

Amendments to NJ Hospital Licensing Standards

Effective Dates: January 21, 2014 First Breastfeeding Amendments

December 18, 2017, Readoption

January 16, 2018, Technical Changes.

New Expiration Date: December 18, 2024.

(New lactation-related language indicated in **bold**)

SUBCHAPTER 5. ADMINISTRATIVE AND HOSPITAL-WIDE SERVICES

8:43G-5.5 Administrative and hospital-wide patient services

(a) – (g) (See full regulation.)

(h) The hospital shall develop and implement written policies and procedures for identifying and supporting the needs of a breastfeeding mother and/or a child at the point of entry into the facility, that is, at registration in the emergency department, upon arrival for same day surgery, and on admission to the facility.

These policies and procedures shall require appropriate staff to:

- i. Document breastfeeding needs in the medical record; and**
- ii. Review these policies and procedures every three years and make revisions at any time as necessary.**

SUBCHAPTER 12. EMERGENCY DEPARTMENT AND TRAUMA SERVICES

8:43G-12.2 Emergency department policies and procedures

(a)-(i) (See full regulation.)

(j) The hospital shall develop and implement written policies and procedures to support breastfeeding mothers in the emergency department.

- 1. These policies and procedures shall require responsible staff to:**
 - i. Determine whether a woman who presents for treatment at the emergency department is breastfeeding;**
 - ii. Facilitate the expression, storage, and use of the breast milk from the mother, as necessary; and**
 - iii. Document the findings in (j) 1i and ii above in the medical record as soon as possible or before the woman is released from the emergency department area; and**
 - iv. Review these policies and procedures every three years and revise at any time as necessary.**

8:43G-12.4 Additional Pediatric Requirements

(a) – (d) (See full regulation.)

(e) The hospital shall develop and implement written policies and procedures to support breastfeeding while a child is in the emergency department.

1. These policies and procedures shall require responsible staff to:

ii. Determine whether a child, who presents at the emergency department for treatment, is breastfeeding;

iii. Facilitate the expression, storage, and use of the breast milk from this child's mother, as necessary;

iii. Assess the individual feeding needs of a breastfeeding child who has been referred for inpatient hospital admission;

iv. Document the findings in (e) 1i, ii, and iii above in the medical record as soon as possible or before the child is released from the emergency department area; and

v. Review these policies and procedures every three years and revise at any time as necessary.

SUBCHAPTER 19. OBSTETRICS

8:43G-19.1 Scope of obstetrical standards—definitions; structural organization

(a) (See full regulation.)

(b) The following terms, when used in this subchapter, shall have the following meanings:

...

“American Nurses Credentialing Center” means an organization that is a subsidiary of the American Nurses Association, which certifies nurses in specialty practice areas, and for which the contact information is American Nurses Credentialing Center, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492, telephone (800) 284-2378.

Website <http://www.nursecredentialing.org>.

...

“Boarder baby” means an infant abandoned in a hospital, or an infant still in the nursery after the mother's discharge for any reason, even if only temporarily.

“Clinical Practice Guidelines for Management of Hyperbilirubinemia” means the clinical practice guidelines established by the American Academy of Pediatrics Subcommittee on Hyperbilirubinemia, as set forth in *Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation, Pediatrics 2004;114(1);297-316*, incorporated herein by reference, as amended and supplemented, and available at <http://pediatrics.aappublications.org/content/114/1/297>.

...

“Construction Guidelines” means the *Guidelines for Design and Construction of Health Care Facilities*, 2014 edition, Facility Guidelines Institute; American Society for Healthcare Engineering, incorporated herein by reference,

as amended and supplemented, and is available from the Facility Guidelines Institute, Inc., 350 N. Saint Paul St., Suite 100, Dallas, TX 75201.
Website www.fgiguilines.org. Email: info@fgiguilines.org

...

“Core competencies” means the knowledge, skills, and judgment that a hospital determines to be essential to ensure the proficiency of staff in the independent performance of a particular patient care service.

“Expression” means a manual technique accomplished with the aid of an external device (that is a breast pump) to extract milk from a lactating woman.

“Formula” means infant formula as that term is defined at 21 USCS § 321(z), which is incorporated herein by reference, as amended and supplemented.

“Formula supplementation” means the practice of feeding breastfed infants prior to 6 months of age commercially prepared infant formula in addition to, or as a substitute for, breast milk.

“Gifts and promotional materials” means products and information provided free by commercial vendors or by hospitals for distribution to new mothers. These items may include infant formula, diaper bags, nursing pads, cooler packs for expressed breast milk or formula, and printed materials regarding infant feeding.

“Hand expression” means a manual technique to extract breast milk from a lactating woman that is accomplished without the aid of an external device.

“Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding” means the publication developed by the United States Breastfeeding Committee to facilitate exclusive breastfeeding in hospitals, for which citation to the current edition is, *Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding*, Rev. ed., Washington, D.C.: United States Breastfeeding Committee; 2010, and which can be accessed at: <http://www.usbreastfeeding.org/Portals/0/Publications/Implementing-TJC-Measure-EBMF-2010-USBC.pdf>;

“International Board of Lactation Consultant Examiners” means the independent international certification body that confers the International Board Certified Lactation Consultant (IBCLC) credential, and for which the contact information in the United States is International Board of Lactation Consultant Examiners in the Americas 10301 Democracy Lane, Suite 400, Fairfax, VA 22030. Phone (703) 560-7330, Fax (703) 560-7332, website: <http://iblce.org/>. Email: iblce@iblce.org.

“Lactation consultant” means an individual who is qualified to use the credential, “IBCLC,” denoting certification as a lactation consultant conferred by the International Board of Lactation Consultant Examiners.

“Lactation support room” means a room designated for consultations, expression of breast milk, and/or breastfeeding, or a private space designated on a temporary basis for such purposes.

“Latch” means the attachment of a newborn to the breast for breastfeeding.

“LDR Room” means a labor-delivery-recovery room (LDR) designed to accommodate the birthing process from labor through delivery and recovery of a mother and her infant.

...

“Maternal postpartum room” means an obstetrics patient room where a mother stays after the birth of her newborn.

...

“Mother-infant room” means an obstetrics patient room where mother(s) and infant(s) stay after delivery and receive care in this continuously rooming-in space during the post-partum period. The room shall comply with the space requirement indicated in the Construction Guidelines.

“National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties” means the not-for-profit organization that provides a national credentialing program for nurses in the obstetric, gynecologic, and neonatal nursing specialties, and for which the contact information is National Certification Corporation, 676 N. Michigan Ave., Suite 3600, Chicago, IL 60611. Website: www.nccwebsite.org. Email: info@nccnet.org.

...

“Perinatal” means occurring in, concerned with, or being in the period around the time of birth.

...

“Rooming-in” means the practice of placing the newborn(s) with the mother in the “maternal postpartum room” or “mother-infant room” 24 hours a day to facilitate maternal-infant bonding and breastfeeding on demand, as applicable, and to allow patient care to be given to mother and infant in the same room.

“United States Breastfeeding Committee” means the independent nonprofit organization whose mission is to improve the nation’s health by working collaboratively to protect, promote, and support breastfeeding, and for which the contact information is United States Breastfeeding Committee, 4044 N. Lincoln Ave, #288, Chicago, IL 60618. Phone (773) 359-1549. Fax: (773) 313-3498. Website: <http://www.usbreastfeeding.org>. Email: office@usbreastfeeding.org

(c)-(g) (See full regulation.)

8:43G-19.2 Obstetrics policies and procedures

(a) The hospital shall develop and implement written policies and procedures, review them every three years and make revisions at any time as necessary, make current copies available to obstetrics staff in all areas of the obstetrics service, and address:

1– 7. (See full regulation.)

8. A visitors policy that **permitted** visitors to the obstetrics unit, visitation hours, security procedures, and infection control measures;

9. Core competencies for the initiation and maintenance of infant feeding that are developed using evidence-based reference materials including, but not limited to, *Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breastmilk Feeding*;

i. The hospital shall ensure that all staff demonstrate proficiency in core competencies prior to providing related patient care;

10. Distribution of printed materials about infant feeding to the prenatal patient, at the pre-admission contact and on admission. These materials shall be developed:

i. Using evidenced-based source materials free of commercial interests that address maternal choice for infant feeding including, but not limited to, maternal and child health outcomes related to breastfeeding and formula feeding; successful breastfeeding management; and potential contraindications to breastfeeding, including maternal medications and infections; and

ii. In all languages spoken exclusively by at least 10 percent of the hospital community;

11. A program that ensures the cultural competence of obstetrics staff regarding childbirth, lactation, and the provision of patient care services that is delivered in a language the mother understands;

i. When necessary, obstetrics staff shall make use of a language line or interpreter and maintain the quality, privacy, and confidentiality of any interpreted conversations;

12. Professional resources regarding lactation, including those addressing medications that may impact breastfeeding, which are current and accessible to all staff in the obstetrics service;

13. Formula supplementation for a breastfed newborn when medically indicated or when requested by the mother;

14. Rooming-in, taking into account the mother's preference, available space, and any medical or other contraindication;

15. The use of pacifiers during the neonatal period, including the benefits of delaying pacifier use in healthy, full-term breastfed infants until breastfeeding is well established;

16. The option to exclusively breastfeed and breastfeeding assistance consistent with the lactation education requirements set forth at

N.J.A.C. 8:43G-19.3(d) above, including, but not limited to, instruction in the hand expression of breast milk and in recognizing infant feeding cues;

i. The labeling and storage of breast milk, in accordance with N.J.A.C. 8:43G-19.31(n), to include the infant's name and date and time of storage;

17. The option to formula feed and formula-feeding assistance for mothers who use formula or a combination of breast milk and formula;

i. The labeling and storage of infant formula to include the infant's name and date and time of storage;

18. A hospital discharge policy that addresses:

i. The distribution of gifts and promotional materials and the impact of such distribution on exclusive breastfeeding and formula feeding;

ii. A plan for patients who will be discharged less than 48 hours after delivery, including the need for home health services;

iii. Maternal education about infant feeding consistent with exclusive breast feeding, formula feeding, or a combination, as applicable, and the availability of the appropriate community-based resources.

(b) – (g) (See full regulation.)

8:43G-19.3 Obstetrics staff qualifications

(a)– (c) (See full regulation.)

(d) For all obstetrics staff who provide breastfeeding care and consultation, the hospital shall develop and implement an education and training program for employee orientation and annual employee in-services, thereafter, that addresses:

1. Training content and printed teaching materials concerning the topics specified at N.J.A.C. 8:43G-19.2(a) above that are developed using current evidence-based source materials and are free of commercial interests;

2. A review of hospital policies and procedures that support breastfeeding, including those required at N.J.A.C. 8:43G-19.2, 19.12, 19.14, and 19.15;

3. A review of the printed materials that the hospital provides to obstetrics patients and strategies for supporting and reinforcing the contents of those materials; and

4. A review of the training program's content and efficacy every three years and revisions made at any time as necessary.

(e) A hospital designated as a CPC-Intensive or Regional Perinatal Center shall have an advanced practice nurse who is responsible for in-house training in perinatal care.

1. This individual shall be a registered professional nurse with a master's degree in a maternal and child health nursing specialty from an accredited college or university and who has:

- i. A minimum of three years experience in maternal and child health inpatient services within the five years immediately preceding the date of appointment; and
- ii. Certification in **Perinatal Nursing conferred by the American Nurses Credentialing Center** or by the National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties

8:43G-19.9 Interdisciplinary Breastfeeding Team

(a) The hospital shall establish an interdisciplinary breastfeeding team that represents the various professional healthcare disciplines and lay advocacy groups to include, at a minimum, nurses, nurse managers, maternal-child physicians, health educators, breastfeeding support staff, pharmacists, and patient/community representatives;

(b) The members of the interdisciplinary breastfeeding team shall address:

1. **Hospital practices affecting breastfeeding;**
2. **The hospital's Continuous Quality Improvement Program on how to improve breastfeeding outcomes, as requested; and**
3. **Solutions to reducing hospital barriers to breastfeeding; and**

(c) The interdisciplinary breastfeeding team shall meet at least annually.

8:43G-19.12 Perinatal patient services

(a) – (c) (See full regulation.)

(d) The hospital shall develop and implement written policies and procedures using evidence-based resources regarding perinatal patient care, which address:

1. **Allowing the newborn to remain with the mother or a primary caregiver as the preferred source of body warmth during the critical first hour following delivery, unless such contact is contraindicated or not accepted by the mother;**
2. **Performing newborn assessments while the newborn is with the mother or primary caregiver, unless contraindicated;**
3. **Offering support to mothers who wish to breastfeed their newborns and assisting, as necessary, to facilitate positioning and latch during the first hour after an infant's birth; and**
4. **Reviewing these policies and procedures every three years and making revisions at any time as necessary.**

8:43G-19.14 Postpartum patient services

(a) (See full regulation.)

(b) The hospital shall provide each mother a comprehensive evaluation of infant feeding (that is breastfeeding and/or formula feeding, as appropriate) and follow-up assessments, as necessary, performed by a lactation consultant or an obstetrics staff member with demonstrated core competencies in infant feeding.

1. An obstetrics staff member with the qualifications described in (b) above shall teach and assist a mother with hand expression and/or the use of a breast pump within four hours of the mother either being separated from her infant(s) or experiencing ineffective breastfeeding.
- (c) Discharge planning for a postpartum patient shall be documented in the medical record by the appropriate obstetrics staff and shall address:
1. A plan for patients who will be discharged less than 48 hours after delivery, including the need for home health services; and
 2. Maternal education about infant feeding consistent with exclusive breast feeding, formula feeding, or a combination of both, as applicable, and appropriate community-based resources.

8:43G-19.15 Newborn care policies and procedures

(a)–(d) (See full regulation.)

(e) The hospital shall **screen all newborns** for high risk factors associated with hearing impairment pursuant to N.J.S.A. 26:2-103.4, biochemical pursuant to N.J.S.A. 26:2-111, and congenital heart defects no sooner than 24 hours after birth by using pulse oximetry pursuant to N.J.S.A. 26:2-111.4.

1. The hospital shall report congenital defects pursuant to N.J.S.A. 26:8-40.21 and shall complete birth certificates and death certificates pursuant to N.J.S.A. 26:8-28 and 26:5-11

(f) – (g) (See full regulation.)

(h) The hospital shall require a newborn's medical record to contain documentation of the following:

1.-11. (See full regulation.)

12. An initial physical examination performed by a physician, which bears the physician's signature and the date of the examination;

13. A physical examination that includes measurement of the newborn's head circumference, performed at discharge or upon transfer to another facility by a physician, and which bears the physician's signature and the date of the examination;

14. The administration of, and the newborn's response to, vitamin K, eye prophylaxis for ophthalmia neonatorum, and any other medication or treatment.

15. The results of the infant-feeding evaluation and any follow-up assessments;

16. An interdisciplinary comprehensive treatment plan that addresses the recommendations regarding either breastfeeding or formula-feeding based upon the assessments conducted pursuant to (h)15 above;

17. Formula supplementation of breast milk; and

18. Assessment of the risk for hyperbilirubinemia in every newborn born at 35 or more weeks of gestation, as performed by the newborn's physician in accordance with the Clinical Practice Guidelines for Hyperbilirubinemia.

i. The newborn's physician shall document in the medical record the newborn's pre-discharge serum or transcutaneous bilirubin measurement and parental counseling about hyperbilirubinemia, when applicable.

8:43G-19.30 Functional areas for newborn care

(a) Functional areas for newborn care shall be as follows:

1. Neonatal **resuscitation area** or **room**;
2. Admission/observation/ **continuing care nursery** or **area**;
3. Normal **newborn nursery** or **holding nursery**;
4. Infectious **isolation nursery**;
5. Intermediate **care nursery**;
6. Neonatal **intensive care nursery**;
7. **LDR Rooms**;
8. **Maternal Postpartum Rooms**;
9. **Mother-Infant Rooms**; and
10. **Lactation Support Room**.

8:43G-19.31 General newborn care functional area requirements

(a) (See full regulation.)

(b) The hospital shall ensure that functional areas of maternal/infant care, as appropriate, are equipped with the following:

1. **Readily available breast pumps and collection kits**;
2. **Indirect, high-intensity, or portable lighting that shall be available and adjustable to satisfy diagnostic and procedural requirements; and**
3. **Exam items that shall be available or immediately accessible in the unit including, at a minimum, otoscopes, ophthalmoscopes, infant scale, exam gloves, and a hand-washing sink.**

(c) The hospital shall make provisions in all maternal postpartum rooms and mother-infant rooms, wherever possible, to facilitate a mother's continuous care of her infant and a physician's examination of a newborn in the post-partum room.

Recodify existing (c)–(e) as **(d)–(f)** (See full regulation.)

(g) A temperature of 72 to 78 degrees Fahrenheit and a relative humidity of 30 to 60 percent shall be maintained.

Recodify existing (g) – (s) as **(h) – (t)** (See full regulation.)

8:43G-19.34 Normal newborn nursery or holding nursery

(a)–(h) (See full regulation.)

(i) There shall be at least one lactation support room for consultation, breastfeeding and expression of breast milk.

(j) – (p) (See full regulation.)

8:43G-36.3 Services in satellite emergency departments

(a) (See full regulation.)

(b) All satellite emergency departments applying for licensure shall provide the following services:

1. – 2. (See full regulation.)

3. Basic radiology services, which shall include at a minimum non-enhanced and non-contrasted radiographs;

4. Emergency contraception, upon request, to sexual assault victims and medically and factually accurate and objective verbal and written information about emergency contraception and sexually transmitted diseases, pursuant to N.J.A.C. 8:43G-12A; **and**

5. The hospital shall develop and implement written policies and procedures to support breastfeeding for a mother and/or child who presents at a SED, in keeping with the proposed amendments added herein at N.J.A.C. 8:43G-12.2 (j) and 8:43G-12.4(e).

(c) – (d) (See full regulation.)
