

<b>§133.197. Maternal Designation Level II.</b>	<b>§133.198. Maternal Designation Level III.</b>	<b>§133.199. Maternal Designation Level IV.</b>
(a) Level II (Specialty Care). The Level II maternal designated facility will:	(a) A Level III (Subspecialty Care). The Level III maternal designated facility will:	(a) A Level IV (Comprehensive Care). The Level IV maternal designated facility will:
(1) provide care for pregnant and postpartum patients with medical, surgical, and/or obstetrical conditions that present a low to <b>moderate risk</b> of maternal morbidity or mortality; and	(1) provide care for pregnant and postpartum patients with low risk conditions to <b>significant complex medical, surgical and/or obstetrical conditions that present a high risk</b> of maternal morbidity or mortality;	(1) provide <b>comprehensive</b> care for pregnant and postpartum patients with low risk conditions to the <b>most complex medical, surgical and/or obstetrical conditions and their fetuses, that present a high risk</b> of maternal morbidity or mortality;
	(2) ensure access to consultation to <b>a full</b> range of medical and maternal subspecialists, surgical specialists, and behavioral health specialists;	(2) ensure access to on-site consultation to a <b>comprehensive</b> range of medical and maternal subspecialists, surgical specialists and behavioral health specialists;
	(3) ensure capability to perform major surgery onsite;	(3) ensure capability to perform major surgery on-site;
	(4) have physicians with critical care training available at all times to actively collaborate with Maternal Fetal Medicine physicians and/or Obstetrics and Gynecology physicians with obstetrics training and privileges in maternal care;	(4) have physicians with critical care training available at all times to actively collaborate with Maternal Fetal Medicine physicians and/or Obstetrics and Gynecology physicians with obstetrics training, <b>experience</b> and

		privileges in maternal care;
		(5) have a maternal fetal medicine critical care team with expertise and privileges to manage or co-manage highly complex, critically ill or unstable maternal patients;
(2) have skilled personnel with documented training, competencies and annual continuing education specific for the patient population served.	(5) have skilled personnel with documented training, competencies and annual continuing education, specific for the population served;	(6) have skilled personnel with documented training, competencies and annual continuing education, specific for the patient population served;
	(6) facilitate transports; and	(7) facilitate transports; and
	(7) provide outreach education to lower level designated facilities, including the Quality Assessment and Performance Improvement (QAPI) process.	(8) provide outreach education to lower level designated facilities, including the Quality Assessment and Performance Improvement (QAPI) process.
(b) Maternal Medical Director (MMD). The MMD shall be a physician who:	(b) Maternal Medical Director (MMD). The MMD shall be a physician who:	(b) Maternal Medical Director (MMD). The MMD shall be a physician who:
(1) is a <b>family medicine</b> physician, an obstetrics and gynecology physician; or maternal fetal medicine physician, all with obstetrics training and experience, and with privileges in maternal care;	(1) is a board certified obstetrics and gynecology physician with obstetrics training and experience, or a board certified maternal <b>fetal medicine physician</b> , both with privileges in maternal care;	(1) is a board certified obstetrics and gynecology physician with <b>expertise in the area of critical care obstetrics</b> ; or a board certified maternal fetal <b>medicine physician</b> , both with privileges in maternal care;

(2) demonstrates administrative skills and oversight of the Quality Assessment and Performance Improvement (QAPI) program; and	(2) demonstrates administrative skills and oversight of the QAPI Program; and	(2) demonstrates administrative skills and oversight of the QAPI Program; and
(3) has completed annual continuing education specific to maternal care including complicated conditions.	(3) has completed annual continuing education specific to maternal care, including complicated conditions.	(3) has completed annual continuing education specific to maternal care, including complicated conditions.
	(c) If the facility has its own transport program, there shall be an identified Transport Medical Director (TMD). The TMD shall be a physician who is a board certified maternal fetal medicine specialist or board certified obstetrics and gynecology physician with privileges and experience in obstetrical care and maternal transport.	(c) If the facility has its own transport program, there shall be an identified Transport Medical Director (TMD). The TMD shall be a physician who is a board certified maternal fetal medicine physician or board certified obstetrics and gynecology physician with obstetrics privileges, with <b>expertise and experience in critically ill maternal</b> transport.
(c) Program Function and Services.	(d) Program Function and Services.	(d) Program Function and Services.
(1) Triage and assessment of all patients admitted to the perinatal service.	(1) Triage and assessment of all patients admitted to the perinatal service.	(1) Triage and assessment of all patients admitted to the perinatal service.
(A) Pregnant patients identified at high risk of delivering a neonate that requires a higher level of neonatal care than the scope of their neonatal facility shall be transferred	(A) Pregnant patients identified at high risk of delivering a neonate that requires a higher level of neonatal care than the scope of their neonatal facility shall be transferred	(A) Pregnant patients identified at high risk of delivering a neonate that requires a higher level of neonatal care than the scope of their neonatal facility shall be transferred

<p>to a higher level neonatal designated facility prior to delivery unless the transfer is unsafe.</p>	<p>to a higher level neonatal designated facility prior to delivery unless the transfer is unsafe.</p>	<p>to a higher level neonatal designated facility prior to delivery unless the transfer is unsafe.</p>
<p>(B) Pregnant or postpartum patients identified with conditions and/or complications that require a higher level of maternal care shall be transferred to a higher level maternal designated facility unless the transfer is unsafe.</p>	<p>(B) Pregnant or postpartum patients identified with conditions and/or complications that require a higher level of maternal care shall be transferred to a higher level maternal designated facility unless the transfer is unsafe.</p>	<p>(B) Pregnant or postpartum patients identified with conditions and/or complications that require a service not available at the facility, shall be transferred to an appropriate maternal designated facility unless the transfer is unsafe.</p>
<p>(2) Provide care for pregnant patients with the capability to detect, stabilize, and initiate management of unanticipated maternal-fetal or maternal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a higher level of neonatal and/or maternal care.</p>	<p>(2) Provide care for pregnant patients with the capability to detect, stabilize, and initiate management of unanticipated maternal-fetal or maternal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a higher level of neonatal and/or maternal care.</p>	
	<p>(3) Supportive and emergency care shall be delivered by appropriately trained personnel for unanticipated maternal-fetal problems that occur requiring a higher level of</p>	<p>(2) Supportive and emergency care shall be delivered by appropriately trained personnel, for unanticipated maternal-fetal problems that occur during labor and delivery,</p>

	maternal care, until the patient is stabilized or transferred;	through the disposition of the patient.
(3) An obstetrics and gynecology physician with obstetrics training and experience, and with maternal privileges, shall be available at all times and <b>arrives at the patient bedside within 30 minutes</b> of an urgent request.	(4) An obstetrics and gynecology physician with maternal privileges shall be on-site at all times and available for urgent situations.	(3) A <b>board certified</b> obstetrics and gynecology physician with maternal privileges shall be on-site at all times and available for urgent situations.
(4) A board certified maternal fetal medicine physician shall be <b>available</b> at all times for consultation.	(5) Maternal Fetal Medicine physician <b>with inpatient privileges</b> shall be available at all times for consultation <b>and arrive at the patient bedside within 30 minutes of an urgent request to co-manage patients.</b>	(4) See below.
(5) Medical and surgical physicians shall be available at all times and arrive at the patient bedside within 30 minutes of an urgent request.	(6) Intensive Care Services. The facility shall provide critical care services for critically ill pregnant or postpartum patients, including fetal monitoring in the Intensive Care Unit (ICU), respiratory failure and ventilator support, procedure for emergency cesarean, coordination of nursing care, and consultative or co-management roles to facilitate collaboration.	(5) Intensive Care Services. The facility shall have an adult Intensive Care Unit (ICU) and critical care capabilities for maternal patients, including:
(6) <b>Specialists including behavioral health, shall be</b>	(7) <b>Medical and surgical physicians, including critical</b>	(A) <b>a comprehensive range of medical and</b>

<p>available at all times for consultation appropriate to the patient population served.</p>	<p>care specialists, shall be available at all times and arrive at the patient bedside within 30 minutes of an urgent request.</p>	<p>surgical critical care specialists and advanced subspecialists on the medical staff;</p>
		<p>(C) availability of obstetric nursing and support personnel with experience in care for critically ill maternal patients.</p>
		<p>(6) Maternal Fetal Medicine Critical Care Team. The facility shall have a Maternal Fetal Medicine (MFM) critical care team whose members have expertise to assume responsibility for pregnant or postpartum patients who are in critical condition or have complex medical conditions, including;</p> <p>(A) co-management of ICU-admitted obstetric patients;</p> <p>(B) an MFM team member with full obstetrical privileges available at all times for on-site consultation and management, and to arrive at the patient bedside within 30 minutes of an urgent request; and</p>

		<p>(C) a board certified MFM physician with expertise in critical care obstetrics to lead the team.</p>
		<p>(7) Management of critically ill pregnant or postpartum patients, including fetal monitoring in the ICU, respiratory failure and ventilator support, procedure for emergency cesarean, coordination of nursing care, and consultative or co-management roles to facilitate collaboration.</p>
	<p>(8) Consultation by a behavioral health professional, with training and/or experience in maternal counseling shall be available at all times and arrive for in-person visits when requested within a time period consistent with current standards of professional practice and maternal care.</p>	<p>(8) Behavioral Health Services.</p> <p>(A) Consultation by a behavioral health professional, with experience in maternal and/or neonatal counseling shall be available on-site at all times for in-person visits when requested for prenatal, peri-operative, and postnatal needs of the patient within a time period consistent with current standards of professional practice and maternal care.</p> <p>(B) Consultation by a psychiatrist, with experience in maternal</p>

		and/or neonatal counseling shall be available for in-person visits when requested within a time period consistent with current standards of professional practice and maternal care.
(7) Ensure that a qualified physician or certified nurse midwife with appropriate physician back-up is available to attend all deliveries or other obstetrical emergencies.	(9) Ensure that a qualified physician, or a certified nurse midwife with appropriate physician back-up, is available to attend all deliveries or other obstetrical emergencies.	(4) Ensure that a qualified physician, or a certified nurse midwife with appropriate physician back-up, is available to attend all deliveries or other obstetrical emergencies.
(8) The primary provider caring for a pregnant or postpartum patient who is a family medicine physician with obstetrics training and experience, obstetrics and gynecology physician, maternal fetal medicine physician, or a certified nurse midwife, physician assistant or nurse practitioner with appropriate physician back-up, whose credentials have been reviewed by the MMD and is on call:	(10) The primary provider caring for a pregnant or postpartum patient who is a family medicine physician with obstetrics training and experience, obstetrics and gynecology physician, maternal fetal medicine physician, or a certified nurse midwife, physician assistant or nurse practitioner with appropriate physician back-up, whose credentials have been reviewed by the MMD and is on call:	9) The primary provider caring for a pregnant or postpartum patient who is a family medicine physician with obstetrics training and experience, obstetrics and gynecology physician, maternal fetal medicine physician, or a certified nurse midwife, physician assistant or nurse practitioner with appropriate physician back-up, whose credentials have been reviewed by the MMD and is on call:
(A) shall arrive at the patient bedside within 30 minutes of an urgent request;	(A) shall arrive at the patient bedside within 30 minutes for an urgent request; and	(A) shall arrive at the patient bedside within 30 minutes for an urgent request;



(B) shall complete annual continuing education, specific to the care of pregnant and postpartum patients, including complicated conditions.	(B) shall complete annual continuing education, specific to the care of pregnant and postpartum patients, including complicated and <b>critical conditions.</b>	(B) shall complete annual continuing education, specific to the care of pregnant and postpartum patients, including complicated and <b>critical conditions.</b>
(9) Certified nurse midwives, physician assistants and nurse practitioners who provide care for maternal patients:	(11) Certified nurse midwives, physician assistants and nurse practitioners who provide care for maternal patients:	(10) Certified nurse midwives, physician assistants and nurse practitioners who provide care for maternal patients:
(A) shall operate under guidelines reviewed and approved by the MMD; and	(A) shall operate under guidelines reviewed and approved by the MMD; and	(A) Shall operate under guidelines reviewed and approved by the MMD; and
(B) shall have a formal arrangement with a physician with obstetrics training and/or experience, and with maternal privileges who will:	(B) shall have a formal arrangement with a physician with obstetrics training and/or experience, and with maternal privileges who will:	(B) shall have a formal arrangement with a physician with obstetrics training and/or experience, and with maternal privileges who will:
(i) provide back-up and consultation;	(i) provide back-up and consultation;	(i) provide back-up and consultation;
(ii) arrive at the patient bedside within 30 minutes of an urgent request; and	(ii) arrive at the patient bedside within 30 minutes of an urgent request; and	(ii) arrive at the patient bedside within 30 minutes of an urgent request; and
(iii) meet requirements for medical staff as described in §133.205 of this title (relating to Program Requirements) respectively.	(iii) meet requirements for medical staff as described in §133.205 of this title (relating to Program Requirements) respectively.	(iii) meet requirements for medical staff as described in §133.205 of this title (relating to Program Requirements) respectively.
(10) An on-call schedule of providers, back-up providers, and provision for patients without a physician will be readily available to	(12) An on-call schedule of providers, back-up providers, and provision for patients without a physician will be readily available to	(11) An on-call schedule of providers, back-up providers, and provision for patients without a physician will be readily available to

facility and maternal staff and posted on the labor and delivery unit.	facility and maternal staff and posted on the labor and delivery unit.	facility and maternal staff and posted on the labor and delivery unit.
(11) Ensure that the physician providing back-up coverage shall arrive at the patient bedside within 30 minutes of an urgent request.	(13) Ensure that the physician providing back-up coverage shall arrive at the patient bedside within 30 minutes for an urgent request.	(12) Ensure that the physician providing back-up coverage shall arrive at the patient bedside within 30 minutes for an urgent request.
(12) The appropriate <b>anesthesia, laboratory, pharmacy, radiology, respiratory therapy, ultrasonography and blood bank services</b> shall be available on a 24-hour basis as described in §133.41 of this title (relating to Hospital Functions and Services) respectively.	(14) Anesthesia Services shall comply with the requirements found at §133.41 of this title (relating to Hospital Functions and Services) and shall have:	(13) Anesthesia Services shall comply with the requirements found at §133.41 of this title (relating to Hospital Functions and Services) and shall have:
(A) Anesthesia personnel with training and experience in obstetric anesthesia shall be available at all times and arrive to the patient bedside within 30 minutes of an urgent request.	(A) anesthesia personnel with experience and <b>expertise</b> in obstetric anesthesia shall be <b>available on-site</b> at all times;	(A) anesthesia personnel with experience and <b>expertise</b> in obstetric anesthesia shall be <b>available on-site</b> at all times;
(B) An anesthesiologist with training and/or experience in obstetric anesthesia shall be available at <b>all times for consultation</b> .	(B) a <b>board certified</b> anesthesiologist with training or experience in obstetric anesthesia in charge of obstetric anesthesia services;	(B) a <b>board certified</b> anesthesiologist with training and/or experience in obstetric anesthesia in charge of obstetric anesthesia services;

	(C) an anesthesiologist with training and/or experience in obstetric anesthesia, including critically ill obstetric patients available for consultation at all times, and arrive at the patient bedside within 30 minutes for urgent requests; and	(C) a <b>board certified</b> anesthesiologist with training and/or experience in obstetric anesthesia, including critically ill obstetric patients available for consultation at all times, and arrive at the patient bedside within 30 minutes for urgent requests; and
	(D) anesthesia personnel on call, including back-up contact information, posted and readily available to the facility and maternal staff and posted in the labor and delivery area.	(D) anesthesia personnel on call, including back-up contact information, posted and readily available to the facility and maternal staff and posted in the labor and delivery area.
(C) Laboratory and blood bank services shall be capable of:	(15) Laboratory Services shall comply with the requirements found at §133.41 of this title and shall have:	(14) Laboratory Services shall comply with the requirements found at §133.41 of this title and shall have:
	(A) laboratory personnel onsite at all times;	(A) laboratory personnel onsite at all times;
	(B) a blood bank capable of:	(B) a blood bank capable of:
(i) providing ABO-Rh specific or O-Rh negative blood, fresh frozen plasma and/or cryoprecipitate, and platelet components on-site at all times;	(i) providing ABO-Rh specific or O-Rh negative blood, fresh frozen plasma, cryoprecipitate, and platelet components onsite at the facility at all times;	(i) providing ABO-Rh specific or O-Rh negative blood, fresh frozen plasma, cryoprecipitate, and platelet components on-site at all times;
(ii) implementing a massive transfusion protocol;	(ii) implementing a massive transfusion protocol;	(ii) implementing a massive transfusion protocol;

(iii) ensuring guidelines for emergency release of blood components; and	(iii) ensuring guidelines for emergency release of blood components; and	(iii) ensuring guidelines for emergency release of blood components; and
(iv) managing multiple blood component therapy	(iv) managing multiple blood component therapy; and	(iv) managing multiple blood component therapy; and
	(C) perinatal pathology services available.	(C) Perinatal pathology services available.
(D) Medical Imaging.	(16) Medical Imaging Services shall comply with the requirements found at §133.41 of this title and shall have:	(15) Medical Imaging Services shall comply with the requirements found at §133.41 of this title and shall have:
	(A) personnel appropriately trained in the use of x-ray equipment available onsite at all times;	(A) personnel appropriately trained in the use of x-ray equipment available on-site at all times;
	(B) advanced imaging including computed tomography(CT), magnetic resonance imaging(MRI), and echocardiography available at all times;	(B) advanced imaging including computed tomography (CT), magnetic resonance imaging(MRI), and echocardiography available at all times;
(i) If preliminary reading of imaging studies pending formal interpretation is performed, the preliminary findings must be documented in the medical record.		
(ii) There shall be regular monitoring of the preliminary versus final reading in the QAPI Program.		

<p>(iii) Computed Tomography (CT) imaging and interpretation available at all times.</p>	<p>(C) interpretation of CT, <b>MRI and echocardiography</b> within a time period consistent with current standards of professional practice and maternal care;</p>	<p>(C) interpretation of CT, <b>MRI and echocardiography</b> within a time period consistent with current standards of professional practice and maternal care;</p>
		<p>(D) a radiologist with critical interventional radiology skills available at all times;</p>
<p>(iv) Basic ultrasonographic imaging for maternal or fetal assessment, including interpretation shall be available at all times.</p>	<p>(D) basic ultrasonographic imaging for maternal or fetal assessment, including interpretation available at all times; and</p>	<p>(E) <b>advanced</b> ultrasonographic imaging for maternal or fetal assessment, including interpretation available at all times; and</p>
<p>(v) A portable ultrasound machine immediately available <b>at all times</b> to the labor and delivery and antepartum unit.</p>	<p>(E) a portable ultrasound machine <b>available in</b> the labor and delivery and antepartum unit.</p>	<p>(F) a portable ultrasound machine <b>available in</b> the labor and delivery and antepartum unit.</p>
<p>(E) A pharmacist shall be available for consultation at all times.</p>	<p>(17) Pharmacy services shall comply with the requirements found in §133.41 of this title and shall have <b>a pharmacist with experience in perinatal pharmacology</b> available at all times.</p>	<p>(16) Pharmacy services shall comply with the requirements found in §133.41 of this title and shall have <b>a pharmacist with experience in perinatal pharmacology</b> available at all times.</p>
	<p>(18) Respiratory Therapy Services shall comply with the requirements found at §133.41 of this title and have a respiratory therapist immediately available on-site at all times.</p>	<p>(17) Respiratory Therapy Services shall comply with the requirements found at §133.41 of this title and shall have a respiratory therapist immediately available on-site at all times.</p>

(13) Obstetrical Services.	(19) Obstetrical Services.	(18) Obstetrical Services
(A) The ability to begin an emergency cesarean delivery and <b>ensure the availability of a physician with the training, skills, and privileges to perform the surgery</b> within a time period consistent with current standards of professional practice and maternal care.	(A) The ability to begin an emergency cesarean delivery within a time period consistent with current standards of professional practice and maternal care.	(A) The ability to begin an emergency cesarean delivery within a time period consistent with current standards of professional practice and maternal care.
(B) Ensure the availability and interpretation of non-stress testing, and electronic fetal monitoring.	(B) Ensure the availability and interpretation of non-stress testing, and electronic fetal monitoring.	(B) Ensure the availability and interpretation of non-stress testing, and electronic fetal monitoring.
(C) A trial of labor for patients with prior cesarean delivery shall have the capability of anesthesia, cesarean delivery, and maternal resuscitation on-site during the trial of labor.	(C) A trial of labor for patients with prior cesarean delivery shall have the capability of anesthesia, cesarean delivery, and maternal resuscitation on-site during the trial of labor.	(C) A trial of labor for patients with prior cesarean delivery shall have the capability of anesthesia, cesarean delivery, and maternal resuscitation onsite during the trial of labor.
(14) Resuscitation. The facility shall have written policies and procedures specific to the facility for the stabilization and resuscitation of the pregnant or postpartum patient based on current standards of professional practice. The facility:	(20) Resuscitation. The facility shall have written policies and procedures specific to the facility for the stabilization and resuscitation of the pregnant or postpartum patient based on current standards of professional practice. The facility:	(19) Resuscitation. The facility shall have written policies and procedures specific to the facility for the stabilization and resuscitation of the pregnant or postpartum patient based on current standards of professional practice. The facility:

<p>(A) ensures staff members, not responsible for the neonatal resuscitation, are immediately available on-site at all times who demonstrate current status of successful completion of ACLS and the skills to perform a complete resuscitation; and</p>	<p>(A) ensures staff members, not responsible for the neonatal resuscitation, are immediately available on-site at all times who demonstrate current status of successful completion of ACLS and the skills to perform a complete resuscitation; and</p>	<p>(A) ensures staff members, not responsible for the neonatal resuscitation, are immediately available on-site at all times who demonstrate current status of successful completion of ACLS and the skills to perform a complete resuscitation; and</p>
<p>(B) ensures that resuscitation equipment, for pregnant and postpartum patients, is readily available in the labor and delivery, antepartum and postpartum areas. <b>Difficult airway management equipment shall be immediately available at all times to these areas.</b></p>	<p>(B) ensures that resuscitation equipment, including difficult airway management equipment for pregnant and postpartum patients, <b>is readily available in</b> the labor and delivery, antepartum and postpartum areas.</p>	<p>(B) ensures that resuscitation equipment, including difficult airway management equipment for pregnant and postpartum patients, <b>is readily available in</b> the labor and delivery, antepartum and postpartum areas.</p>
<p>(15) The facility shall have written guidelines or protocols for various conditions that place the pregnant or postpartum patient at risk for morbidity and/or mortality, including promoting prevention, early identification, early diagnosis, therapy, stabilization, and transfer. The guidelines or protocols must address a minimum of:</p>	<p>(21) The facility shall have written guidelines or protocols for various conditions that place the pregnant or postpartum patient at risk for morbidity and/or mortality, including promoting prevention, early identification, early diagnosis, therapy, stabilization, and transfer. The guidelines or protocols must address a minimum of:</p>	<p>(20) The facility shall have written guidelines or protocols for various conditions that place the pregnant or postpartum patient at risk for morbidity and/or mortality, including promoting prevention, early identification, early diagnosis, therapy, stabilization, and transfer. The guidelines or protocols must address a minimum of:</p>

(A) massive hemorrhage and transfusion of the pregnant or postpartum patient in coordination of the blood bank, including management of unanticipated hemorrhage and/or coagulopathy;	(A) massive hemorrhage and transfusion of the pregnant or postpartum patient in coordination of the blood bank, including management of unanticipated hemorrhage and/or coagulopathy;	(A) massive hemorrhage and transfusion of the pregnant or postpartum patient in coordination of the blood bank, including management of unanticipated hemorrhage and/or coagulopathy;
(B) obstetrical hemorrhage including promoting the identification of patients at risk, early diagnosis, and therapy to reduce morbidity and mortality;	(B) obstetrical hemorrhage including promoting the identification of patients at risk, early diagnosis, and therapy to reduce morbidity and mortality;	(B) obstetrical hemorrhage including promoting the identification of patients at risk, early diagnosis, and therapy to reduce morbidity and mortality;
(C) hypertensive disorders in pregnancy including eclampsia and the postpartum patient to promote early diagnosis and treatment to reduce morbidity and mortality;	(C) hypertensive disorders in pregnancy including eclampsia and the postpartum patient to promote early diagnosis and treatment to reduce morbidity and mortality;	(C) hypertensive disorders in pregnancy including eclampsia and the postpartum patient to promote early diagnosis and treatment to reduce morbidity and mortality;
(D) sepsis and/or systemic infection in the pregnant or postpartum patient;	(D) sepsis and/or systemic infection in the pregnant or postpartum patient;	(D) sepsis and/or systemic infection in the pregnant or postpartum patient;
(E) venous thromboembolism in the pregnant and postpartum patient, including assessment of risk factors, prevention, early diagnosis and treatment;	(E) venous thromboembolism in the pregnant and postpartum patient, including assessment of risk factors, prevention, early diagnosis and treatment;	(E) venous thromboembolism in the pregnant and postpartum patient, including assessment of risk factors, prevention, early diagnosis and treatment;
(F) shoulder dystocia including assessment of risk factors, counseling of patient, and multi-disciplinary management; and	(F) shoulder dystocia including assessment of risk factors, counseling of patient, and multi-disciplinary management; and	(F) shoulder dystocia including assessment of risk factors, counseling of patient, and multi-disciplinary management; and



<p>(G) behavioral health disorders, including depression, substance abuse and addiction that includes screening, education, consultation with appropriate personnel and referral.</p>	<p>(G) behavioral health disorders including depression, substance abuse and addiction, including screening, education, consultation with appropriate personnel and referral.</p>	<p>(G) behavioral health disorders, including depression, substance abuse and addiction that includes screening, education, consultation with appropriate personnel and referral.</p>
<p>(16) The facility shall have nursing leadership and staff with training and experience in the provision of maternal nursing care who will coordinate with respective neonatal services.</p>	<p>(22) The facility shall have nursing leadership and staff with training and experience in the provision of maternal nursing care who will coordinate with respective neonatal services.</p>	<p>(21) The facility shall have nursing leadership and staff with training and experience in the provision of maternal critical care who will coordinate with respective neonatal services.</p>
	<p>(23) The facility shall have a program for genetic diagnosis and counseling for genetic disorders, or a policy and process for consultation referral to an appropriate facility.</p>	<p>(22) The facility shall have a program for genetic diagnosis and counseling for genetic disorders, or a policy and process for consultation referral to an appropriate facility.</p>
<p>(17) Perinatal Education. A registered nurse with experience in maternal care, including moderately complex and ill obstetric patients, shall provide the supervision and coordination of staff education. Perinatal education for high risk events will be provided at frequent intervals to prepare medical, nursing,</p>	<p>(24) Perinatal Education. A registered nurse with experience in maternal care, including moderately complex and ill obstetric patients, shall provide the supervision and coordination of staff education. Perinatal education for high risk events will be provided at frequent intervals to prepare medical, nursing,</p>	<p>(23) Perinatal Education. A registered nurse with experience in maternal care, including moderately complex and ill obstetric patients, shall provide the supervision and coordination of staff education. Perinatal education for high risk events will be provided at frequent intervals to prepare medical, nursing,</p>

and ancillary staff for these emergencies.	and ancillary staff for these emergencies.	and ancillary staff for these emergencies.
(18) Support personnel with knowledge and skills in breastfeeding and lactation to meet the needs of maternal patients shall be available at all times.	(25) Support personnel with knowledge and skills in breastfeeding to meet the needs of maternal patients shall be available at all times.	(24) Support personnel with knowledge and skills in breastfeeding to meet the needs of maternal patients shall be available at all times.
	(26) A certified lactation consultant shall be available at all times.	(25) A certified lactation consultant shall be available at all times.
(19) Social services, pastoral care and bereavement services shall be provided as appropriate to meet the needs of the patient population served.	(27) Social services, pastoral care and bereavement services shall be provided as appropriate to meet the needs of the patient population served.	(26) Social services, pastoral care and bereavement services shall be provided as appropriate to meet the needs of the patient population served.
(20) Dietician or nutritionist available with <b>appropriate</b> training and experience for population served in compliance with the requirements in §133.41 of this title.	(28) Dietician or nutritionist available with training and experience in <b>maternal nutrition and can plan diets that meet the needs of the pregnant and postpartum patient</b> shall comply with the requirements in §133.41 of this title.	(27) Dietician or nutritionist available with training and experience in maternal nutrition and can plan diets that meet the needs of the pregnant and postpartum patient and <b>critically ill maternal patient</b> shall comply with the requirements in §133.41 of this title.