R³ Report | Requirement, Rationale, Reference
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Maternal infectious disease status assessment and documentation standards for hospitals and critical access hospitals

Effective July 1, 2018, three new Elements of Performance (EPs) will be applicable to all Joint Commission-accredited hospitals (including critical access hospitals) that provide obstetric services, specifically labor and delivery. These new requirements are at standard PC.01.02.01 in the Provision of Care (PC) chapter of the hospital accreditation manual. These EPs are designed to improve the identification of mothers upon admission to labor and delivery who are at risk for transmitting certain infectious diseases to their newborns so that the mother and/or the newborn can be treated promptly to prevent harm.

Engagement with stakeholders, customers, and experts

The need for improved maternal HIV status assessment in labor and delivery was brought to the attention of Joint Commission leadership by a representative from the Centers for Disease Control and Prevention (CDC). Research into this topic included an extensive literature review and meetings with stakeholder groups including the CDC, the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Pediatrics (AAP). During these stakeholder meetings, it was determined that new requirements for maternal HIV status assessment and documentation should also address hepatitis B, Group B streptococcus (GBS), and syphilis. The requirements developed were posted for public field review, and more than 500 responses were received.

A standards review panel (SRP) was also selected to review the draft requirements for maternal status documentation. These representatives from health care organizations and professional associations provided a "boots on the ground" point of view and insights into the practical application of the proposed standards.

The prepublication version of the maternal status documentation standards will be available online Jan. 1, 2018. After July 1, 2018, please access the standards in the E-dition or standards manual.

Provision of Care
PC.01.02.01: The [critical access] hospital assesses and reassesses its patients.

Requirement	New EP 14: For [critical access] hospitals that provide obstetric services: Upon admission to labor and delivery, the mother's status of the following diseases (during the current pregnancy) is documented in the mother's medical record: • Human immunodeficiency virus (HIV) • Hepatitis B • Group B streptococcus (GBS) • Syphilis

Rationale	Although the majority of women receive testing and treatment (if needed) for HIV, Hepatitis B, GBS, and syphilis during their pregnancy, some do not receive adequate prenatal care according to clinical practice guidelines. In order to prevent neonatal infection during delivery, CDC, ACOG, and AAP all recommend that at the time of admission to labor and delivery, the health care team determines whether women have been screened properly for these diseases during their prenatal care. This will promote timely testing and treatment for both the mother and the newborn if this screening has not been previously completed.
Reference*	"ACOG Committee Opinion No. 635: Prenatal and Perinatal Human Immunodeficiency Virus Testing: Expanded Recommendations." *Obstetrics & Gynecology*, 2015 Jun;125(6):1544-7. https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co635.pdf?dmc=1 Zolotor AJ and Carlough MC. "Update on Prenatal Care." *American Family Physician*, 2014 Feb;89(3):199-208. http://www.aafp.org/afp/2014/0201/p199.pdf *Guidelines for Perinatal Care*. 7th ed. Elk Grove Village, IL: American Academy of Pediatrics [and] Washington, DC: American College of Obstetricians and Gynecologists, 2012. http://simponline.it/wp-content/uploads/2014/11/GuidelinesforPerinatalCare.pdf Nesheim S, et al. "A Framework for Elimination of Perinatal Transmission of HIV in the United States." *Pediatrics*, 2012 Oct:130(4)738-44. https://pdfs.semanticscholar.org/f035/29fd895988c2bb9379c32abf89bead5e189c.pdf
Requirement	New EP 15: For [critical access] hospitals that provide obstetric services: If the mother had no prenatal care or the disease status is unknown, testing for the following diseases are performed and the results documented in the mother's medical record: • Human immunodeficiency virus (HIV) • Hepatitis B • Group B Streptococcus (GBS) • Syphilis Note: Because GBS test results may not be available for 24-48 hours, organizations may elect not to perform this test but instead administer prophylactic antibiotics to the mother.
Rationale	See previous rationale. Testing and treatment is to be done according to national clinical practice guidelines for both the mother and newborn.
Reference*	"ACOG Committee Opinion No. 635: Prenatal and Perinatal Human Immunodeficiency Virus Testing: Expanded Recommendations." *Obstetrics & Gynecology*, 2015 Jun;125(6):1544-7. https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co635.pdf?dmc=1 *Group B Strep (GBS)* [Internet]. Atlanta, GA: Centers for Disease Control and Prevention, 2016. https://www.cdc.gov/groupbstrep/about/prevention.html *Guidelines for Perinatal Care*. 7th ed. Elk Grove Village, IL: American Academy of Pediatrics [and] Washington, DC: American College of Obstetricians and Gynecologists, 2012. http://simponline.it/wp-content/uploads/2014/11/GuidelinesforPerinatalCare.pdf *HIV among Pregnant Women, Infants, and Children* [Internet]. Atlanta, GA: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Division of HIV/AIDS Prevention, March 2017. https://www.cdc.gov/hiv/pdf/group/gender/pregnantwomen/cdc-hiv-pregnant-women.pdf

	Verani JR, et al. "Early-Onset Group B Streptococcal Disease in the United States: Potential for Further Reduction." *Obstetrics and Gynecology,* 2014 Apr;123(4):828-37. https://www.ncbi.nlm.nih.gov/pubmed/24785612 Fitz Harris LF, et al. "Factors Associated with Human Immunodeficiency Virus Screening of Women During Pregnancy, Labor and Delivery, United States, 2005-2006." *Maternal and Child Health Journal*, 2014 Apr;18(3):648-56. https://link.springer.com/article/10.1007/s10995-013-1289-7 *Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States* [Internet]. Bethesda, MD: NIH, Office of AIDS Research Advisory Council (OARAC), no date, updated as needed, last update 2014. https://aidsinfo.nih.gov/contentfiles/lvguidelines/PerinatalGL.pdf Nesheim S, et al. "A Framework for Elimination of Perinatal Transmission of HIV in the United States." *Pediatrics*, 2012 Oct;130(4):738-44. https://pdfs.semanticscholar.org/f035/29fd895988c2bb9379c32abf89bead5e189c.pdf Nesheim S, et al. "Elimination of Perinatal HIV Infection in the USA and Other High-Income Countries: Achievements and Challenges." *Current Opinion in HIV and AIDS*, 2013 Sep;8(5):447-456. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4565151/ Trepka MJ, et al. "Missed Opportunities for Preventing Perinatal Transmission of Human Immunodeficiency Virus, Florida, 2007-2013." *Southern Medical Journal*. 2017 Feb;110(2):116-128. https://www.ncbi.nlm.nih.gov/pubmed/28158882
Requirement	New EP 16: For [critical access] hospitals that provide obstetric services: If the mother tests positive for human immunodeficiency virus (HIV), hepatitis B, group B streptococcus (GBS), or syphilis when tested in labor and delivery, that information is also documented in the newborn's medical record after delivery.
Rationale	In order to help ensure that newborns receive proper care to prevent or treat infectious diseases during and after delivery, any positive results of the maternal status of HIV, hepatitis B, GBS, and syphilis need to be documented in the newborn's medical record. Some electronic health record systems are programmed to automatically transfer this information from the mother's record to the newborn's record; however, this is not always the case. In order to promote timely testing and treatment for the newborn, the organization must have a process to assure that this information is documented in the newborn's medical record.
Reference*	See references above listed at EP 15.

*Not a complete literature review.

