

R Reg Jan 1960 eff 2-1-60

Chapter H 28

MATERNITY HOSPITALS AND HOMES—
ADMINISTRATION AND PRACTICES

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H 28.01 Licensed attending practitioner. All obstetrical cases shall be under the care of a physician or midwife licensed in Wisconsin.

H 28.02 Organized medical staff—recommendation. It is recommended that every hospital have its medical staff organized in accordance with the recommendations of the accrediting program established by the American Colleges of Surgeons.

H 28.03 Cesarean or operative delivery. Consultation prior to any cesarean section or other major operative delivery shall be required.

H 28.04 Staff meetings. Staff meetings shall be held at regular intervals to review obstetric practices and maternal, infant and foetal morbidity and mortality. It is recommended such meetings be held at least monthly.

H 28.05 Pre-hospitalization data by physicians—recommendation. It is recommended that, prior to or on admission of the patient to the hospital, the attending physician notify the hospital of any serious complications, blood grouping and other pertinent information essential to adequate care.

H 28.06 Written medical orders. All medical orders shall be in writing and signed by the physician on the patient's chart or in an established record for physicians' orders.

H 28.07 Attending patients under anesthesia—recommendation. It is recommended that patients under the effect of an analgesic or anesthetic have someone in attendance at all times.

H 28.08 Chief of obstetrics and pediatrician for nursery—recommendation. In hospitals licensed for 15 or more maternity beds, it is recommended that the medical staff be organized with a qualified specialist in obstetrics as chief of the maternity department and a pediatrician assigned to a general supervision of the nursery.

(*Note:* Requirements of specialist in obstetrics as outlined by the American Hospital Association Manual on Obstetric Practice in Hospitals, Malcolm T. MacEachern, M.D., 1940, p. 28.)

H 28.09 Supervision of premature infants, physician—recommendation. It is recommended that every premature infant be under the continuous supervision of a qualified physician.

H 28.10 Supervision of premature infants, public health nurse—recommendation. It is recommended that all premature infants, with the approval of the physician, be referred to the public health nurse.

(*Note:* The person delivering the child shall care for the baby's eyes as soon after birth as possible in compliance with Wisconsin statutes 146.01.)

H 28.20 Registered graduate nurses. A responsible attendant shall be on duty at all times when patients are present. It is recommended that this be a graduate nurse registered in Wisconsin.

H 28.21 Trained practical nurses. The duties of practical nurses or auxiliary workers shall be clearly defined. There shall be adequate supervision by a graduate nurse or licensed physician at all times.

H 28.22 Special duty nurses. Special duty nurses shall be under the supervision of the nursing supervisor of the obstetric and newborn unit and shall be required to follow the established techniques of these units.

H 28.25 Nursing supervisor. The nursing supervisor shall be a graduate nurse registered in Wisconsin, preferably with special training in obstetric nursing.

H 28.26 Nurse in charge of nursery. A graduate nurse registered in Wisconsin shall have supervision of the newborn nursery.

H 28.27 Nurses—student, practical and aides. Student nurses, practical nurses or nurses' aides employed shall be under the supervision of a graduate nurse registered in Wisconsin.

H 28.28 Obstetric nursing service. The hospital licensed for four or more beds shall provide separate nursing personnel for the obstetric division.

H 28.30 Written nursing procedures—recommendation. It is recommended that nursing procedures be in writing and reevaluated at least annually by the nursing department.

H 28.31 Practices for clean obstetrics. When other qualified personnel is available, no person giving care to infected cases shall enter the normal neonatal or delivery room nor care for any obstetric or neonatal patients who are free from infection.

H 28.35 Physical examination for employes. A physical examination, including chest x-ray, shall be required of all food handlers and persons employed in the obstetric department upon employment and annually thereafter.

(*Note:* See sample examination blank, H 28.70.)

H 28.36 **Employes with contagious disease.** Persons with gastrointestinal, upper respiratory or any other infectious or contagious disease shall be relieved from duty, and shall not be permitted to work until evidence of disease has been eliminated.

H 28.40 **Isolation of mothers at time of admission.** The attending physician has the responsibility for requesting isolation of all patients having a history of contact with gastrointestinal, respiratory, skin or other infectious disease on admission or within the week preceding admission. In undiagnosed or other questionable cases, the hospital administrator shall isolate the patient until the physician has performed an examination and established the diagnosis.

H 28.41 **Deliveries outside the hospital.** Patients delivered outside the hospital, both mothers and babies, shall be isolated for 72 hours and transferred to clean obstetric section only if free of all symptoms of infection.

H 28.42 **Isolation of mothers—post admission.** Mothers developing an elevated temperature, other evidences of infection, or other conditions inimical to the safety of other maternity patients shall be moved to an isolation unit.

H 28.43 **Isolation of infants.** The nurse shall place in suspect nursery or private room with hand washing facilities any infant whose mother is isolated or any infant showing evidence of infection, such as:

- (1) Diarrhea
- (2) Upper respiratory infection
- (3) Skin rash
- (4) Any other infectious condition

H 28.50 **Records—mother and infant.** Each mother and each infant shall have a complete record including reports of examinations, observations, treatments and laboratory findings.

(Note: In compliance with Wisconsin statutes, sec. 48.44, every home or hospital shall (1) maintain a record of all unmarried mothers; (2) report admissions and expected date of confinement of unmarried mothers to the department of public welfare within 24 hours after admission to hospital.)

H 28.51 **Certificates—birth, death or stillbirth.** All physicians shall file birth, death or stillbirth certificates in compliance with sections 69.30, 69.34, 69.38, Wis. Stats.

H 28.52 **Reporting communicable diseases.** The superintendent or person in charge of the institution shall report each case of communicable disease promptly to the local health officer in compliance with section 143.04, Wis. Stats.

(Note: Diarrhea of the newborn is reportable to the state board of health.)

H 28.60 **Full-time dietitian—recommendation.** In hospitals licensed for 15 or more maternity beds it is recommended that a full-time dietitian meeting the membership requirements of the American Dietetic Association be employed. Her duties shall be to plan and supervise the diets of patients and to assist with any nutritional problems.

H 28.61 **Daily normal diet—recommendation.** It is recommended that the kind and amount of food provided daily be in accord with the current National Research Council recommended dietary allowances

for pregnant and lactating women. The following foods should form the basis of the daily normal diet:

- (1) Milk—1 quart for pregnant women, 1½ quarts for lactating women.
- (2) Orange, grapefruit, tomato or other vitamin C rich foods—two servings of approximately ½ cup each.
- (3) Green or yellow vegetable—one or more servings.
- (4) Other vegetables and fruits—two or more servings.
- (5) Lean meat, poultry, fish, eggs—two or more servings.
- (6) Whole grain bread and cereal—two or more servings.
- (7) Other foods in amounts required to meet the patient's caloric needs and to make meals appetizing and satisfying.

H 28.62 Special diet modifications. Modifications of the normal diet listed under H 28.61 to meet special needs of individual patients shall be in accord with the recommendations of the physician.

H 28.63 Conserving food value—recommendation. It is recommended that food be prepared by accepted methods to conserve maximum food value and to produce palatable meals.

(Note: An example of failure to conserve maximum food value is excess cooking of vegetables.)

H 28.64 Food processing. If foods are canned or otherwise preserved at the institution they shall be processed under controlled conditions using methods currently recommended by the bureau of home economics, U. S. department of agriculture. All nonacid vegetables, meat and poultry shall be canned by pressure cooker method.

H 28.65 Donated foods. Donations of home-canned foods shall not be accepted by the institution for reasons of sanitation and safety.

(Note: Due to lack of control of many factors, such as quality of food, poor conditions of sanitation and faulty methods of processing, use of such foods may constitute a health hazard to patients.)

H 28.70 Acceptable physical examination form:

PHYSICAL EXAMINATION

Employer..... Address..... Exam. No.....

Name..... Date of Birth..... Age..M..S..W..D.. M..F..
(Please type or print)

Occupational History: (Past jobs—exact occupation, and duration of each).....

Medical History. (Respiratory diseases in past or any past disability due to employment)

