

HCS HB 1898 -- PERINATAL CARE

SPONSOR: Bahr

COMMITTEE ACTION: Voted "Do Pass" by the Committee on Children, Families, and Persons with Disabilities by a vote of 10 to 0.

This bill creates the Perinatal Advisory Council and specifies what individuals must serve on the council. This perinatal advisory council must establish standards for all levels of hospital perinatal care including regional perinatal centers. The standards must assure that:

- (1) Facilities are equipped and prepared to stabilize neonates prior to transport;
- (2) Coordination exists between general maternity care and perinatal centers;
- (3) Unexpected complications during delivery can be properly managed;
- (4) High-risk pregnancies, labors, deliveries, and childbirths are reviewed at each hospital or maternity center in collaboration with the community provider using criteria of case selection developed by the hospitals, maternity centers, or the appropriate medical staff in order to determine appropriateness of diagnosis and treatment;
- (5) Procedures are implemented to confidentially identify and report to the department all high-risk birth outcomes, a high-risk pregnancy or baby identified as having a condition that threatens the child's or mother's life are promptly evaluated in consultation with designated regional perinatal centers and referred, if appropriate, to the centers or to other medical specialty services in accordance with the level of perinatal care authorized for each hospital or maternity care center for the proper management and treatment of the condition;
- (6) Hospital or maternity care centers in collaboration with community providers conduct postnatal reviews of all maternal and infant deaths utilizing criteria of case selection developed by the hospitals, maternity centers, or the appropriate medical staff in order to determine the appropriateness of diagnosis and treatment and the adequacy of procedures to prevent the loss of life;
- (7) High-risk mothers are provided information, referral, and counseling services to ensure informed consent to the treatment of the child;

(8) Consultation when indicated is provided for and available. Perinatal centers must provide care for the high-risk expectant mother who may deliver a high-risk infant. The centers must also provide intensive care to the high-risk newborn or newborn whose life or physical well-being may be in jeopardy; and

(9) The perinatal care system is monitored and performance evaluated and any reporting required to facilitate implementation must minimize duplication.

The standards under this section must be based upon evidence and best practices as outlined by the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists, any guidelines developed by the Society for Maternal-Fetal Medicine, and the geographic and varied needs of citizens of this state.

The bill prohibits any individual or organization providing information to the department or the perinatal advisory council in accordance with these provisions from being held liable, either civilly or criminally, for divulging confidential information unless that individual or organization acted in bad faith or with malicious purpose.

The standards must be established by rules and regulations of the department no later than January 1, 2016.

PROPOSERS: Supporters say that this bill will reduce infant mortality rates and enhance the health of our communities. Coordinated care and ongoing communication will ensure best practices are utilized and will improve care. Regionalization allows for collaboration with colleagues across the state and allows for the sharing of information and ideas.

Testifying for the bill were Representative Bahr; Susan Kendig, March of Dimes; Judith Wilson-Griffin, Missouri Association of Women Health Obstetric Neonatal Nursing; Susan Staub, SSM Healthcare; and Gil Gross, St. Louis University.

OPPOSERS: There was no opposition voiced to the committee.