STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
06.11.00 <u>CONDITION OF PARTICIPATION:</u> <u>Obstetric services</u>	☐ Compliant ☐ Not Compliant	This standard is not met as evidenced by:
Effective January 1, 2026, if the CAH offers obstetrical services, the services must be well organized and provided in accordance with acceptable Standards of Practice. (Including physical and behavioral health) of pregnant, birthing, postpartum patients. *If outpatient obstetrical services are offered, the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.* **§485.649**	**OB services are optional, but once offered, the hospital must meet all CoP requirements. Services must be organized, integrated with other departments (e.g., anesthesia, ED, ICU, NICU, pharmacy, behavioral health), and staffed to ensure patient safety. Care must adhere to state and federal law, and nationally recognized standards (e.g., ACOG, AWHONN, SMFM, ACNM, CDC, HHS OWH).**	<u>OBSERVATION, INTERVIEW, AND</u> <u>DOCUMENT REVIEW</u> **Review organizational charts and policies to confirm obstetrical service structure and integration with other departments.** ▪ **Verify: Obstetrical services policies reflecting current, nationally accepted standards of practice have been reviewed and approved within the last three years by all appropriate individuals/groups.** ▪ **The hospital integrates behavioral health and substance use care into obstetric services.** ▪ **Consistency of quality across inpatient and outpatient settings (prenatal clinic, outpatient L&D triage, postpartum follow-up).** **View obstetrical rooms and suites:** ▪ **Assess through observation whether services are provided in accordance with acceptable standards of practice.**

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
06.11.01 <u>Organization and staffing</u>	☐ Compliant ☐ Not Compliant	This standard is not met as evidenced by:
Effective January 1, 2026, the organization of the obstetrical services must be appropriate to the scope of the services offered. As applicable, the services must be integrated with other departments of the CAH. *Labor and delivery rooms/suites including labor rooms, delivery rooms (including rooms for operative delivery), and post-partum/recovery rooms whether combined or separate must be supervised by an experienced registered nurse, certified nurse midwife, nurse practitioner, physician assistant, or a doctor of medicine or doctor of osteopathy (MD/DO).* *Obstetrical privileges must be delineated for all practitioners providing obstetrical care in accordance with the competencies of each practitioner in accordance with §485.616(b).* *§485.649(a)* *§485.649(a)(1)* *§485.649 (a)(2)*	Obstetrical services must reflect the scope and complexity of care offered. Regardless of the size of the OB department, the hospital must demonstrate an organized structure. Integration means obstetrical services must work in coordination with related services (e.g., ED, anesthesia, surgery, NICU/pediatrics, ICU, pharmacy, lab/blood bank, behavioral health). Hospitals must maintain clear evidence of qualifications for supervisory staff. Privileging applies not only to physicians but also to CNMs, NPs, and PAs where state law permits.	<u>OBSERVATION, INTERVIEW, AND DOCUMENT REVIEW</u> **Verify:** ▪ **Organization of OB services is consistent with the scope of services in other departments and integrated with other departments as appropriate.** ▪ **The service director's personnel file provides evidence that he/she has the necessary education, experience, and training to manage the service and is an experienced registered nurse, certified nurse midwife, nurse practitioner, physician assistant, or a physician.** ▪ **The obstetrical service maintains a roster of practitioners that specifies the privileges of each practitioner.** ▪ **Practitioners providing obstetrical care are privileged according to their competencies and in accordance with medical staff policies or bylaws.**

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
06.11.02 Delivery of service	☐ Compliant ☐ Not Compliant	This standard is not met as evidenced by:

Effective January 1, 2026, Obstetrical services must be consistent with needs and resources of the CAH. Policies governing obstetrical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care and safety.
 	
The following equipment must be kept at the CAH and be readily available for treating obstetrical cases to meet the needs of patients in accordance with the scope, volume, and complexity of services offered: call-in-system, cardiac monitor, and fetal doppler or monitor.
 	
There must be adequate provisions and protocols, consistent with nationally recognized and evidence-based guidelines, for obstetrical emergencies, complications, immediate post-delivery care, and other patient health and safety events as identified as part of the QAPI program (§485.641).
 	
Provisions include equipment, supplies, and medication used in treating emergency cases. Such provisions must be kept in the CAH and be readily available for treating emergency cases.
	Smaller hospitals may provide limited low-risk services, while larger hospitals may provide comprehensive, high-acuity obstetric care — both must be able to demonstrate safety and adequacy for their scope.	**OBSERVATION AND DOCUMENT REVIEW**
		Verify:
		▪ **Obstetrical policies align with nationally recognized standards of care and QAPI findings. Policies include management of emergencies, complications, and immediate post-delivery care.**
		▪ **Labor and delivery room suites are equipped with basic resuscitation equipment that is readily available and in working condition Including:**
		  ☐ **Call-in system**
		  ☐ **Cardiac monitor**
		  ☐ **Fetal doppler or fetal monitor**
		▪ **Equipment, supplies, and medications are readily available for:**
		  ☐ **OB emergencies (e.g., hemorrhage, eclampsia, shoulder dystocia).**
		  ☐ **Complications.**
		  ☐ **Immediate post-delivery care.**
		  ☐ **Other patient safety events identified through the QAPI Program.**

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
§485.649(b) **§485.649(b)(1)** **§485.649(b)(2)**		
06.11.03 <u>Staff Training</u> *Effective January 1, 2027, the CAH must develop policies and procedures to ensure that relevant staff are trained on select topics for improving the delivery of maternal care.* *Training concepts must reflect the scope and complexity of services offered within the facility, including but not limited to:* ▪ *Facility-identified evidence-based best practices and protocols to improve the delivery of maternal care within the facility.* ☐ *The CAH must use findings from its QAPI program, as required at §482.21, to inform staff training needs and any additions, revisions, or updates to training topics on an ongoing basis.* ▪ *The CAH must provide relevant new staff with initial training.* ▪ *The governing body must identify and document which staff must complete initial training and subsequent biannual training on the topics that*	☐ Compliant ☐ Not Compliant ☐ Not Applicable **Training topics must be evidence-based and facility-specific (e.g., maternal hemorrhage, hypertension, fetal monitoring, neonatal resuscitation, trauma-informed care, behavioral health/SUD management).** **Hospitals have flexibility to choose topics, but they must demonstrate alignment with QAPI findings and nationally recognized standards (ACOG, AWHONN, SMFM, ACNM, CDC, AIM bundles).** **Staff personnel files must contain records of training completion (sign-in sheets, certificates, LMS records). Hospitals must also demonstrate staff competency/knowledge, which may include post-tests, simulation drills, or skills validation.**	This standard is not met as evidenced by: <u>**INTERVIEW AND DOCUMENT REVIEW**</u> **Verify:** ▪ **The hospital provides relevant initial training to new staff on the scope of services offered, including maternal care.** ▪ **The governing body has identified and documented which staff members must complete initial and subsequent biannual training.** ▪ **Staff training occurs upon hire and biannually thereafter for relevant staff.** ▪ **Training is tailored to the scope/complexity of services and patient population needs.** ▪ **F**acility-identified best practices **and QAPI findings inform staff training needs and are incorporated into training curriculum as appropriate.** ▪ **Training completion is documented in staff personnel files.**

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
reflect the scope and complexity of services offered. ▪ *The CAH must document in the staff personnel records that the training was successfully completed.* ▪ *The CAH must be able to demonstrate staff knowledge on the identified training topics.* **§485.649(c)** **§485.649(c)(1)** **§485.649(c)(1)(i-ii)** **§485.649(c)(2)** **§485.649(c)(3)** **§485.649(c)(4)** **§485.649(c)(5)**		▪ **Staff can identify OB-related training they have received and how often.** ▪ **Staff can demonstrate that they understand key protocols (hemorrhage, hypertensive crisis, behavioral health intervention, etc.).**
06.11.04 Maternal health QAPI activities	☐ Compliant ☐ Not Compliant ☐ Not Applicable	This standard is not met as evidenced by:
Effective January 1, 2027, obstetrical services leadership must engage in QAPI as specified in §485.641 for obstetrical services, including but not limited to participating in data collection and monitoring consistent with needs and resources of the facility. *The CAH must utilize its QAPI program to assess and improve health outcomes and disparities among obstetrical patients on an ongoing basis. At a minimum, the CAH must:*	The CAH must meet all CoP requirements and demonstrate a proactive, data-driven approach that addresses the unique needs of pregnant, birthing, and postpartum patients across diverse subpopulations. **Obstetrical service leadership (e.g., OB nursing director, OB/GYN medical director, midwifery lead) must play an active role in the QAPI program.** **Obstetrical leaders should contribute to:** ▪ Selection of OB-specific quality indicators (e.g., hemorrhage, hypertension, cesarean section rates, maternal morbidity/mortality, neonatal outcomes, patient satisfaction). ▪ Data collection, analysis, and monitoring of outcomes. ▪ Prioritization of PI projects that address maternal health and disparities.	<u>**INTERVIEW AND DOCUMENT REVIEW**</u> **Verify:** ▪ **The QAPI plan explicitly includes obstetrical services.** ▪ **QAPI minutes, reports, and PI project documentation demonstrate obstetrical leadership participation.** ▪ **Obstetrical-specific indicators and outcomes are included in hospital-wide quality reports.**

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
▪ *Analyze data and quality indicators collected for the QAPI program by diverse subpopulations as identified by the CAH among obstetrical patients.* ▪ *Measure, analyze, and track health equity data, measures, and quality indicators on patient outcomes and disparities in processes of care, services and operations, and outcomes among obstetrical patients.* ▪ *Analyze and prioritize identified patient health outcomes and disparities, develop and implement actions to improve patient health outcomes and disparities, measure results, and track performance to ensure improvements are sustained when disparities exist among obstetrical patients.* ▪ *Conduct at least one measurable performance improvement project focused on improving health outcomes and disparities among the CAH's population(s) of obstetrical patients annually.* **§485.641(d)(4)(i)** **§485.641(d)(e)** **§485.641(e)(2)** **§485.641(e)(2)(i-iv)**	CAHs must stratify data by subpopulations (examples: race/ethnicity, language, payer status, geography, social risk factors). Data should cover areas such as outcomes (i.e., mortality, morbidity, readmissions), processes (i.e., timeliness of care, adherence to clinical protocols), and operational measures (i.e., availability of critical resources, timeliness of transfers). Obstetrical services includes health equity data distinct from the hospital requirement. The CAH demonstrates at least one measurable, documented performance improvement project per year focused on obstetrical health outcomes/disparities. Projects include baseline data, clear aims, interventions, and post-intervention measures.	▪ **Governing body minutes show obstetrical data, and projects are reported to the governing body.** ▪ **Processes are in place for collection and stratification of data for obstetrical patients as well as use of health equity data in analysis.** ▪ **There is documentation of at least one PI project from the past 12 months focused on OB health outcomes and disparities.** ▪ **Obstetrical service leaders can describe how obstetrical-specific data are collected and how results are used for improvement.** 　□ **Confirm they are engaged in both routine monitoring and performance improvement projects.** ▪ **Frontline OB staff can describe how QAPI findings are shared with them.**

STANDARD	REQUIRED ELEMENTS/ADDITIONAL INFORMATION	SCORING PROCEDURE
06.11.05 Maternal mortality review committee *If a maternal mortality review committee (MMRC) is available at the State, Tribal, or local jurisdiction in which the CAH is located, the facility leadership, obstetrical services leadership, or their designate(s) must further have a process for incorporating publicly available MMRC(s) data and recommendations into the CAH QAPI program as specified in this section.* §485.641(d)(ii)	☐ Compliant ☐ Not Compliant ☐ Not Applicable **This standard applies if a State, Tribal, or local MMRC exists. Hospitals are not required to create their own MMRC, but they must use publicly available data and recommendations.** **CAHs must:** ▪ **Identify and access MMRC reports relevant to their jurisdiction.** ▪ **Establish a process for reviewing MMRC recommendations.** ▪ **Evaluate applicability of findings to the hospital's patient population, scope of services, and resources.** ▪ **Integrate relevant recommendations into QAPI planning, data analysis, training, and performance improvement projects based on resources and scope of service.** ▪ **Use MMRC findings to inform QAPI indicators, staff training (§482.59(c)), and PI projects.**	This standard is not met as evidenced by: **OBSERVATION, INTERVIEW, AND DOCUMENT REVIEW** **If a state, tribal, or local MMRC exists, verify:** ▪ **The CAH has a process in place to review MMRC data/recommendations and incorporate them into the QAPI Program. Verify that policies specify the responsible parties (OB leadership, QAPI committee, or designated function).** ▪ **QAPI minutes exhibit evidence of MMRC data review.** ▪ **Leaders can describe how they access MMRC data, how often it is reviewed, and how relevance is determined.**