



# EXPEDITED RULE MAKING

**CR-105 (June 2004)**  
(Implements RCW 34.05.353)  
**EXPEDITED RULE MAKING ONLY**

**Agency:** Department of Health

**Title of rule and other identifying information:** (Describe Subject)  
WAC 246-329-120 -- Birth Center Policies and Procedures -- Correcting a WAC reference

### NOTICE

**THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO**

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**AND RECEIVED BY** (Date) 01/04/2010

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**  
The purpose of the proposal is to correct a WAC reference located in WAC 246-329-120(3)(e). Specifically, the incorrect reference of WAC 246-100-206 will be replaced with the appropriate reference of WAC 246-100-202(1)(e).

**Reasons supporting proposal:**  
Corrects and clarifies references made in rule to provide the public and practitioners with accurate information. Expedited rule making is appropriate for rules that "correct typographical errors, makes address or name changes, or clarify language of a rule without changing its effect," under RCW 34.05.353(1)(c).

**Statutory authority for adoption:** RCW 18.46.060

**Statute being implemented:** RCW 18.46.060

**Is rule necessary because of a:**

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, CITATION:

**DATE** 11/01/09

**NAME** (TYPE OR PRINT)  
Mary C. Selecky

**SIGNATURE**

**TITLE**  
Secretary of Health

### CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE:** November 03, 2009  
**TIME:** 3:11 PM

**WSR 09-22-084**

**Name of proponent:** (person or organization)  
and Facilities

Washington State Department of Health, Health Professions

- Private
- Public
- Governmental

**Name of agency personnel responsible for:**

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**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:**

No comments.

AMENDATORY SECTION (Amending WSR 07-07-075, filed 3/16/07, effective 4/16/07)

**WAC 246-329-120 Birth center policies and procedures.** The purpose of this section is to ensure the birth center is able to provide safe and appropriate care to the clients of the birth center.

(1) An applicant or licensee must establish and implement policy and procedures which include, but are not limited to:

(a) Definition of a low-risk maternal client who is eligible for birth services offered by the birth center.

(b) Definition of a client who is ineligible for birth services at the birth center.

(c) Identification and transfer of clients who, during the course of pregnancy, are determined to be ineligible.

(d) Identification and transfer of clients who, during the course of labor or recovery, are determined to be ineligible for continued care in the birth center.

(e) Written plans for consultation, referral and transfer of care for maternal client and newborn. Written plans for emergency transfer and transport of a newborn to a newborn nursery or neonatal intensive care nursery, and emergency transfer and transport of a maternal client to an appropriate obstetrical department, patient care area, or hospital where appropriate care is available.

(f) Transfer and discharge of neonates to minimize risk of newborn abduction.

(g) Protocol for medications and laboratory testing during labor and recovery if the birth center plans to deliver HIV positive clients.

(h) Rapid HIV testing using the opt out approach for women who have undocumented HIV test results when presenting to the birth center in labor.

(i) Protocol for electronic fetal heart monitoring or intermittent auscultation to monitor fetal status during labor.

(j) Protocol for the provision of MMR vaccine to nonimmune postpartum women.

(k) Protocol for the provision of anti D immune globulin to postpartum women who are unsensitized D-Negative and who deliver a D positive or Du positive infant.

(2) The applicant or licensee shall assure that transfer of care shall be available twenty-four hours per day to an appropriate obstetrical department, patient care area, or hospital where appropriate care is available.

(3) Clients shall receive and sign written informed consent which shall be obtained prior to the onset of labor and shall include, but is not limited to:

(a) Evidence of an explanation by personnel of the birth services offered, limitation of services, and potential risks;

(b) Explanation of the definition of low-risk maternal client;

(c) Explanation of a client who is ineligible for childbirth center services;

(d) Explanation of the birth center policies and procedures for consultation, referral, transfer of care and emergency transfer and transport;

(e) Explanation of prophylactic treatment of the eyes of the newborn (~~(in accordance with WAC 246-100-206 (6)(b))~~). The prophylactic treatment is administered to the newborn according to WAC 246-100-202 (1)(e);

(f) Explanation of screening of newborns under chapter 70.83 RCW and chapter 246-650 WAC; and

(g) Explanation of why rapid HIV testing is available if documentation of an HIV test during prenatal care is not available;

(h) Explanation of the need for prophylactic administration of RhIG (immune globulin) within seventy-two hours of delivery for an Rh negative mother whose newborn(s) are Rh positive.

(4) The birth center shall provide or assure:

(a) Education of clients, family and support persons in childbirth and newborn care.

(b) Plans for immediate and long-term follow-up of clients after discharge from the birth center.

(c) Registration of birth and reporting of complications and anomalies, including sentinel birth defect reporting under chapter 70.58 RCW.

(d) Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (5)(b).

(e) Collection of a newborn screening blood specimen, or signed refusal, and submission to the department's newborn screening program under the requirements of WAC 246-650-020.

(f) Rapid HIV testing when documentation of an HIV test during prenatal care is not available, unless the client refuses to give consent and the refusal is documented.

(g) For HIV positive women, the antiretroviral medications during delivery and perform or arrange appropriate lab tests.

(h) Intrapartum intravenous antibiotics for Group B Strep positive women per the CDC protocol.

(i) For Hepatitis B positive women, HBIG and Hepatitis B immunization for the newborn.

(j) Infection control to housekeeping; cleaning, sterilization, sanitization, and storage of supplies and equipment, and health of personnel and clients.

(k) Actions to take when personnel, volunteers, contractors, or patients or clients exhibit or report symptoms of a communicable disease in an infectious stage in accordance with chapter 246-100 WAC, Communicable and certain other diseases and chapter 246-101 WAC, Notifiable conditions.

(l) Authorization and administration of medications, legend drugs and devices per appropriate health profession rules.

(m) Actions to address patient or client communication needs.

(n) Reporting of patient/client abuse and neglect according to chapter 74.34 RCW.

(o) Emergency care of client.

(p) Actions to be taken upon death of a client.

(q) Plans for service delivery when natural or man-made emergencies occur that prevent normal clinical operation.

(r) Waived laboratory tests, if applicable, including the procurement of a medical test site waiver under chapter 246-338 WAC.