirements for the Advanced Certification in Perinatal Care

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical The *Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE ADVANCED CERTIFICATION IN PERINATAL CARE

Effective January 1, 2023

Delivering or Facilitating Care (ACPCDF) Chapter

ACPCDF.01

Pregnant or postpartum patients and, as appropriate, families know how to access and use the program's care, treatment, and services.

Element(s) of Performance for ACPCDF.01

1. **The program implements its process for identifying pregnant or postpartum patients for whom perinatal care services are indicated and communicates this to appropriate organizational staff and interdisciplinary team members.**
Note: The perinatal care program coordinates with the emergency department, intensive care unit, and other inpatient care units when a pregnant or postpartum patient's condition warrants care outside of labor and delivery and develops a plan of care that addresses both the medical condition and the pregnancy.

2. **The program informs pregnant or postpartum patients and, as appropriate, families on how to access care, treatment, and services.**

3. **The program informs pregnant or postpartum patients and, as appropriate, families on how to contact staff in the case of an emergent situation.**

4. **The program informs pregnant or postpartum patients and, as appropriate, families about patient rights and responsibilities while receiving care, treatment, and services from the perinatal care program.** Ⓓ

5. **The program informs pregnant or postpartum patients and, as appropriate, families of their responsibility to provide information that is important to care, treatment, and services.** Ⓓ

Key: Ⓓ indicates that documentation is required; 🅡 indicates an identified risk area;

6. The program informs pregnant or postpartum patients and, as appropriate, families about patient's right to refuse any or all of the care, treatment, and services offered by the perinatal care program. [ ] Ⓓ

7. The program assists pregnant or postpartum patients and, as appropriate, families with identifying and facilitating access to community resources to meet the pregnant or postpartum patient's and newborn's health care and health-related social needs as determined by the health and health-related social needs assessments. [ ] [ ]

8. The program assists pregnant or postpartum patients and, as appropriate, families with accessing health care services and providers (such as health care systems, settings, or health care specialists) to meet the health care needs of pregnant or postpartum patients and newborns. [ ] [ ]

9. The program educates community perinatal care providers on the importance of treatment or referral for pregnant or postpartum patients with known or suspected mental health disorders and informs them of available resources in the community. [ ] [ ]

10. The program coordinates care and treatment after discharge with community resources and community perinatal care providers for postpartum patients with a known or suspected mental health disorder. [ ] [ ]

ACPCDF.02

The program communicates with and involves pregnant or postpartum patients and, as appropriate, families in decision making.

Element(s) of Performance for ACPCDF.02

1. The program discusses with pregnant or postpartum patients and, as appropriate, families how they want to receive information, including the type and extent of information, and their preferred language. [ ] Ⓓ

2. Pregnant or postpartum patients' and, as appropriate, families' wishes about how they want to receive information are communicated to all staff involved in the patient's care. [ ] [ ]

3. Pregnant or postpartum patients and, as appropriate, families receive information about the staff responsible for the delivery of their care, treatment, and services. [ ] [ ]

4. Pregnant or postpartum patients and, as appropriate, families receive the information they need to make informed decisions about the pregnant or postpartum patient's and newborn's care, including, but not limited to, information about prenatal care, screening tests, labor and delivery care practices, newborn care, immunizations, best newborn feeding practices, and postpartum care. Information includes related risks, benefits, and alternatives. [ ] [ ]

5. The program actively involves pregnant or postpartum patients and, as appropriate, families in decisions about the delivery of the pregnant or postpartum patient's and newborn's care. Pregnant or postpartum patients are given the opportunity to discuss their preferences regarding prenatal care, screening tests, labor and delivery care practices, newborn care, immunizations, best newborn feeding practices, and postpartum care with their care providers. [ ] [ ]

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6.   Pregnant or postpartum patients and, as appropriate, families and staff mutually agree upon goals of care.

ACPCDF.03

The program tailors care, treatment, and services to meet the lifestyle, needs, and values of the pregnant or postpartum patient and, as appropriate, family.

Element(s) of Performance for ACPCDF.03

1.   The documented plan of care is developed using an interdisciplinary team approach with input from the pregnant or postpartum patient, family (as appropriate), and the perinatal care team based on the patient's assessed needs, strengths, limitations, and goals. Ⓓ

2.   The plan of care is based on an understanding of the pregnant or postpartum patient's and, as appropriate, family's values and preferences.

3.   The program provides care, treatment, and services in a manner that meets the pregnant or postpartum patient's and, as appropriate, family's communication needs. This includes recognizing and addressing their level of understanding and health literacy needs.

4.   The program demonstrates a patient- and family-centered approach to all aspects of care during all stages of pregnancy based on the individual needs and/or preferences of the pregnant or postpartum patient and family. This includes, but is not limited to, the following:
- Introducing patient- and family-centered obstetric care concepts and approaches during the prenatal care period
- Supporting the pregnant patient's and, as appropriate, family's choice to be together following the birth of a newborn, unless emergent circumstances prevent it
- Promoting skin-to-skin contact at delivery
- Not separating postpartum patients and newborns after delivery, unless emergent circumstances require it
- Promoting parental involvement in the care of the newborn
- Supporting the postpartum patient's choice of newborn feeding preference
- Promoting family involvement in providing care for the newborn until the postpartum patient is able to if an emergency requiring separation occurs

5.   The program incorporates the pregnant or postpartum patient's and, as appropriate, family's cultural preferences while providing care, treatment, and services.

6.   The program communicates the plan of care to staff involved in the pregnant or postpartum patient's and newborn's care.

7.   The program continually evaluates, revises, and implements revisions to the plan of care to meet the pregnant or postpartum patient's and/or newborn's ongoing needs and the pregnant or postpartum patient's preferences and documents the revisions in the medical record.

ACPCDF.04

The interdisciplinary program team assesses and reassesses the pregnant or postpartum patient's and newborn's condition using evidence-based tools when available.

Key: Ⓓ indicates that documentation is required;   Ⓡ indicates an identified risk area;

Element(s) of Performance for ACPCDF.04

1. The plan of care is developed using an interdisciplinary approach and the pregnant or postpartum patient's and, as appropriate, family's participation.

2. The interdisciplinary program team performs an initial patient assessment, as defined by the program, and documents the assessment in the medical record. The initial assessment includes, but is not limited to, the following:
   - A physical, psychological, and psychosocial assessment of the pregnant or postpartum patient
   - Review of the prenatal record
   - Detailed clinical examination and assessment of the newborn performed by a qualified provider (s) and nursery personnel soon after birth
   - Health screening tests and review of results
   - Identification of the pregnant or postpartum patient's and newborn's risk for complications or illness using evidence-based tools, along with interventions that address the specific risk

3. The interdisciplinary program team assesses and documents the pregnant or postpartum patient's and newborn's clinical symptoms and, when available, uses standardized, evidence-based scales or tools.

4. The interdisciplinary program team performs reassessments of the pregnant or postpartum patient and newborn for risk factors using evidence-based tools during the prenatal, intrapartum, postpartum, and immediate newborn periods.

5. The interdisciplinary program team uses evidence-based tools to assess each pregnant or postpartum patient's current substance use or history of substance use and documents the need for further assessment and referral to treatment.

6. The interdisciplinary program team assesses each pregnant or postpartum patient to identify those with a history of mental health disorders. If further assessment, consultation, or referral to follow-up care is needed, it is documented.

7. The interdisciplinary program team assesses and documents the need for grief, bereavement, and palliative care services for patients and family, when needed.

8. The interdisciplinary program team completes the assessment(s) within its defined time frame.

9. The interdisciplinary program team reassesses the pregnant or postpartum patient and newborn as defined by the program and whenever there is a change in their condition or a change in the pregnant or postpartum patient's and family's preferences. The reassessment is documented in the medical record.

10. The interdisciplinary program team documents the pregnant or postpartum patient's wishes regarding their own care and the newborn's care across care settings and fulfills these preferences when possible.

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11. The interdisciplinary program team uses established criteria and evidence-based guidelines for early identification of high-risk pregnant or postpartum patients and newborns along the entire perinatal continuum.
Note: In all departments outside of the perinatal program, the organization develops a process to assess and document if a patient presenting is pregnant or has been pregnant within the past year. ⓓ

ACPCDF.05

The program provides care, treatment, and services according to the plan of care.

Element(s) of Performance for ACPCDF.05

1. The program delivers care, treatment, and services according to the pregnant or postpartum patient's and newborn's plan of care.

2. The program revises plans and goals for care, treatment, and services based on reassessments, the pregnant or postpartum patient's and newborn's needs, and achievement of goals.

3. The pregnant or postpartum patient's and newborn's physical symptoms are managed according to their plans of care.

4. The pregnant or postpartum patient's mental health conditions and psychological symptoms, including, but not limited to, anxiety, stress, coping strategies, postpartum depression, substance use, and psychological trauma, are managed using trauma-informed care based on the patient's stage of recovery and readiness to change.

5. The program monitors the pregnant or postpartum patient and newborn for the effects of medications.

6. The program provides services, consultations, or referrals for its pregnant or postpartum patients and newborns, when indicated. This includes, but is not limited to, the following services:
- Access to a maternal-fetal medicine subspecialist
- Genetic diagnostic services and counseling
- Neurodevelopmental follow-up
- General surgery
- Breastfeeding/lactation
- Mental health treatment
- Substance use disorder treatment
- Financial counseling
- Community resources

Key: ⓓ indicates that documentation is required; 🆁 indicates an identified risk area;

7. **The program provides education, training, and support to the pregnant or postpartum patient and family based on the population served. This includes, but is not limited to, the following:**
    - Physiology of pregnancy
    - Labor support options
    - Labor and delivery options
    - Breastfeeding and nutritional options for the newborn
    - Nutritional counseling and guidance for the mother throughout the continuum of care
    - Postpartum care
    - Care of the newborn
    - Pediatric follow-up care and childhood immunizations
    - Car seat safety
    - Mental health disorders
    - Substance use disorder treatment
    - Signs and symptoms of neonatal abstinence syndrome

8. **The program provides education, training, and support to the pregnant or postpartum patient and family in a way that is respectful of their cultural needs and values.**

9. **The program provides referrals for grief, bereavement, and palliative care services for pregnant or postpartum patients and/or families, if indicated.**

10. **To address unanticipated obstetric, fetal, and newborn complications that occur during labor and delivery, the program is able to do the following:**
    - Detect and provide initial care for high-risk conditions using evidence-based resources. High-risk conditions include, but are not limited to hemorrhage, hypertensive disorders, medically indicated inductions, shoulder dystocia, fetal heart rate abnormalities, use of antenatal corticosteroids, amniotic embolism, and venous thromboembolism
    - Safely use medications (for example, oxytocin, magnesium sulfate)
    - Perform emergency cesarean delivery within an interval of time that meets the needs of the pregnant patient and fetus
    - Provide immediate life-saving measures and have the necessary staff readily available to care for pregnant patients and newborns at every delivery, according to current nationally recognized resuscitation guidelines (for example, Neonatal Resuscitation Program)

Key: (D) indicates that documentation is required;   R indicates an identified risk area;

11. The program identifies and manages pregnant or postpartum patients and/or newborns who should be transferred to another setting that provides care outside the scope of the organization's level of care. Management of these high-risk patients includes, but is not limited to, the following:
- Having an established relationship that provides for immediate consultation with and possible transfer to physicians at an organization with a higher level/broader scope of care (for example, maternal-fetal medicine subspecialists)
- Managing perinatal emergencies directly, by transfer, or by referral
- Demonstrating an ongoing relationship with referral hospitals for immediate transfer through a written transfer agreement
- Providing timely assessment, stabilization, and treatment prior to transfer, which includes having a system in place so that perinatal transports occur when indicated in order to avoid transporting high-risk newborns after birth
- Establishing effective communication between facilities, such as clear documentation and timely transfer of medical information before transfer, as well as follow-up information on the status of the pregnant or postpartum patient and/or newborn after transfer

12. The program implements its process for the timely transfer of the pregnant or postpartum patient and/or newborn to an appropriate level of care. This includes having processes in place for the following:
- The health care provider(s) knows how to access and use the transport system.
- A health care provider has continuing responsibility for care until the transport team assumes full responsibility; this includes timely assessment, stabilization, and treatment prior to transfer.
- Copies of all medical records (either electronic or hard copy) are sent with the pregnant or postpartum patient and/or newborn.

ACPCDF.06

The pregnant or postpartum patient's and newborn's care is coordinated across the continuum of care.

Element(s) of Performance for ACPCDF.06

1. The program implements its process of exchanging patient health information among those involved in the pregnant or postpartum patient's and newborn's care, including staff, both internal and external to the program, and other health care organizations.

2. The program coordinates the pregnant or postpartum patient's and newborn's care, treatment, and services within a time frame that meets their needs.

3. Postpartum patient's and newborn's co-existing conditions, if present, are managed. This includes coordinating care with their specialists and obtaining medical tests when necessary. Note: If the patient's co-existing conditions are managed by staff or setting(s) outside the program, the information necessary for their management is communicated to staff and setting(s) across the continuum of care.

4. For antepartum and postpartum patients who are hospitalized beyond the standard length of stay, the program conducts patient care conferences with members of the interdisciplinary program team to develop, evaluate and revise the plan of care.

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

5.   The program coordinates care with the primary obstetric and pediatric care providers. This includes integrating clinical care with consultations, referrals, and/or coordinated links to relevant programs such as, but not limited to, the following:
- Community resources
- Lactation services
- Mental health
- Nutrition
- Postpartum patient and newborn screening tests
- Psychosocial counseling
- Social support
- Substance use disorder counseling and treatment

ACPCDF.07

The postpartum patient's and newborn's need for continuing care, treatment, and services after discharge or transfer is addressed.

Element(s) of Performance for ACPCDF.07

1.   The program begins the discharge planning process with the pregnant or postpartum patient early in the period of care, treatment, and services. At a minimum, this includes an individualized written discharge plan addressing the following:
- Factors from the prenatal, intrapartum, and immediate postpartum period that identify any problems for either the pregnant or postpartum patient or newborn
- Details of the health care professionals involved in the pregnant or postpartum patient's care and that of their newborn, including roles and contact details
- Plans for the postpartum period
- Support for the postpartum patient and family adjusting to the newborn period, as needed

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2. The program identifies any needs the pregnant or postpartum patient, newborn, and, as appropriate, family may have for physical or psychosocial care, treatment, and services after discharge or transfer.

   For the pregnant or postpartum patient, this process includes assessing the patient's capacity to do the following:
   - Self-report
   - Breastfeed their newborn and identify and respond to newborn feeding cues
   - Formula feed their newborn, if not exclusively breastfeeding
   - Identify variances that may require further medical assessment
   - Follow up with a primary care provider or alternate medical care
   - Access support systems, including, but not limited to, mental health support such as psychosocial, substance use disorder support and treatment, and postpartum depression support
   - Access emergency services if concerns arise

   For the newborn, this process includes the following:
   - Assessing the need for a home visit
   - Assessing the parent's understanding of and ability to provide adequate care for the newborn. This discussion will focus on topics including the following:
     - General newborn care such as bathing, diaper changing, and cleaning and caring for the umbilical cord
     - Value of skin-to-skin contact
     - Feeding techniques and issues such as reflux, caloric needs, recognition of jaundice and dehydration
     - Follow-up care, including immunizations and follow-up appointment
     - Newborn safety, including use of a car seat and nationally recognized infant safe sleep recommendations
     - What to expect at home, what resources are available, when to be concerned, and when to call the provider

3. The program discusses and plans with the pregnant or postpartum patient and, as appropriate, the family, the care, treatment, and services that are needed in order to achieve the mutually agreed upon plans and goals.

4. The program addresses the postpartum patient's and, as appropriate, the family's questions that arise after discharge.

Program Management (ACPCPM) Chapter

ACPCPM.01

The program's leaders secure support from the organization.

Element(s) of Performance for ACPCPM.01

1. The program's philosophy is aligned with the organization's mission.

2. The program's leaders are empowered by the organization's leaders to provide care, treatment, and services.

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

3. The program's leaders integrate the care, treatment, and services provided by the program with those of the organization.

4. Program leaders secure the resources the program requires in order to support the scope of care, treatment, and services provided.

5. Program leaders evaluate care, treatment, and services provided to ascertain whether the scope and level of care, treatment, and services are consistently provided to all pregnant and postpartum patients and newborns.

6. Program leaders create opportunities for the interdisciplinary team to participate in the design of the care, treatment, and services provided.

7. The program assumes an active role in the development and coordination of perinatal education programs at the community level based on the needs of the population served.

ACPCPM.02

The program defines its leadership roles.

Element(s) of Performance for ACPCPM.02

1. The program has dedicated leadership and staff necessary to meet the scope of care, treatment, and services it provides across the continuum of care.

2. The program has a designated leader who is accountable for the perinatal care program.

3. A qualified provider with obstetric privileges is responsible for management of the program's obstetric services.

4. A qualified provider with pediatric privileges is responsible for management of the program's newborn unit services.

5. A qualified provider with anesthesia privileges is responsible for management of the program's obstetric anesthesia services.

6. A nursing leader with perinatal nursing care experience is responsible for management of the program's perinatal nursing care services.

7. The perinatal program leaders define both the shared and unique responsibilities and accountabilities of its leadership and staff.

8. Program leaders share best practices and quality improvement efforts with leaders of other perinatal programs.

9. The program leaders make certain that practitioners practice within the scope of their licensure, certification, training, and current competency.

ACPCPM.03

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

The program provides services that meet patient needs.

Element(s) of Performance for ACPCPM.03

1. The program defines its scope of care, treatment, and services. ⓓ

2. The program provides care, treatment, and services to meet the needs of the population served based on the scope of services offered.

3. The program provides the pregnant or postpartum patient and their family education or information about care, services, and alternative options available to meet the patient's and newborn's needs and the patient's preferences.

4. The program is capable of providing intermittent auscultation and continuous and intermittent fetal heart rate monitoring. The method that is used depends on the pregnant patient's or fetus's risk assessment, the health care provider's clinical judgment, the program's policy, and the pregnant patient's preference.

5. The program provides suitable coverage or backup systems for each discipline based on the complexity of services it provides, including consideration for the emergent needs of the pregnant or postpartum patient and newborn.
Note: At a minimum, the program provides anesthesia, respiratory, radiology, ultrasound, laboratory, and blood bank services 24 hours a day, 7 days a week.

6. The program provides early risk identification using evidence-based clinical practice guidelines and tools and manages the pregnant or postpartum patient's and newborn's risks at a level that corresponds to the program's capabilities.

7. The program performs emergency cesarean deliveries within an interval of time that meets the needs of the pregnant patient and fetus.

8. The program is capable of performing obstetric and newborn resuscitation—including intubation—24 hours a day, 7 days a week. This is performed according to the most current national guidelines (for example, Neonatal Resuscitation Program).

9. In the event of unanticipated obstetric, fetal, or newborn complications, the program provides direct care; otherwise, the program stabilizes and transfers a pregnant or postpartum patient or newborn who requires care beyond the scope of services provided by the organization.

10. The program follows its internal guidelines for obtaining consultation with a physician who is board certified or board eligible in maternal-fetal medicine 24 hours a day, 7 days a week.

11. The program follows its written policies for consultation and transfer arrangements. The needs of the population served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. ⓓ

12. The program demonstrates the capability to immediately receive, process, and report results for urgent or emergent obstetric and newborn laboratory requests with consideration for the acuity of the pregnant or postpartum patient and newborn and the integrity of the samples.

Key: ⓓ indicates that documentation is required; 🆁 indicates an identified risk area;

13. **The program supports the pregnant patient's individual needs and/or preferences for continuous labor support.**
    Note: See the Glossary for definition of continuous labor support.

14. **The program demonstrates the capability to perform safe cesarean practices by doing the following:**
    - Implement standardized admission criteria, triage management, education, and support for pregnant patients presenting in spontaneous labor
    - Offer standardized techniques of pain management and comfort measures that promote labor progress and prevent dysfunctional labor
    - Use standardized methods to assess fetal heart rate, including interpretation and documentation using National Institute of Child Health and Human Development terminology
    - Promote freedom of movement
    - Adopt protocols for timely identification of specific problems, such as active herpes and fetal malpresentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth

## ACPCPM.04

The program uses clinical practices originating from current and relevant evidence-based national guidelines or up-to-date systematic review of existing evidence to deliver or facilitate the delivery of clinical care, treatment, and services.

Element(s) of Performance for ACPCPM.04

Key: ⒟ indicates that documentation is required;   Ⓡ indicates an identified risk area;

1. **The program has policies and procedures that support its clinical practices along the entire perinatal continuum. At a minimum, this includes policies and procedures for the following:**
   - The care of pregnant or postpartum patients and newborns who have been assessed as clinically uncomplicated
   - Prenatal screening (includes addressing the accuracy, completeness, and timeliness of the test results, and any needed intervention)
   - Psychosocial risk assessment, screening, and referral for care (including, but not limited to, depression, domestic violence, and substance abuse)
   - Screening and treatment of substance use and newborn drug withdrawal
   - Pain control protocols that are individualized for patients
   Note: When individualizing pain control protocols, specific patient needs should be considered. These needs include, but are not limited to, patient's with a history of substance use disorders, history of complex medical pain management requiring pain management specialist, or patients with communication barriers.
   - Control of infection or other communicable conditions
   - Sepsis evaluation and treatment (urine, blood draws, lumbar puncture)
   - Initiation of, and support for, breastfeeding for patients who elect to breastfeed
   - Newborn screening in accordance with law and regulation, including transmission of the results to the pediatric health care provider
   - Management of newborn patients including, at a minimum, those requiring antibiotic administration, glucose management, intravenous fluid administration, thermoregulation, administration of oxygen, and respiratory therapy
   - Management of newborn hyperbilirubinemia
   - Newborn feeding policies (for example, gavage feeding, formula and breast milk preparation and storage)
   - Providing direct care, or stabilizing and transferring patients who require care beyond the scope of services provided by the organization
   - Care practices that support spontaneous labor and birth
   - Providing continuous labor support
   - Planning for consultation, referral, and transfer arrangements
   - Managing unexpected obstetric and newborn problems
   - Obstetric and newborn resuscitation according to current national guidelines (including intubation and vascular access for medications and volume)
   - Assessment of every pregnant or postpartum patient for health-related social needs to assist in the planning for discharge and follow-up care
   Note: The program determines which health-related social needs to include in the assessment. Examples of health-related social needs may include the following:
   - Access to transportation
   - Difficulty paying for prescriptions or medical bills
   - Education and literacy
   - Food insecurity
   - Housing insecurity

   ⬜ Ⓓ

Key: Ⓓ indicates that documentation is required; 🆁 indicates an identified risk area;
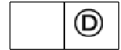
2. **The program follows current national guidelines regarding immunizations and other treatments for the following:**
   - Conditions related to the care of the pregnant or postpartum patient including, but not limited to, group B Streptococcus (GBS), rubella, Tdap (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine), hepatitis, HIV treatment, influenza, and COVID-19 vaccinations
   - Conditions related to the care of the newborn including, but not limited to, prophylaxis and preventive care such as GBS, HIV treatment, hepatitis B screening and immunization, congenital cardiac heart defect screening, hearing screening, and screening for and treatment of hyperbilirubinemia

3. **The program uses evidence-based protocols for managing conditions that may occur if a pregnant or postpartum patient's, fetus's, or newborn's risk status increases. These conditions include, but are not limited to, the following:**
   - Obstetric conditions such as hemorrhage, emergent cesarean delivery, hypertensive disorders, shoulder dystocia, thromboembolic disorders, vaginal breech delivery, preterm labor, and those requiring maternal resuscitation
   - Fetal conditions such as signs of indeterminate or abnormal fetal heart rate patterns
   - Newborn conditions such as those requiring thermoregulation, resuscitation of the newborn infant, endotracheal intubation, administration of medications and oxygen, placement of umbilical lines, and neonatal abstinence syndrome Ⓓ

4. **The program implements modifications to its clinical practices in response to changes in evidence-based national guidelines, up-to-date systematic review of existing evidence, or results of its performance improvement activities.**

5. **The program demonstrates that the policies and procedures that apply to both the obstetric and newborn units are coordinated and unified.**

ACPCPM.05

The program identifies and minimizes risks to the pregnant or postpartum patient and newborn.

Element(s) of Performance for ACPCPM.05

1. **The program identifies safety risks associated with the organization's environment of care that includes the following:**
   - Safety and security of the pregnant or postpartum patient and newborn
   - Preventing and controlling infection
   - Communication services
   - Utility services
   - Equipment usage
   - Fire safety Ⓓ

2. **The program plans strategies to minimize the risk of disruption of care, treatment, and services.** Ⓓ

3. **The program plans strategies to minimize safety risks in the physical environment to protect the safety of pregnant or postpartum patients, newborns, families, visitors, and staff. Strategies to minimize safety risks include having newborn security systems and family-centered policies on visiting that incorporate processes for identifying newborns and preventing newborn abductions.** Ⓓ

Key: Ⓓ indicates that documentation is required; Ⓡ indicates an identified risk area;

4. **Staff implements activities for minimizing safety risks to the postpartum patient and newborn. This includes, but is not limited to, family education on the following:**
   - Nationally recognized infant safe sleep recommendations
   - Monitoring the newborn for routine care (for example, bathing, diapering)
   - Proper use of patient equipment (for example, information about car seat safety) and facilitating access to local programs for provision of patient equipment
   - Minimizing risk of patient falls and newborn falls/drops

5. **Staff implements activities for managing medications, including following protocols for, at a minimum, oxytocin, magnesium sulfate, antibiotics, anticonvulsants, anticoagulants, hemorrhage medications/uterotonics, cervical ripening agents, and emergency resuscitation medications.**

6. **Staff implements activities for preventing and controlling infection, which include reducing hospital-acquired infections and following standardized pre- and post-surgical procedure skin preparation and wound care protocols.**

7. **Staff members are trained and demonstrate competency on their roles and responsibilities relative to safety.** Ⓓ

8. **The program evaluates whether its activities for identifying and minimizing risks to the pregnant and postpartum patient and newborn meet its objectives.**

ACPCPM.06

Program leaders are responsible for selecting, orienting, educating, and training perinatal staff.

Element(s) of Performance for ACPCPM.06

1. **Perinatal staff have education, experience, training, and certification consistent with the program's philosophy and scope of care, treatment, and services.** Ⓓ

2. **Program leaders, or designees, evaluate the qualifications, training, and experience of staff who are considered for membership on the program team.**

3. **Perinatal team members maintain a current professional license or certification in accordance with law and regulation.** Ⓓ

Key: Ⓓ indicates that documentation is required; Ⓡ indicates an identified risk area;

4. **Program leaders identify training and competency assessments for the program's team members, which, at a minimum, include the following:**
   - Performing a comprehensive assessment of obstetric, fetal, and newborn well-being that starts during the prenatal period and continues through the postpartum period
   - Use of new patient equipment or technology
   - Use of intermittent auscultation and electronic maternal-fetal monitoring, including use of current terminology for interpretation of the results
   - Providing continuous labor support, including comfort measures
   - Skills for supporting spontaneous labor and birth
   - Preparation for emergency cesarean delivery and postoperative cesarean care
   - Post-anesthesia and recovery care
   - Providing maternal and newborn resuscitation according to current national guidelines
   - Patient postpartum assessment and care (such as assisting in breastfeeding initiation)
   - Skills for responding to an obstetric emergency
   - Use of trauma-informed care approaches, such as obtaining consent for exams
   - Substance use disorder education specific to bias, stigma, and discriminatory practices
   - Newborn assessment and care (such as determining of Apgar score and providing newborn thermoregulation, including establishing skin-to-skin contact)
   - Clinical drills to help staff prepare for unanticipated complications or high-risk events
   - Clinical drill debriefings to evaluate team performance and identify areas for improvement
   - Infant abduction drills

   (D)

5. **Program leaders assess each team member's identified critical competencies through observation on an ongoing basis. This assessment is documented.**

   (D)

Key: (D) indicates that documentation is required;   (R) indicates an identified risk area;

6. Orientation for the program's team members includes information and training necessary to perform their responsibilities. Completion of the orientation is documented. This includes, but is not limited to, information and training on the following:
- Performing a comprehensive prenatal assessment that includes the prenatal visit record and plan of care
- Identifying the signs, symptoms, and progression of the labor and birth process
- Identifying and responding to changes in the pregnant or postpartum patient's, fetus's, or newborn's clinical condition or risk factors
- The use of standardized terminology to communicate (for example, standardized interpretation of fetal heart rate monitor tracings, maternal hemorrhage, severe hypertension)
- The use of perinatal clinical practice guidelines
- The treatment and care of routine perinatal problems
- The treatment and care of unanticipated high-risk events such as shoulder dystocia, emergency cesarean delivery, hemorrhage, and fetal conditions such as signs of indeterminate or abnormal fetal heart rate patterns
- Maternal and newborn resuscitation per current national guidelines
- Transferring or transporting of the pregnant or postpartum patient or newborn
- Nonpharmacologic comfort techniques and pharmacologic pain relief options
- Postpartum assessment and care
- Newborn assessment and care
- Lactation and breastfeeding education
- Safe formula feeding education
- Care practices that promote patient and family-centered care
- Clinical drills to help staff prepare for high-risk events with a low rate of occurrence
- Clinical drill debriefings to evaluate team performance and identify areas for improvement
- Safety and security of the pregnant or postpartum patient and newborn

| | Ⓓ |

7. Leaders support the team member's participation in continuing education, including in-services, training, and other activities, relevant to the program's scope of services.

8. Leaders provide continuing education and training for the interdisciplinary team that develop knowledge and skills on approaches that maximize the likelihood of vaginal birth, including assessment of labor, methods to promote labor progress, labor support, pain management (both pharmacologic and nonpharmacologic), and shared decision making.

ACPCPM.07

The program has an interdisciplinary team that includes individuals with expertise in and/or knowledge about the program's specialized care, treatment, and services.

Element(s) of Performance for ACPCPM.07

Key: Ⓓ indicates that documentation is required;   Ⓡ indicates an identified risk area;

1. The interdisciplinary program team includes, at a minimum, the following health care staff and services to meet the needs of the program:
    - Board-certified neonatologist, or a board-certified pediatrician who is eligible to sit for board certification in neonatology
    - Physician or licensed practitioner with obstetric privileges and appropriate training and expertise (this includes midwives, obstetricians, and family practice physicians)
    - Physician or licensed practitioner with anesthesia privileges
    - Qualified labor, delivery, surgical, recovery, and neonatal nursing personnel
    - Respiratory care personnel with current neonatal resuscitation provider status
    - Registered pharmacist
    - Blood bank services
    - Laboratory services
    - Radiology support services

2. The interdisciplinary program team evaluates the complexity of services offered and determines additional health care staff and services to be included on the interdisciplinary program team.

3. The following individuals and support services are available to the interdisciplinary program team:
    - Lactation support
    - Licensed social worker or nurse case manager with experience in perinatal-specific discharge planning and education, community follow-up, referral processes, home care or foster care arrangements, and socioeconomic and psychosocial problems
    - Infection control personnel responsible for surveillance of infections in pregnant and postpartum patients and newborns as well as development of an appropriate infection control program
    - Genetic diagnostic and counseling services or written consultation and referral agreements for these services
    - Behavioral, mental health, or substance use services or written consultation and referral agreements for these services
    - Nurse(s) or licensed practitioner(s) with appropriate training or experience in perinatal care to conduct staff education and development
    - Personnel for assisting surgical procedures, such as surgical assistants
    - At least one staff member with expertise in grief and bereavement counseling and palliative care who is responsible for these activities
    - When applicable, intensive care unit staff with experience in pregnancy complications

4. The program defines, in writing, the interdisciplinary team members' responsibilities. Ⓓ

5. Suitable backup systems and plans are in place that take the following into account:
    - Emergent needs of the mother and newborn
    - Characteristics and needs of the population served
    - Skill set of the staff providing the services

ACPCPM.08

The program promotes collaboration among program staff and organizational staff who are involved in the pregnant or postpartum patient's and newborn's care.

Element(s) of Performance for ACPCPM.08

Key: Ⓓ indicates that documentation is required; Ⓡ indicates an identified risk area;

1. The program and the organization promote and support a collaborative environment. | |

2. Program leaders facilitate communication among the interdisciplinary team members and other organizational staff who are involved in the pregnant or postpartum patient's and newborn's care. | |

3. The program demonstrates that the interdisciplinary team members and other organizational staff work together to meet the needs of the pregnant or postpartum patient and the newborn from the prenatal to the postpartum period. | |

ACPCPM.09

The program has essential obstetric and newborn emergency equipment, supplies, and medications stocked and readily available.

Element(s) of Performance for ACPCPM.09

1. The program has equipment and supplies immediately available to provide for the following functions:
   - Monitoring of the pregnant or postpartum patient and the newborn
   - Resuscitation and stabilization of the pregnant or postpartum patient and newborn
   - Infection control and isolation, if necessary
   - Initiation of an emergency call system | |

2. Emergency medications needed to initiate and maintain resuscitation, per national guidelines such as Neonatal Resuscitation Program, are present or immediately available in the delivery, obstetric, and newborn areas. | |

Information Management (ACPCIM) Chapter

ACPCIM.01

The organization maintains and protects the privacy and security of health information.

Element(s) of Performance for ACPCIM.01

1. The program has a written policy that addresses privacy and security of health information. | | Ⓓ

2. The program defines which individual staff or staff positions have access to what types of health information. | |

3. The program's written policy on privacy and security of health information addresses how it retrieves health information without compromising privacy and security. | | Ⓓ

4. The program's written policy on privacy and security of health information addresses how it will safeguard records and information against loss, unintentional destruction, tampering, and unauthorized access or use. | | Ⓓ

5. The program defines the process to follow when privacy or security of health information is breached. | | Ⓓ

Key: Ⓓ indicates that documentation is required; Ⓡ indicates an identified risk area;

6.   The program implements its policy on privacy and security of health information.

7.   The program informs staff and patients about its policy on privacy and security of health information.

8.   The program informs the patient and, as appropriate, family about how data and information related to the pregnant or postpartum patient and newborn will be used by the program.

9.   The program discloses health information only as authorized by the patient or as otherwise consistent with law and regulation.

ACPCIM.02

The program maintains complete and accurate medical records.

Element(s) of Performance for ACPCIM.02

1.   The medical record contains sufficient information to identify the pregnant or postpartum patient and newborn.

2.   The program documents information about care, treatment, and services in the pregnant or postpartum patient's and newborn's medical record.

3.   The program documents any additional information that would help promote continuity of care in the pregnant or postpartum patient's and newborn's medical records. Additional information to promote continuity of care includes, but is not limited to, ongoing risk assessments for the pregnant or postpartum patient and newborn, health screening studies and results, plan of care, and education.

4.   The program reviews its medical records for completeness and accuracy.

5.   The program retains records, data, and health information in accordance with law and regulation.

6.   The program has a process in place to make sure that medical records are up to date, complete, and available outside office hours.

ACPCIM.03

Continuity of information is maintained.

Element(s) of Performance for ACPCIM.03

1.   The program has a plan for maintaining continuity of health information, which includes disaster recovery.

2.   The program assesses potential impacts to the program and patients if a severe interruption of information systems were to occur and includes the assessment and strategies to maintain continuity of health information in the plan.

Key: ⓓ indicates that documentation is required;   🆁 indicates an identified risk area;

3. The program's plan for continuity of health information identifies what health information is most critical for the pregnant or postpartum patient's and newborn's care, treatment, and services.

4. The program's plan for continuity of health information includes how information about pregnant or postpartum patients and newborns such as health status, prenatal assessments and plans of care, and postpartum information will be shared with other perinatal care providers and health care organizations involved in their care.

5. The program implements its plan for maintaining continuity of health information.

ACPCIM.04

Information management processes meet the program's internal and external information needs.

Element(s) of Performance for ACPCIM.04

1. The program can readily retrieve data without compromising security and confidentiality.

2. The program uses aggregate data and information to support leadership decisions.

3. The program uses aggregate data and information to support operations.

4. The program uses aggregate data and information to support performance improvement activities.

5. The program uses aggregate data and information to support patient care.

6. The program maintains consistency of data and information by utilizing assessment tools approved by the program's leadership, such as pain scales, prenatal and postpartum forms, health-related social needs screening, substance use disorder screens, and others as determined by the perinatal program.

Performance Improvement (ACPCPI) Chapter

ACPCPI.01

The program plans an organized, comprehensive approach to performance improvement.

Element(s) of Performance for ACPCPI.01

1. The program has a written performance improvement plan. Ⓓ

2. The program implements its performance improvement plan.

3. The program leaders and staff participate in the review, evaluation, and revision of its annual performance improvement plan.

4. The program adjusts its current performance improvement plan in response to unusual or urgent events.

Key: Ⓓ indicates that documentation is required;　Ⓡ indicates an identified risk area;

5. The program's performance improvement plan, including its data analysis, is communicated at least annually to the organization's leaders. Ⓓ

6. The performance improvement plan is annually reviewed and approved by the organization's governing body. Ⓓ

7. The program has an interdisciplinary perinatal performance improvement committee that meets on a regular basis, as determined by the organization, to evaluate clinical care practices and protocols.

8. Pregnant and postpartum patients and families have a defined role in the evaluation of the provision of care, treatment, and services.

9. The program plans performance improvement activities to encompass multiple disciplines and/or settings, from the prenatal to the postpartum period.
Note: This would include emergency department representation, and for organizations that have adult intensive care units that accept pregnant or postpartum patients, this would also include intensive care unit representation.

ACPCPI.02

The program collects data to monitor its performance.

Element(s) of Performance for ACPCPI.02

1. The program collects data to improve processes and outcomes. At a minimum, these data include the following:
- Severe obstetric morbidity cases as defined by the organization and based on recommendations from professional organizations or state requirements. At a minimum, cases include blood transfusions of four or more units, transfers to an intensive care unit, cardiopulmonary arrest, any return to the operating room, and eclampsia.
- Maternal Mortality.
- Maternal hospital readmissions.
- Time of recognition to treatment for severe hypertension. The program reviews all instances when treatment was not delivered within sixty minutes to identify process improvement opportunities.
- Newborn deaths, stillborn fetuses, delivery of a high-risk newborn in an organization without a neonatal intensive care unit, transfer of a newborn to a neonatal intensive care unit, hospital readmissions, and severe newborn morbidity.
- Issues related to the process of transporting pregnant or postpartum patients and newborns to another facility, including mortality and morbidity during the transfers.
- The outcomes of pregnant or postpartum patients and newborns who were transferred to another facility, such as mortality, morbidity, and need for mechanical ventilation.
- Other issues identified through the perinatal care quality management process such as medication practices, hospital-acquired infections, breastfeeding data, and temperature management of newborns.
- Issues related to providing ongoing care, treatment, and services and having suitable backup systems and plans in place.

Key: Ⓓ indicates that documentation is required; 🆁 indicates an identified risk area;

2. The program collects data on the current Joint Commission perinatal care core performance measures.
    Note: Please refer to https://www.jointcommission.org/measurement/measures/ for more information on perinatal care core performance measures.

3. The program uses consistent data sets, definitions, codes, classifications, and terminology.

4. Data collection is timely, accurate, complete, and relevant to the program.

5. The program collects individual patient data related to processes and outcomes.

6. The program collects data that is specific to the pregnant or postpartum patient's experience of the care, treatment, and services they and the newborn received.
    Note: Examples include patient satisfaction surveys, discharge phone calls, or validated respectful care measurement tools.

7. The program monitors the quality of data collected.

8. The program reports aggregated data results, consistent with perinatal care core measure requirements, to The Joint Commission at defined intervals.

ACPCPI.03

The program analyzes and uses its data.

Element(s) of Performance for ACPCPI.03

1. The program analyzes its data and compares it against regional, state, and national benchmarks.

2. The program uses statistical tools and techniques to analyze data.

3. The program identifies and evaluates variables that affect outcomes.

4. The program uses data that are specific to the care, treatment, and services it provides.

5. The program uses its data analysis to improve and sustain performance.

6. The program shares its data analysis with the perinatal team at defined intervals.

ACPCPI.04

The program analyzes its perinatal care performance measurement data to identify opportunities for performance improvement.

Element(s) of Performance for ACPCPI.04

1. The program identifies health care disparities in its pregnant, postpartum and/or newborn patient population by stratifying perinatal care performance measurement data by race, ethnicity, and preferred language.

Key: (D) indicates that documentation is required; **R** indicates an identified risk area;

2. The program prioritizes the identified improvement opportunities based on performance data and compares it against regional, state, and national benchmarks.

3. The program takes action on improvement opportunities and has documentation of the interventions taken to improve performance on perinatal care core measures.

4. The program evaluates its actions to confirm that they resulted in improvements. The program also has documentation to reflect outcomes that determine whether improvements have been achieved or sustained.

5. The program takes action when it does not achieve or sustain planned improvements.

ACPCPI.05

The program analyzes its patient transfer process to identify opportunities for improvement.

Element(s) of Performance for ACPCPI.05

1. The program develops a process for reviewing transport records in order to identify opportunities for improvement.

2. The program implements its process for reviewing transport records.

3. The program evaluates its patient transfer process within an established time frame in order to identify opportunities for improvement.

ACPCPI.06

The program addresses sentinel events that occur and takes steps to prevent future occurrences.

Element(s) of Performance for ACPCPI.06

1. The program has a process for preventing sentinel events.

2. The program implements its process for preventing sentinel events.

3. The program has a process for identifying, reviewing, and reporting sentinel events that occur within the program through established channels, both internally and externally.

4. The program implements its process for identifying and reporting sentinel events.

5. The program has a process for analyzing sentinel events if and when they occur.

6. The program implements its process to conduct a thorough analysis of sentinel events.

7. The program documents its analysis of sentinel events.

8. The program implements changes based on its analysis of sentinel events and communicates these changes to the perinatal interdisciplinary program team.

Key: (D) indicates that documentation is required;   R indicates an identified risk area;