

Requirements	Met	Not Met	Comments
Does the organization have a process to access/obtain the expectant mother's prenatal care records at the gestational age of 32 weeks?			
Does the organization have a protocol permitting the ED by-pass for impending birth?			
How is the patient/labor coach educated about what is happening and what to expect? What if there is a language barrier or existing disability?			
How do you identify the labor coach?			
How does the organization screen for communicable diseases? Does the screening include HIV, Hep B, Group B Strep, and Syphilis?			
Does the organization have a process to determine the Mother's status if unknown or test results not available?			
Does the organization have a standardized treatment protocol for each communicable disease listed above?			
Is reporting to the appropriate agencies completed? By whom?			
Does the organization perform Fern Testing?			
Who is permitted to conduct Fern Testing?			
Does the slide label contain 2 patient identifiers?			
Are the results recorded in the medical record? Where? Who has access to the results?			
Who maintains the microscope? What is the process for cleaning the microscope? Who is responsible for cleaning?			
Does the organization have an Umbilical Cord Blood Management Program?			
Does the organization have an Amniotic sac/Placenta Management Process? Is there a specific consent for the release? What is the process for releasing?			
Does the organization have a pre-eclampsia/eclampsia management protocol? Are the medications required for treatment readily available on the unit? Does the organization conduct drills of their response process?			
Are the staff/providers educated on the disease process and response process at orientation and annually?			
Does the organization conduct annual drills?			
Is the patient and Labor Coach educated on signs & symptoms of Eclampsia and what to do?			
Does the organization use an evidence-based tool to determine the risk of maternal hemorrhage upon admission to the facility and again upon admission to the patient's post-partum care location?			
Does the organization have a process to assess for Abuse and Neglect?			

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Are staff able to verbalize what they should do if Abuse/Neglect is suspected?			
Does the organization's patient assessment include an assessment for illegal drug use, alcohol use and other exposures that may impact the mothers or baby's health?			
Does the patient assessment process include an assessment for developmental disability(ies) that may impact on the ability to care for the newborn?			
Does the patient assessment include inquiries related to housing security, food security, home safety (guns, drugs, etc.), ability to access health care?			
How do you manage the administration of Pitocin? Who can order? Must the provider be present? What does present mean?			
Is the organization equipped to manage medical emergencies either during childbirth , before or after?			
Does the organization drill various types of medical emergencies specific to the Mother? Specific to the Baby(ies)?			
Does the organization have an established process to monitor for impending maternal hemorrhage and to manage it?			
Are evidence-based supplies and equipment, including medications to manage maternal hemorrhage readily available in all potential birthing locations?			
Has the organization developed or adopted an algorithm that outlines each step in the treatment of maternal hemorrhage? Does the algorithm/protocol define the following:			
<ul style="list-style-type: none"> • Required team members? • How the team is activated? • Blood Bank protocols for the release of blood under their massive transfusion procedure? • Does the algorithm identify points when additional/external resources may be required? • When a post-event debrief should be conducted 			
Is role-specific education provided to all staff and providers who treat pregnant and postpartum patients about the organization's hemorrhage procedure? Does this education occur at orientation? Whenever changes to the processes or procedures occur? And minimally every two years?			
Does the organization conduct annual drills of their maternal hemorrhage response process? Does their process include:			
<ul style="list-style-type: none"> • Designation of a point person to continuously communicate with the Labor Coach/ designated care giver? 			
In these patients, when is informed consent required? Who obtains? What procedures?			
Does the organization have a chain of custody process in place for managing the baby(ies)?			

Requirements	Met	Not Met	Comments
Does the organization have a functional newborn/infant security process?			
Are staff trained on the newborn/infant security process and what to do when the alert is activated?			
Does the organization test the response process by conducting drills?			
Does the organization have a visitor policy specific for Mother-Baby Service areas?			
Does the policy/process include the process for restricting visitation?			
Does the organization have the means to enforce visitor restrictions?			
Does the organization conduct infant abduction drills? Was there a post-drill critique conducted? Were lessons learned shared with staff and improvement strategies implemented?			
What Baby-Naming Nomenclature is used by the organization? <i>No Baby Girl/Baby Boy permitted</i>			
What is the process for securing Infant ID Bands?			
What is the process for placement of Infant ID Bands? Where does the placement occur at (Location)?			
When conducting fire drills, does the organization practice the evacuation of the nursery, special-care nursery and/or neonatal intensive care unit?			
Is the organization screening for kernicterus? When? Are results part of the critical results reporting procedure?			
Is the organization screening for post-partum depression? Is an evidence-based screening tool used? What happens with the results of the screening? To whom and when are they communicated?			
What type of materials are provided to the Mother about post-partum depression upon discharge? Does the material include a list of community resources available?			
What information/education is provided to Families related to infant safety besides physical security procedures? Are topics such as Infection Prevention; Patient Fall/Infant Drops; Chain of Custody covered?			
If Mother is Breastfeeding – Refer to Breastfeeding Patient Tracer			
When provider orders instruct “Patient may take own medications” is there a patient assessment component to validate their ability?			
Are all medications prescribed for the newborn/infant compounded by the pharmacy?			
Are medication orders for the newborn/infant weight based?			
Refer to..... for tracer questions/queries for Surgical/Invasive Procedures to trace circumcisions.			

- assessment for developmental disability that may impact on the ability to care for the newborn
- assessment for housing security, food security, home safety (guns, drugs, etc.)