American Academy of Pediatrics
Department of Government Liaison
Suite 400 North
601 13th Street, N.W.
Washington, D.C. 20005

Phone: 800/336-5475 or 202/347-8600
Fax: 202/393-6137

To: **Barbara Costello FAX 4562239**

From: **Todd Askew** **e-mail: taskew@aap.org**

Date: **September 24, 1996**

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Re: States with early discharge requirements (descriptions attached)

Alabama
Alaska
Connecticut
Florida
Georgia
Illinois
Indiana
Iowa
Kansas
Kentucky
Maine
Maryland
Massachusetts
Minnesota
Missouri
New Hampshire
New Jersey
New Mexico (by regulation)
New York
North Carolina
Ohio
Oklahoma
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee (by regulation)
Virginia
Washington

TOTAL: 29 as of 9/4/96

Also, Delaware requests voluntary adoption.

INSURANCE COVERAGE FOR POST-DELIVERY CARE 9/4/96

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
ALABAMA	SB 535	Died in Com	Requires coverage of medically	Not addressed.	
	HB 624	Enacted	necessary care as determined by		
		1996	OB, pediatrician or other physician		
			& requires postpartum care to be		
			consistent with Guidelines for		
			Perinatal Care.		
ALASKA	SB 193	Enacted	Min. 48 hrs. inpatient care for	Not addressed.	
		1996	vaginal birth; 96 hrs. cesarean.		
ARIZONA	SB 1262	Died in Com	Min. 48 hrs. inpatient care for	1 visit within 48 hrs. of	AZ Medical Society
			vaginal birth; 96 hrs. cesarean.	discharge, including par-	& state's 8 HMOs
			Permits earlier discharge after	ent ed., physical assess-	agreed physicians
			clinical observation and consulta-	ment of newborn, breast/	would determine the
			tion with mother.	bottle feeding, tests, &	length of stay using
				assessment of home	the Guidelines &
				support.	physician-patient
					consultation.
ARKANSAS					
CALIFORNIA	AB 1641	Died in Com	Coverage of stay as determined by	Followup visit within 48	
	replaces		physician pursuant to guidelines	hrs. of discharge if pres-	
	AB 1978		adopted by insurer, based on AAP/	cribed by provider.	
			ACOG Guidelines for Perinatal Care.		
			Also applies to postpartum care for		
			home births if home birth is covered		
			benefit.		
	AB 3005	Died in Com	Requires insurers to cover medical		
			standards of care including those		
			of AAP and ACOG.		
COLORADO	HB 1015	Withdrawn	Min. of 48 hrs. inpatient care for		Major insurers in
			vaginal birth, 96 hrs. cesarean.		state agreed to pro-
			Permits earlier discharge if joint		vide 48/96 hr. cover-
			decision by mother & physician.		age & to follow AAP/
					ACOG Guidelines.

INSURANCE COVERAGE FOR POST-DELIVERY CARE

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
CONNECTICUT	HB 5313/ SB 330	Died in Com Enacted 1996	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits shorter stay if decision made by providers after conferring with mother.	1 visit within 48 hrs. of discharge; 1 within 7 days of discharge, including: parent ed., physical assessment, assistance with breast/bottle feeding, home support, tests.	
DELAWARE	HCR 30	Enacted 1995			Creates task force.
	HB 357	Died in Com	Requires coverage of at least 48 hrs. inpatient care if health care provider prescribes it.	Not addressed.	
	HB 404	Died in Com	Requires coverage of at least 48 hrs. inpatient care if health care provider prescribes it.	Not addressed.	
	HCR 61	Adopted	Requests voluntary adoption of Guidelines for Perinatal Care by insurers.		
DISTRICT OF COLUMBIA	CB 598	In Comm	Requires coverage of inpatient care in accordance with Guidelines for Perinatal Care (AAP & ACOG) or Standards for Obstetric-Gynecologic Services (ACOG). Permits shorter stay if physician finds baby meets medical stablity criteria of either document.	Visits prescribed by physician in accordance with Guidelines/Standards, by RN, including: parent ed., assistance with breast or bottle feeding, necessary tests.	
FLORIDA	HB 103 SB 350	Tabled Died in Com	Requires coverage of min. 48 hrs. for vaginal birth, 96 hrs. cesarean. Permits earlier discharge if mother and infant meet guidelines of Agency for Health Care Administration or if coverage provided for home or office visit within 48 hrs.	Required to include infant feeding education, physician referral, assessment of mother and child, metabollic tests.	
	SB 1086 HB 2079	Died in Com	Prohibits insurers from limiting coverage for inpatient stay/ follow-up care to less than that determined medically necessary by physician.	See left column.	

INSURANCE COVERAGE FOR POST-DELIVERY CARE

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
FL, cont.	SB 1860	Enacted 1996	Required to provide coverage of period determined necessary by provider in accordance with prevailing standards, specifically the Guidelines for Perinatal Care.	Requires coverage of post-delivery care for pair as determined necessary by provider in hospital, home/office; physical assessment, necessary tests, immunizations.	
GEORGIA	HB 1114	Died in Com	Requires coverage of min. 48 hrs. for vaginal birth, 96 hrs. cesarean. Requires decision on shorter stay to be made by attending provider in consultation with mother.	Requires coverage of 1 follow-up visit if discharged in less than 48/96 hrs., including physical assessment, parent ed., breast/bottle feeding, home support assessment & necessary tests.	Defines "attending provider" as OB, pediatrician, other physician or nurse midwife.
	SB 482	Enacted 1996	Requires coverage of min. 48 hrs. for vaginal birth, 96 hrs. cesarean. Requires decision on shorter stay to be made by attending physician in consultation with mother.	Min. 1 visit by within 48 hrs. of discharge, by physician, RN or PA including parent ed., breast or bottle feeding, necessary clinical tests, home support assessment.	"Attending provider" defined as pediatrician, OB, other physician or certified nurse midwife.
	HB 1189	Died in Com	Requires coverage of min. 48 hrs. for vaginal birth, 96 hrs. cesarean. Permits shorter stay if decision made by provider in consultation with mother.	Min. 2 visits, the 1st within 48 hrs. of discharge, including: physical assessment, parent ed., home support, assistance with breast/bottle feeding, necessary tests.	
HAWAII	HB 2530	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering home visit, unless inpatient care determined medically necessary by physician/ is requested by mother.	1 visit.	

INSURANCE COVERAGE FOR POST-DELIVERY CARE					Page 4
STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
HI, cont.	SB 2318	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs cesarean, permitting shorter stay if decision made by physician in consultation with mother.	Not addressed.	Defines "attending physician" as OB, pediatrician, certified midwife.
	SB 2658/SB 3088	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering home visits unless physician determines inpatient care medically necessary or is requested by mother.		Defines "attending physician" as OB, pediatrician, or other physician.
	SCR 135	Died in Com			Requests study.
IDAHO					
ILLINOIS	HB 2514, SB 1221, SB 1222	Died in Com	Requires coverage of min. 48 hrs. for vaginal birth, 96 hrs. cesarean. Excludes policies covering home visits unless hospital stay determined to be medically necessary by attending physician.	Min. 3 visits by RN within 24 hrs. of discharge, between 25-48 hrs. & between 96-120 hrs., including parent ed., breast or bottle feeding, necessary clinical tests.	"Attending physician" defined as pediatrician, OB, or other physician.
	HB 2557	Enacted 1996	Requires coverage of min. 48 hrs. for vaginal birth, 96 hrs. cesarean. Excludes policies covering home visit unless hospital stay determined to be medically necessary by attending physician.	Requires coverage of 1 visit if discharged prior to 48/96 hrs. or if prescribed by physician. Visit by RN within 48 hrs. of discharge including physical assessment of baby, feeding assistance, assessment of home support system, & necessary care.	"Attending physician" defined as OB, pediatrician, or other physician.
	HB 2558	Died in Com	Requires health dept. to adopt rules requiring hospitals to comply with AAP/ACOG recommendations on duration of hospital stay. Adds right to such length of stay to Medical Patient Rights Act.		

INSURANCE COVERAGE FOR POST-DELIVERY CARE

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
IL., cont.	HB 3298	Died in Com	Min. 48 hrs. inpatient care for vaginal birth;96 hrs. cesarean, excluding policies covering home visits unless inpatient care determined medically necessary by physician.	Visit by RN within 48 hrs. of discharge if released early or if prescribed by physician, including: parent ed., physical assessment, assistance with breast/bottle feeding, etc.	Defines "attending physician" as OB, pediatrician, or other physician.
	SB 1415	Died in Com	Min. coverage of 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean excluding policies covering home visits unless inpatient care determined necessary by physician.	Regardless of discharge time, coverage of home visit by RN within 48 hrs.: physical assessment, parent ed., assistance with breast/bottle feeding home support assesment necessary tests.	Defines "attending physician" as OB, pediatrician, family practice physician, or other physician.
INDIANA	SB 59, SB 68, HB 1068	Died in Com	Requires coverage of 48 hrs. of inpatient care for vaginal birth; 96 hrs. for cesarean section.		
	HB 1075	Enacted 1996	Requires coverage of inpatient care for mothers and newborns as recommended in most recent Guidelines for Perinatal Care. Permits earlier discharge if newborn meets criteria for medical stability and followup visit is covered.	Min. 1 visit within 48 hrs. of discharge, including parent ed., assistance with breast/bottle feeding, necessary tests.	
	SB 310	Died in Com	Requires coverage of min. 48 hrs. inpatient care for vaginal birth, 96 hrs. cesarean, excluding policies covering home visit unless physician determines inpatient care to be medically necessary.	Min. 1 visit by RN, including parent ed., breast/bottle feeding assistance, necessary tests within 24 hrs. of discharge.	
IOWA	SB 2038	Died in Com	Requires coverage of min. 48 hrs. of inpatient care for vaginal birth; 96 hrs. for cesarean. Requires coverage of longer stay if believed necessary by physician or requested by mother.		

INSURANCE COVERAGE FOR POST-DELIVERY CARE

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
IA, cont.	HB 2047	Died in Com	Requires coverage of min. 48 hrs. of inpatient care for vaginal birth; 96 hrs. for cesarean. Permits earlier discharge if attending provider and mother agree.	Min. 1 visit within 48 hrs, including physical assessment of newborn, assistance with breast/bottle feeding, necessary tests, assessment of home support.	
	HB 2057	Died in Com	Requires coverage of min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean excluding policies covering home visits unless provider determines inpatient care is necessary	Min. 3 visits by RN, including parent ed., assistance with breast/bottle feeding, necessary tests within 24 hrs., 25-48 hrs., & 49-96 hrs. after discharge.	
	SB 2162	Died in Com	Prohibits insurers from terminating benefits or requiring discharge earlier than determined medically appropriate by physician after consultation with mother & in accordance with Guidelines.		
	HB 2369	Enacted 1996	Requires coverage of length of stay determined necessary by physician in accordance with guidelines which must be consistent with those of AAP/ACOG.	1 visit if discharged prior to 48/96 hrs. & determined necessary by physician.	
KANSAS	HCR 5030	Died in Com	Urges insurers to cover 48/96 hrs. of inpatient care.		
	HB 2738	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, exlcuding policies covering home care unless physician feels inpatient care medically necessary.	1 visit within 48 hrs. of discharge, including parent ed., assessment of child, assessment of home support system, breast/bottle feeding, necessary tests.	

INSURANCE COVERAGE FOR POST-DELIVERY CARE

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
KS, cont.	SB 573	Enacted 1996	Min. 48 hrs. inpatient care after vaginal birth; 96 hrs. cesarean, excluding policies covering home visits unless physician determines inpatient care medically necessary Permits shorter stay if decision made by physician.	See left column. No specifics included in bill.	
KENTUCKY	HJR 3	Died in Com	Urges insurers to cover at least 72 hrs. of inpatient care.		
	SB 19	Died in Com	Requires coverage of at least 48 hrs. inpatient care. Permits earlier discharge if: physician and mother agree on shorter stay, mother and newborn meet AAP/ACOG Guidelines for Perinatal Care, and plan provides for initial postpartum visit.		
	HB 82	Died in Com	Requires coverage of at least 72 hrs. inpatient care after birth.		
	SB 43	Died in Com	Requires coverage of min. 48 hrs. inpatient care for mother and child following vaginal birth;96 hrs. after cesarean. Excludes policies covering home visits unless hospital stay determined to be medically necessary by provider.	Min. 3 visits by RN within 24 hrs. of discharge, between 25-48 hrs. & between 96-120 hr., including parent ed., breast or bottle feeding assistance, necessary tests.	Defines "attending physician" as OB, pediatrician, or other physician.
	HB 186	Enacted 1996	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering home visit if mother and physician authorize shorter stay and pair meet medical stability criteria of Guidelines.	Not addressed.	
LOUISIANA					

INSURANCE COVERAGE FOR POST-DELIVERY CARE (continued)

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
MAINE	SB 670	Enacted 1996	Requires insurer to provide coverage for maternity & newborn services, including hospital stay, in accordance with physician or certified nurse midwife's determination in conjunction with mother, that pair meet criteria outlined in Guidelines for Perinatal Care.	See left column.	Defines "attending physician" as OB, pediatrician, or other physician.
MARYLAND	SB 677	Enacted 1995	Permits discharge of mother and infant if newborn meets AAP/ ACOG Guidelines for Perinatal Care medical stability criteria.	Requires coverage of 1 in-home visit if mother, child discharged in less than 48 hrs. Visit must include collection of sample for hereditary and metabolic screening.	
	HB 112	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering home visit unless inpatient care determined medically necessary by physician or requested by mother.		
	SB 433	Enacted 1996	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits shorter stay if decision made by mother in conference with provider & insuror covers home visits.	1 home visit by RN no matter when discharged. For those released early, requires coverage of 2nd visit if ordered by provider.	Home visit exempt from coinsurance & copayments.
	SB 717/ HB 1271	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering follow-up visits unless physician determines inpatient care necessary.	See left column and current law.	Establishes utilization review process appeal and expedited decision process

INSURANCE COVERAGE FOR POST-DELIVERY CARE

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
MASSACHUSETTS	SB 2057 formerly SB 2000	Enacted 1995	Min. 48 hrs. inpatient care for vaginal birth, 96 hrs. cesarean. Prohibits earlier discharge unless in accordance with health dept. regulations, thus applying to ERISA plans also. Earlier discharge must be in consultation with mother.	Min. 1 home visit by RN nurse midwife/ physician. Includes: physical assessment, necessary tests, parent ed., assistance with breast/bottle feeding, referrals.	"Attending physician" defined as obstetrician, pediatrician, nurse midwife, or other physician.
MICHIGAN	HB 5109, HB 5727, HB 5728, HB 5729	In Comm	Requires HMOs to provide coverage of min. 48 hrs. inpatient care for vaginal delivery, 96 hrs. for cesarean section. Excludes policies covering home care unless mother requests inpatient care or physician determines it to be medically necessary.	Min. 3 visits by RN within 24 hrs. of discharge, between 25-48 hrs. & between 96-120 hr., including parent ed., breast or bottle feeding assistance, necessary tests.	HMO assoc. agreed to voluntarily follow the Guidelines for Perinatal Care.
MINNESOTA	HB 2008	Enacted 1996	Requires coverage of min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean.	Min. 1 home visit by RN within 4 days of discharge Services to include: parent ed., assistance with breast/bottle feeding, necessary tests.	
	SB 2022	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean.	Not addressed.	
MISSISSIPPI	HB 1143	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering home visits unless provider determines inpatient care medically necessary.	Min. 3 visits by RN within 24 hrs., 25-48 hrs. and 96 to 120 hrs. after discharge	Defines provider as physician, osteopath certified nurse midwife or hospital.
MISSOURI	SB 533 Replaces SB 512, SB 581	Died in Com	Requires coverage of min. 48 hrs. inpatient care for vaginal birth; 96 hrs. for cesarean. Permits earlier discharge if: baby meets criteria of Guidelines for Perinatal Care; physician and mother approve discharge and insurer covers one postpartum visit.	Coverage of one postpartum visit including collection of hereditary and metabollic samples for testing.	Defines "attending physician" as OB, pediatrician, or other physician.

INSURANCE COVERAGE FOR POST-DELIVERY CARE — Page 10

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
MO, cont.	SB 581	Died in Com	Same as above.	Same as above, but requires visit to occur within 48 hrs. of discharge.	
	HB 1069-substitute for house bills: 794, 807,936, 1128,1153, 1202	Enacted 1996	Same as above, except insurer must cover min. 3 home visits if discharged early.	Requires home visits within 24 hrs., 25-48 hrs. and 96-120 hrs., including physical assessment of newborn, parent ed., assistance with breast/bottle feeding, tests.	
MONTANA					
NEBRASKA	LB 1071	Died in Com	Requires coverage of min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits shorter stay if decision made by physician and child meets medical stability criteria of Guidelines for Perinatal Care.	Not addressed.	
	LB 1180	Died in Com	Min. 48 hrs. inpatient care for vaginal births; 96 hrs. cesarean, excluding policies covering postdelivery care unless physician determines inpatient care to be medically necessary upon conferring with mother.	See left column. No specifics included in bill.	Defines "attending physician" as OB, pediatrician, or other physician.
NEVADA					
NEW HAMPSHIRE	HB 1352	Enacted 1996	Requires coverage of inpatient care, postpartum visits as determined by provider; if shorter than 48/96 hrs., must be at provider's recommendation in consultation with mother, must cover neonatal visit.	1 neonatal visit for genetic and metabolic tests; 2 postpartum visits to include: feeding, injury prevention, infant behavior, physical assessment & infant & maternal health.	Prohibits insurer from penalizing provider for following bill's provisions.

INSURANCE COVERAGE FOR POST-DELIVERY CARE

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
NH, cont.	SB 627	Died in Com	Requires coverage of min. 48 hrs. for vaginal birth, 96 hrs. cesarean. Excludes policies covering home visits unless hospital stay determined to be medically necessary by physician or requested by mother.	Min. 3 home visits by RN within 24 hrs., 25-48 hrs., & 96-120 hrs. after discharge. Must include parent ed., necessary tests, assistance with breast or bottle feeding.	
NEW JERSEY	AB 2224	Enacted 1995	Requires coverage of min. 48 hrs. for vaginal birth, 96 hrs. cesarean. Excludes policies covering home visits unless hospital stay determined to be medically necessary by attending physician or is requested by mother.	Min. 3 home visits by RN within 24 hrs., 25 to 48 hrs. & 96 to 120 hrs. after discharge. Must include parent educ., assistance with breast/bottle feeding, & necessary tests.	"Attending physician" defined as obstetrician, pediatrician, or other physician.
NEW MEXICO	Regulation	Effective 3/1/96	Requires coverage of 48 hrs. of inpatient care for vaginal birth, 96 for cesarean, unless earlier discharge in accordance with Guidelines for Perinatal Care.	Min. 3 visits by licensed personnel	
NEW YORK	SB 5322	Died in Com	Requires min. of 48 hrs. inpatient care for vaginal birth, 96 hrs. for cesarean.	Not addressed.	
	SB 5742, AB 8125	Enacted 1996	Requires coverage of min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits mother discretion as to early discharge if physician believes pair are ready.	Min. 1 home visit within 24 hrs of discharge, including parent ed., assistance with breast/bottle feeding, necessary tests.	Home visit exempt from deductible, coinsurance and copayments.
	SB 6602	Died in Com	Requires coverage of min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits mother discretion as to early discharge if physician believes pair are ready.	Min. 1 home visit within 24 hrs of discharge, including parent ed., assistance with breast/bottle feeding, necessary tests.	

INSURANCE COVERAGE FOR POST-DELIVERY CARE

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
NORTH CAROLIN	SB 345	Enacted 1995	Requires min. of 48 hrs. inpatient care for vaginal birth, 96 hrs. for cesarean.	Not addressed.	
NORTH DAKOTA					
OHIO	HB 458 HB 486	Died in Com	Requires min. of 48 hrs. inpatient care for vaginal birth, 96 hrs. for cesarean.	Not addressed.	
	SB 199	Enacted 1996	Requires min. of 48 hrs. inpatient care for vaginal birth, 96 hrs. for cesarean. Applies to medical assistance, public employee plans. Permits earlier discharge after provider consultation with mother or person responsible for mother or child.	Requires coverage of care provided within 48 hrs. for women and infants discharged in less than 48/96 hrs. & coverage of followup care prescribed by physician for those released after 48/96 hr.	
OKLAHOMA	SB 684	Died in Com	Requires coverage of min. 48 hrs inpatient care for vaginal birth, 96 hrs. for cesarean.		
	HB 2302, HB 2330	Withdrawn	Requires coverage of min. 48 hrs. inpatient care for vaginal birth, 96 hrs. for cesarean, excluding policy covering home visits, unless inpatient care determined medically necessary by provider/requested by mother.	Min. 3 home visits by RN including assistance with breast/bottle feeding, parent ed., necessary tests. Visits to occur within 24 hrs., 25-48 hrs, and 96-120 hrs.	Insurance commissioner and health dept. to define medically necessary.
	HB 2655	Died in Com	Requires coverage of inpatient care sufficient to meet medical stability criteria of Guidelines for Perinatal care & min. of 96 hrs. for cesarean section. Permits earlier discharge when decision made by provider in consultation with mother.	Follow-up visit within 48 hrs. of early discharge, including physical assessment of newborn, breast/bottle feeding, parent ed., home support assessment and necessary tests.	

INSURANCE COVERAGE FOR POST-DELIVERY CARE					Page 13
STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
OK, cont.	HB 2348	Enacted 1996	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits shorter stay if pair meet Guidelines criteria & insurer covers 1 home visit.	1 visit within 48 hrs. of discharge including parent ed., assistance with breast/bottle feeding, physical assessments. Also requires above coverage if birth occurs at home/birthing center.	
OREGON					
PENNSYLVANIA	HB 1747, HB 2225	Died in Com	Requires min. of 48 hrs. for vaginal birth, 96 hrs. for cesarean.	If covered must consist of at least 3 visits conducted: within 24 hrs. of discharge; within 25-48 hrs., and within 96-120 hrs. by RN & include breast feeding assistance & medical evaluation.	
	HB 1977	Enacted 1996	Requries coverage of min. 48 hrs. of inpatient care. Permits coverage of shorter stay if mother and child meet medical criteria like Guidlines for Perinatal Care and if plan covers initial postpartum visit.	Min. 1 visit within 48hrs. of discharge, including parent education, assistance with breast/bottle feeding, necessary tests, in either home or office.	
	SB 1237	Died in Com	Requires coverage of min. 48 hrs. of inpatient care for mother & baby	Not addressed.	
PUERTO RICO					
RHODE ISLAND	HB 5858-A	Enacted 1995			Creates task force to study issue.
	SB 2074	Enacted 1996	Requires coverage of min. 48 hrs. inpatient care for vaginal birth; 96 hrs. for cesarean. Permits earlier discharge in accordance with Guidelines for Perinatal Care and in consultation with mother.	Not addressed.	Defines "attending provider" as OB, pediatrician, family practitioner, general practitioner or certified nurse midwife.

INSURANCE COVERAGE FOR POST-DELIVERY CARE					Page 14
STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
RI, cont.	SB 2279	Died in Com	Min. 48 hrs inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering home visits unless inpatient care determined necessary by physician in consultation with mother.	3 visits by RN within 24 hrs., 25-48 hrs., & 96-120 hrs. after discharge, including parent ed., assistance with breast/bottle feeding, necessary tests.	Defines "attending physician" as OB, pediatrician, nurse midwife, or other physician.
	HB 8018	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean.	Not addressed.	
SOUTH CAROLINA	HB 4396	Died in Com.	Requires coverage of min. 48 hrs.	Not addressed.	
	SB 1043	Enacted	inpatient care for vaginal birth; 72		
		1996	hrs. cesarean.		
SOUTH DAKOTA	SB 192	Enacted	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits coverage of shorter stay if physician finds pair meet medical stability criteria of Guidelines.	Min. 1 visit within 48 hrs. of discharge.	
		1996			
TENNESSEE	HB 2410/ SB 2722	Died in Com	At min. coverage of care ordered by provider in accordance with Guidelines for Perinatal Care. Applies to Medicaid and other publically funded programs.		
	SB 2455	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits earlier discharge if decision by provider and mother. Applies to Medicaid and other publically funded programs.	1 followup visit within 48 hrs., including parent ed., breast/bottle feeding assistance, assessment of home support and necessary tests.	Defines "attending provider" as OB, pediatrician, other physician or certified nurse midwife.
	SB 2834/H 2483	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering home care unless inpatient care determined medically necessary by physician or requested by mother.	Min. 3 home visits by RN including parent ed., assistance with breast/bottle feeding, necessary tests within 24 hrs., 25-48 and 96-120 hrs. after discharge.	Defines "attending physician" as OB, pediatrician or other physician.

INSURANCE COVERAGE FOR POST-DELIVERY CARE

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
TN, cont.	SB 2379	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean excluding policies covering home visits unless provider determines inpatient care medically necessary or it is requested by mother.	See left column. No specifics included in bill.	Defines "attending provider" as OB, pediatrician or other physician.
	Regulation	Effective 2/20/96	Recommends discharge decision be made according to specific medical criteria; lists recommended criteria.	Recommends followup visit within 48-72 hrs. of discharge for those released in 24-48 hrs. if deemed necessary by provider.	
	HB 2364	Enacted 1996			Authorizes development of regulations setting minimum standards of coverage.
TEXAS					
UTAH	SB 138	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits shorter stay if decision made by mother in consultation with physician.	Not addressed.	Defines "attending physician" as OB, pediatrician, or certified nurse midwife.
VERMONT	HB 650 SB 292	Died in Com	Requires coverage of min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean.	Not addressed.	
VIRGINIA	HB 87	Enacted 1996	Prohibits limitations on inpatient care coverage of less than 48 hrs. after vaginal birth; 96 hrs. after cesarean. Permits shorter stay if: mother consents in writing; discharge is in accordance with Guidelines for Perinatal Care; coverage of one home visit.	Min. 1 home visit.	

INSURANCE COVERAGE FOR POST-DELIVERY CARE					Page 16
STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
VA, cont.	SB 148	Enacted 1996			Applies above to medical assistance.
	SB 242/ HB 447	Died in Com	Same as above.	Min. 2 home visits.	
WASHINGTON	SB 6120	Enacted 1996	Prohibits denial of coverage for covered eligible services for inpatient postdelivery care as ordered by provider in consultation with the mother. Requires insurers to permit provider to make length of stay decision.	Prohibits denial of coverage of followup care as ordered by provider in consultation with mother.	Defines "provider" as physicians, certified nurse midwives, midwives, advanced registered nurse practitioners, PAs.
	HB 2639	Died in Com	Min. 24 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits shorter stay if decision made by provider & mother.	For those discharged in 24/96 hrs., requires coverage of follow-up visit on 3rd/4th day after birth. For those discharged earlier, requires coverage of min. 3 visits within 14 of discharge with 1st visit to occur on 3rd/4th day.	
WEST VIRGINIA	HB 4126	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering home visit unless inpatient care determined medically necessary by physician or requested by mother.	Min. 1 visit.	
	SB 486	Defeated	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering home visit unless inpatient care determined medically necessary by physician or requested by mother.	Min. 1 visit.	

INSURANCE COVERAGE FOR POST-DELIVERY CARE - Legislative Efforts - **Page 17**

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
WV, cont.	HB 4197	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean. Permits shorter stay decision to be made by physician in consultation with mother & in accordance with rules developed by dept. of health	To be addressed in rules.	Defines "attending physician" as OB, pediatrician, other physician or nurse midwife.
WISCONSIN	AB 573, SB 463	Died in Com	Requires coverage of min. 48 hrs after vaginal birth and 96 hrs. after cesarean section, of either inpatient care or home care, or combination of both. Requires type of care and duration to be at mother's discretion in consultation with provider.	Requires health commissioner to develop rules on home care, including who may provide care, and its frequency and duration.	
WYOMING					
TOTAL LAWS			28		

VIA FAX

TO: **Jennifer Klein**

FROM: **Todd Askew**
American Academy of Pediatrics

FAX TO: **456-2878**

2 Pages including this cover

If there are problems with this fax, call 202/347-8600

July 12, 1996

TO: Jennifer Klein

FR: Todd Askew

RE: EARLY DISCHARGE - STATE ACTIVITY

As of January 1, 1996, six states had enacted legislation:

DE, MD, MA, NJ, NC, RI

As of late June, 1996, 22 additional states had enacted early discharge legislation or regulations:

AL, AK, CT, FL, GA, IL, IN, IA, KS, KY, ME, MN, MO, NH, NM (Regulation), NY, OK, SC, SD, TN (Regulation), VA, WA

Please call with any questions.

Senate Bill 1860

1996 Legislature SB 1860, Second Engrossed

An act relating to maternity care; amending ss. 627.6406, 627.6574, and 641.31, F.S.; prohibiting certain health insurance policies and health maintenance contracts from imposing certain limitations on coverage for hospital maternity stays or followup care outside of a hospital; requiring such policies and contracts to provide coverage for postdelivery care for a mother and her newborn infant; specifying services that must be included; requiring the Agency for Health Care Administration to conduct a study to evaluate the clinical effects of shorter stays in the hospital for maternity care; specifying the subject matter of the study; requiring a report; providing a description of state interests; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 627.6406, Florida Statutes, is amended to read:

627.6406 Maternity care.--

(1) Any policy of health insurance that provides coverage for maternity care shall also cover the services of certified nurse-midwives and midwives licensed pursuant to chapter 467, and the services of birth centers licensed under ss. 383.30-383.335.

(2) An insurer issuing a health insurance policy which provides maternity and newborn coverage may not limit coverage for the length of a maternity and newborn stay in a hospital or for followup care outside of a hospital to any time period that is less than that determined to be medically necessary, in accordance with prevailing medical standards and consistent with proposed 1996 guidelines for perinatal care of the American Academy of Pediatrics or the American College of Obstetricians and Gynecologists as proposed on May 1, 1996, by the treating obstetrical care provider or the pediatric care provider.

(3) Nothing in this section affects any agreement between an insurer and a hospital or other health care provider with respect to reimbursement for health care services provided or prohibits appropriate utilization review by an insurer.

(4) Any policy of health insurance that provides coverage, benefits, or services for maternity or newborn care must provide coverage for postdelivery care for a mother and her newborn infant. The postdelivery care must include a postpartum assessment and newborn assessment and may be provided at the hospital, at the attending physician's office, at an outpatient maternity center, or in the home by a qualified licensed health care professional trained in mother and baby care. The services must include physical assessment of the newborn and mother, and the performance of any medically necessary clinical tests and immunizations in keeping with prevailing medical standards.

(5) An insurer subject to subsection (1) shall communicate active case questions and concerns regarding postdelivery care directly to the treating physician or hospital in written form, in addition to other forms of communication. Such insurers shall also use a process which includes a written protocol for utilization review and quality assurance.

Section 2. Section 627.6574, Florida Statutes, is amended to read:

627.6574 Maternity care.--

(1) Any group, blanket, or franchise policy of health insurance that provides coverage for maternity care shall also cover the services of certified nurse-midwives and midwives licensed pursuant to chapter 467, and the services of birth centers licensed under ss. 383.30-383.335.

(2) Any group, blanket, or franchise policy of health insurance that provides maternity and newborn coverage may not limit coverage for the length of a maternity and newborn stay in a hospital or for followup care outside of a hospital to any time period that is less than that determined to be medically necessary, in accordance with prevailing medical standards and consistent with proposed 1996 guidelines for perinatal care of the American Academy of Pediatrics or the American College of Obstetricians and Gynecologists as proposed on May 1, 1996, by the treating obstetrical care provider or the pediatric care provider.

(3) Nothing in this section affects any agreement between an insurer and a hospital or other health care provider with respect to reimbursement for health care services provided or prohibits appropriate utilization review by an insurer.

(4) Any group, blanket, or franchise policy of health insurance that provides coverage, benefits, or services for maternity or newborn care must provide coverage for postdelivery care for a mother and her newborn infant. The postdelivery care must include a postpartum assessment and newborn assessment and may be provided at the hospital, at the attending physician's office, at an outpatient maternity center, or in the home by a qualified licensed health care professional trained in mother and baby care. The services must include physical assessment of the newborn and mother, and the performance of any medically necessary clinical tests and immunizations in keeping with prevailing medical standards.

(5) An insurer subject to subsection (1) shall communicate active case questions and concerns regarding postdelivery care directly to the treating physician or hospital in written form, in addition to other forms of communication. Such insurers shall also use a process which includes a written protocol for utilization review and quality assurance.

Section 3. Subsection (18) of section 641.31, Florida Statutes, is amended to read:

641.31 Health maintenance contracts.--

(18)(a) Health maintenance contracts which provide coverage, benefits, or services for maternity care shall provide, as an option to the subscriber, the services of nurse-midwives and midwives licensed pursuant to chapter 467, and the services of birth centers licensed pursuant to ss. 383.30-383.335, if such services are available within the service area.

(b) Any health maintenance contract which provides maternity or newborn coverage may not limit coverage for the length of a maternity or newborn stay in a hospital or for followup care outside of a hospital to any time period that is less than that determined to be medically necessary, in accordance with prevailing medical standards and consistent with proposed 1996 guidelines for perinatal care of the American Academy of Pediatrics or the American College of Obstetricians and Gynecologists as proposed on May 1, 1996, by the treating obstetrical care provider or the pediatric care provider.

(c) Nothing in this section affects any agreement between a health maintenance organization and a hospital or other health care provider with respect to reimbursement for health care services provided or prohibits appropriate utilization review by a health maintenance organization.

(d) Any health maintenance contract that provides coverage, benefits, or services for maternity or newborn care must provide coverage for postdelivery care for a mother and her newborn infant. The postdelivery care must include a postpartum assessment and newborn assessment and may be provided at the hospital, at the attending physician's office, at an outpatient maternity center, or in the home by a qualified licensed health care professional trained in mother and baby care. The services must include physical assessment of the newborn and mother, and the performance of any medically necessary clinical tests and immunizations in keeping with prevailing medical standards.

(e) A health maintenance organization subject to paragraph (b) shall communicate active case questions and concerns regarding postdelivery care directly to the treating physician or hospital in written form, in addition to other forms of communication. Such organization shall also use a process which includes a written protocol for utilization review and quality assurance.

Section 4. The Agency for Health Care Administration, in collaboration with insurance, hospital, and physician providers, obstetrical care providers, pediatric care providers, and birth centers, shall conduct a study to evaluate the clinical effects of shorter stays in the hospital for maternity care and shall consider the data on actual volume of early discharge; payor policies; the health effect on and complication rates in the infants; the health effects, both physical and psychological, on the mother; the extent of opportunity for maternal and infant-care education; the

physical and psychological effects on other family members; the extent of opportunity for maternal and child psychosocial assessment; the extent of followup care provided to mothers and newborns; the volume of readmissions and catastrophic readmissions; and the costs associated with early discharge. The report shall also assess the impact of this act on each of these factors and effects. The agency shall report its findings to the President of the Senate, the Speaker of the House of Representatives, and the chairmen of the Health Care Committees of the Senate and the House of Representatives by January 1, 1998.

Section 5. The provisions of this act fulfill an important state interest.

Section 6. This act shall take effect October 1, 1996, and shall apply to policies and contracts issued or renewed on or after that date.

Postpartum Care of Mothers and Their Newborn Infants Delivered in the Hospital Setting

MEDICAL PRACTICE GUIDELINES

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA)

in consultation with the

Maternal and Newborn Hospital Discharge Guideline Committee

These guidelines are endorsed under the authority of the Florida Health Care and Insurance Reform Act of 1993, section 408.02, Chapter 93-129, Laws of Florida.

Endorsed on March 22, 1996

Postpartum Care of Mothers and Their Newborn Infants Delivered in the Hospital Setting

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STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA)
NOTICE ON PRACTICE PARAMETERS

The practice guidelines listed below, produced in consultation with the Committee on Maternal and Newborn Hospital Discharge Guidelines, are endorsed by the Agency for Health Care Administration (AHCA) pursuant to the Florida Health Care and Insurance Reform Act of 1993, Chapter 93-129, section 408.02, Laws of Florida.

These guidelines are endorsed for information, education, and review by the medical community, other professionals, and the public.

These guidelines are not to be used as fixed protocols. They merely identify typical courses of intervention. There may be patients who require more or less treatment. However, those cases that exceed or fall below the guidelines may be subject to more careful scrutiny and may require documentation of the special circumstances. Treatment must be based on patient need as well as professional judgment.

In summary, medical guidelines are patient management strategies, which are not entirely inclusive or exclusive of all methods of reasonable care that can obtain the same results, or of those which consider the particular needs of the patient and available resources.

While standards are intended to be rigid and mandatory - making exceptions rare and difficult to justify - guidelines are more flexible, although they should be followed in most cases. Guidelines can be tailored to fit individual needs that are influenced by the patient, setting, resources, and other factors. Deviations can be justified by individual circumstances. Options are intended to be neutral. They merely note the interventions available to practitioners.

Guidelines are revisited every three years or less. Review is based on valid scientific update.

PRACTICE PARAMETER SUBJECT: PERINATAL CARE: POSTPARTUM CARE OF MOTHERS AND THEIR INFANTS

NUMBER	GUIDELINE	REVIEW COMMENTS AND INFORMATION	ORDER FROM:	COST
1	Postpartum Care of Mothers and Their Newborn Infants Delivered in the Hospital Setting-Medical Practice Guidelines; State of Florida's Agency for Health Care Administration (AHCA); 15 pages; March 22, 1996.	For technical information on these guidelines and to submit your scientifically-valid review comments, please contact: *James T. Howell, M.D., Director, Division of Health Policy and Cost Control, AHCA Address at right*	Agency for Health Care Administration (AHCA) *Dennis Halfhill, Coordinator Medical Guidelines Clearinghouse 2727 E. Mahan Drive, Bldg. 3 Tallahassee, Florida 32308-5403 (904) 488-1295, 921-5505, FAX (904) 488-1261*	Free copy

COMMITTEE ON MATERNAL AND NEWBORN HOSPITAL DISCHARGE GUIDELINES

Jeane McCarthy, M.D., Ph.D., Neonatologist
President, Florida Perinatal Association

Ronald A. Chez, M.D., Obstetrician and Chairman,
Committee for the Early Discharge of Maternity Patients
Florida Obstetric and Gynecologic Society

Gene Burkett, M.D.
Committee for the Early Discharge
of Maternity Patients
Florida Obstetric and Gynecologic Society

Charles Mahan, M.D., Obstetrician and Dean,
College of Public Health, USF

John Curran, M.D., Neonatologist and Chairman,
Council on Public Health, FMA

Les Beitsch, M.D., J.D.
Assistant Health Officer for Family Health Services
Office of the Secretary for Health,
Department of HRS

Dan Lestage, M.D., Medical Director
Blue Cross and Blue Shield of Florida
President, Florida Society for Preventive Medicine

William E. Rush, M.D., Pediatric Endocrinologist
Vice President, Regional Medical Director
Blue Cross and Blue Shield of Florida

Rick Sheridan, M.D., Neonatologist
St. Joseph's Hospital

Richard Romeis, M.D., Medical Director
Humana Health Care Plans-Tampa
Florida President, Nat. Assoc. of Managed Care Physicians

Barbara Lumpkin, R.N.
Associate Director
Florida Nurses Association (FNA)

Marie Gottfried, R.N.
Director, Obstetrical Services
Wellington Regional Medical Center

Dee Jeffers, R.N., Project Director,
Florida Health Start Systems
College of Public Health, USF

Donna Barber, R.N.
Chief, Family and Community Health Office
Office of the Secretary for Health, HRS

Katie Powers, R.N.
Manatee Memorial Hospital

Brenda Wesley, R.N.
OB Services, St. Mary's Hospital

Judy Woodworth, R.N.
Associate Executive Director
Humana Health Care Plans-Tampa

Connie Smith, President
Florida Healthy Start Coalitions

Doris Barnett, A.C.S.W., Support Advisor
Florida Healthy Start Coalitions

Carol Brady, Executive Director
Healthy Mothers Healthy Babies

Cindy Casuccio, President
Florida Alliance of Birth Centers

Beth Swisher, President
Tallahassee Birth Center

Caryn Craddick, Director
Florida Medical Association - Tampa Office

Barbara Foley, Director,
Governmental Affairs
Florida Hospital Association

Belita Moreton, Vice President
Florida League of Hospitals

Teresa Nugent, Legislative Consultant
Association of Voluntary Hospitals of Florida

Tom Pear, Legislative Aide to
Representative Mark Flanagan

Ex-officio:
Jim Howell, M.D.
Director, Division of
Health Policy and Cost Control
Agency for Health Care Administration (AHCA)

Christiane J. Guignard, R.N., M.S.N.
Coordinator, Medical Guidelines Development
Agency for Health Care Administration (AHCA)

AHCA Consultant:
Lance Wyble, M.D., Neonatologist and President,
Florida Society of Neonatal Perinatologists,
Committee Chairman

AHCA Health Policy Analysts:
Debby Walters
Taaffe Anderson, M.A.
Suzanne Suarez, R.N., J.D.

DEFINITIONS

EARLY DISCHARGE (24-48 hours) means a discharge of a mother and/or a baby between 24 and 48 hours postpartum.

VERY EARLY DISCHARGE (< 24 hours) means a discharge of a mother and/or a baby at less than 24 hours postpartum.

PRACTITIONER SKILLS FOR POSTPARTUM CARE

The physicians and other licensed professionals and practitioners caring for the postpartum mother and child need the following information, knowledge and skills:

a) mother's medical, pregnancy and perinatal history;
b) criteria for normal transition from the antepartum and intrapartum states to the immediate postpartum state;
c) criteria for normal transition from fetal to neonatal life;
d) normal newborn behavior; and
e) factors that warrant extended hospital and/or outpatient observation or assessment of either mother or baby.

MATERNAL SKILLS FOR POSTPARTUM CARE

The mother must learn relevant information and skills that enable her to care for herself and her baby. These include:

a) the components of a healthy adult diet;
b) her physical activity guidelines;
c) advised timing for resuming coitus and birth control methods, if indicated;
d) names, doses and side effects of prescribed drugs for herself or the baby;
e) normal characteristics and care of vaginal discharge (lochia);
f) breast care;
g) perineal and abdominal wound care;
h) timing for follow-up appointments for herself and for her infant;
i) demonstrable skills and ability regarding care of her infant, such as: infant bathing, umbilical cord / circumcision care, and awareness of the appropriate sleeping position for her infant;
j) ability to adequately feed her infant either by breast or bottle;
k) knowledge of the signs of illness especially sepsis, hyperbilirubinemia, and dehydration;
l) knowledge of the importance of using infant car seats; and
m) the importance of follow-up care.

HOSPITAL AND COMMUNITY RESOURCES

The following hospital and community resources are needed:

a) experienced, licensed maternal and newborn professionals to assess the mother during the immediate postpartum period, and the infant during the transition period;
b) trained-licensed maternal and newborn professionals to educate and instruct the mother regarding normal child care, including the chosen infant feeding method (breast or bottle);
c) medical staff to evaluate the mother and infant prior to discharge;
d) home care follow up in the community by licensed maternal and newborn professionals with extensive postpartum mother-and-child-care experience or knowledge;
e) medical physician follow-up after discharge; and
f) information on hospital or available community resources for cases of emergency, postpartum and gynecologic care, child care, parenting, breastfeeding, social services, and other relevant subjects including community and hospital services.

GENERAL CRITERIA FOR HOSPITAL DISCHARGE

Early, very early or delayed discharge of the postpartum mother or infant from the hospital requires that they are both well, being discharged to a home prepared to meet their needs, and that timely follow-up medical care is available and accessible. It is preferable to discharge the mother and her infant together from the hospital whenever possible and medically appropriate. The following are general considerations relevant to a decision regarding discharge:

a) identification of maternal medical and social risks factors prior to, during the pregnancy, at time of delivery, and postpartum that would place the mother and her infant at risk;
b) identification of abnormalities in the immediate postpartum period placing the mother at risk;
c) identification of abnormalities in the transition and immediate newborn period indicating that the infant is at risk;
d) demonstration of the mother's ability to adequately care for herself and her infant based on prenatal and postpartum education and instruction;
e) identification of medical physician and/or licensed maternal and newborn staff follow-up (within 24 to 48 hours for very early discharge and 48 to 72 hours for early discharge) and
f) appropriate encouragement and support of breastfeeding available both in the hospital and after discharge.

CRITERIA FOR VERY EARLY AND EARLY DISCHARGE OF THE MOTHER AND BABY (algorithm follows)

The mother should:

a) be free of, or under active treatment for, medical problems, (i.e., diabetes mellitus, bleeding disorders, cardiovascular or pulmonary disease, hypertension, neurologic disease, psychiatric illness, immune disorders, local or systemic infection, and other disabling medical disorders that can hamper her ability to care for herself and her infant;)
b) have received prenatal care relative to her needs;
c) have demonstrated that she has the ability to care for her infant following prenatal guidance and postpartum instruction;
d) have had an uncomplicated vaginal delivery;
e) for Caesarean Delivery, have had a Pfannenstiel incision without wound complications, uncomplicated surgery, no febrile morbidity, stable normal vital signs, the ability to ambulate without assistance, the ability to urinate without assistance, auscultation of active bowel sounds, and the establishment of a regular diet *(this for Early Discharge consideration only)*;
f) have no difficulty voiding or ambulating;
g) have a physical examination and stable vital signs that are normal for the postpartum setting;
h) have no history or current active Group B streptococcus infection, TB, hepatitis, or sexually transmitted diseases where medical treatment of the infant is indicated;
i) have no unresolved social factors such as young age, alcohol or drug abuse problems, mental illness, homelessness, history of victimization from domestic violence, or a high score on the Healthy Start screening without a purposeful care plan;
j) have been assessed for appropriate bonding with her infant;
k) have the ability and necessary skills and support to care for her infant in the home environment;
l) understand instructions and how to get help in the event of depression, an upper respiratory tract infection, a urinary tract infection, anemia, weakness, problems with vaginal or perineal injuries, fever, chills, leg pains, increased vaginal bleeding, and other medical problems she may suffer;
m) have current laboratory information on ABO blood group, Rh typing, and tests for hepatitis, syphilis, and rubella;
n) have been administered the appropriate amount of RhIg and a rubella vaccine, if indicated;
o) know the time at which coitus can be resumed; and
p) know methods of contraception, if indicated.

INFANT DISCHARGE IN LESS THAN 24 HOURS POSTPARTUM (algorithm follows)

The infant should:

a) be assessed as term (38 to 42 weeks) and appropriate for gestational age (any neonate whose birth occurs from the beginning of the first day of the 38th week through the end of the last day of the 42nd week);
b) have not demonstrated any neonatal problems during the transition period following birth;
c) have stable, normal vital signs, and an acceptable physical examination performed by an appropriately trained medical or osteopathic physician;
d) have normal blood glucose levels, if indicated;
e) be able to maintain his/her temperature in a crib;
f) demonstrate the ability to breast or bottle feed well, and the adequacy of feeds;
g) have stooled and voided appropriately for postnatal age;
h) have a negative maternal test for syphilis, hepatitis B, and HIV (if positive, the infant has received an appropriate evaluation);
i) have an appropriate infant metabolic screening test drawn with a plan for confirmatory recollection;
j) have no clinical or laboratory (if obtained) indication of jaundice;
k) have had an APGAR of 7 or greater at 5 minutes;
l) have no major congenital anomalies; and
m) have a mother or other acceptable caretaker who has an appropriate plan for follow-up on any abnormal laboratory tests known at discharge.

INFANT DISCHARGE BETWEEN 24 and 48 HOURS POSTPARTUM (algorithm follows)

a) The infant should be greater than 35 full weeks gestation and appropriate for gestational age by accepted estimation techniques
b) The baby should meet all of the other above-listed criteria for very early discharge (< 24 hours), and any initial neonatal problems should have been resolved prior to discharge, or adequate follow-up should be arranged.

DISCHARGE FOLLOW UP CRITERIA

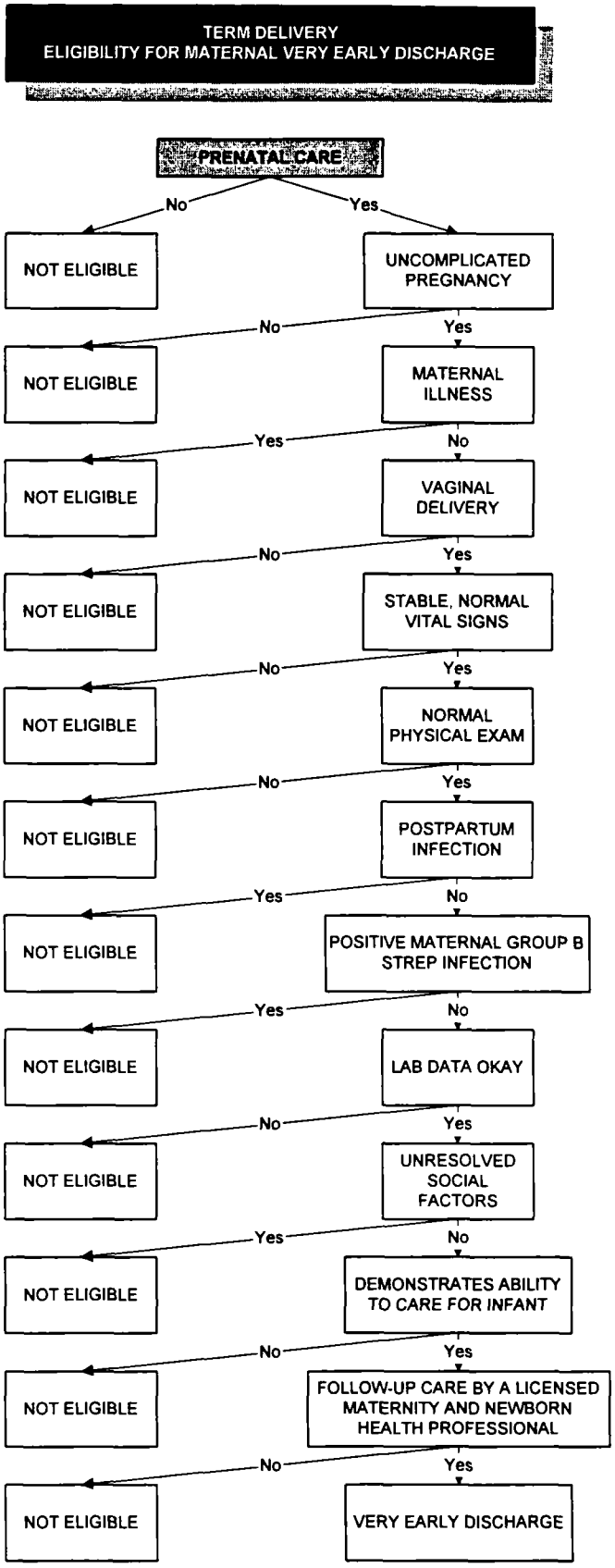
The primary clinical providers, after consultation with the family, and in accordance with the mother's and family's choice, may write an order to refer the mother and child for home post-discharge assessment and care, or may elect to provide the post discharge care in an office setting.

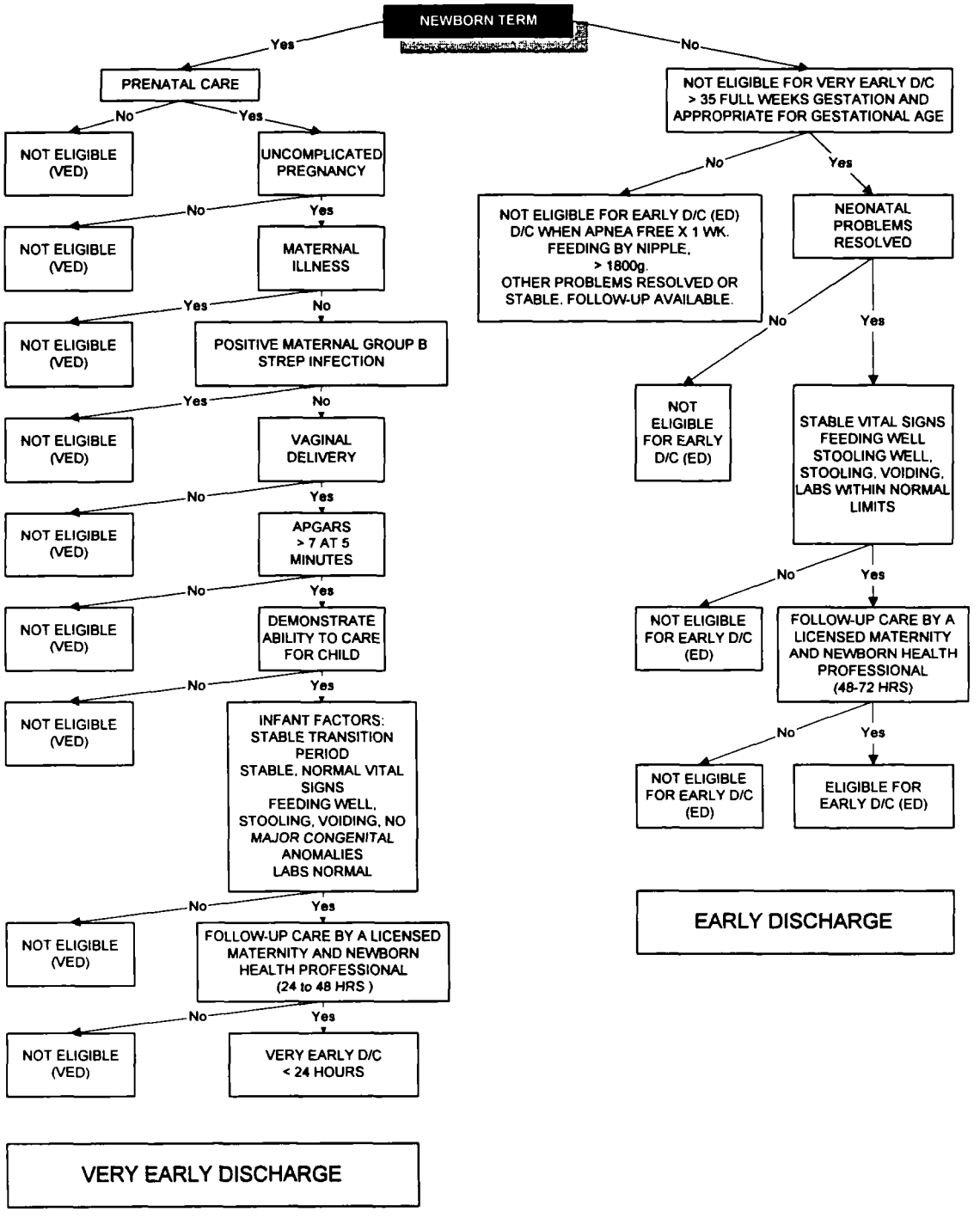
If a "Very Early" discharge (< 24 hours after birth) has been chosen, an initial assessment of the mother and infant should be performed within 24 to 48 hours of discharge, with follow up as needed.

If an "Early" discharge (24 to 48 hours after birth) has been chosen, an initial assessment of the infant should be performed within 48 to 72 hours with follow up of the mother and infant performed as needed

Home Discharge Care for the Mother and Infant Should Include:

a) licensed health care professionals experienced and skilled in the assessment of both postpartum mothers and newborn infants;
b) special attention to the mother's functional status and vital signs; breast examination; uterine fundus tone, size and tenderness; abdominal and perineal wound healing, color, volume and smell of lochia, absence of calf and thigh tenderness; and other health, social or domestic problems that can hamper the mother's ability to care for her child;
c) special attention to the adequacy of feeding and hydration of the infant, especially a breastfeeding infant;
d) an appointment for metabolic screening of the infant, if required;
e) the assistance of an individual who can serve as a consultant for a breast-feeding mother if difficulties with feeding arise;
f) a primary clinical provider who is responsible and willing to assume all appropriate follow-up care for the mother; and
g) an identified medical physician (pediatrics or family medicine) responsible and willing to assume all appropriate follow-up care for the infant, including office visits in accordance with the periodicity schedule recommended by the American Academy of Pediatrics (AAP).


TERM DELIVERY
ELIGIBILITY FOR MATERNAL VERY EARLY DISCHARGE
PRENATAL CARE
No
Yes
NOT ELIGIBLE
UNCOMPLICATED PREGNANCY
No
Yes
NOT ELIGIBLE
MATERNAL ILLNESS
Yes
No
NOT ELIGIBLE
VAGINAL DELIVERY
No
Yes
NOT ELIGIBLE
STABLE, NORMAL VITAL SIGNS
No
Yes
NOT ELIGIBLE
NORMAL PHYSICAL EXAM
No
Yes
NOT ELIGIBLE
POSTPARTUM INFECTION
Yes
No
NOT ELIGIBLE
POSITIVE MATERNAL GROUP B STREP INFECTION
Yes
No
NOT ELIGIBLE
LAB DATA OKAY
No
Yes
NOT ELIGIBLE
UNRESOLVED SOCIAL FACTORS
Yes
No
NOT ELIGIBLE
DEMONSTRATES ABILITY TO CARE FOR INFANT
No
Yes
NOT ELIGIBLE
FOLLOW-UP CARE BY A LICENSED MATERNITY AND NEWBORN HEALTH PROFESSIONAL
No
Yes
NOT ELIGIBLE
VERY EARLY DISCHARGE


NEWBORN TERM
Yes
No
PRENATAL CARE
No
Yes
NOT ELIGIBLE (VED)
UNCOMPLICATED PREGNANCY
No
Yes
NOT ELIGIBLE (VED)
MATERNAL ILLNESS
Yes
No
NOT ELIGIBLE (VED)
POSITIVE MATERNAL GROUP B STREP INFECTION
Yes
No
NOT ELIGIBLE (VED)
VAGINAL DELIVERY
No
Yes
NOT ELIGIBLE (VED)
APGARS > 7 AT 5 MINUTES
No
Yes
NOT ELIGIBLE (VED)
DEMONSTRATE ABILITY TO CARE FOR CHILD
No
Yes
NOT ELIGIBLE (VED)
INFANT FACTORS: STABLE TRANSITION PERIOD STABLE, NORMAL VITAL SIGNS FEEDING WELL, STOOLING, VOIDING, NO MAJOR CONGENITAL ANOMALIES LABS NORMAL
No
Yes
NOT ELIGIBLE (VED)
FOLLOW-UP CARE BY A LICENSED MATERNITY AND NEWBORN HEALTH PROFESSIONAL (24 to 48 HRS)
No
Yes
NOT ELIGIBLE (VED)
VERY EARLY D/C < 24 HOURS
VERY EARLY DISCHARGE
No
Yes
NOT ELIGIBLE FOR VERY EARLY D/C > 35 FULL WEEKS GESTATION AND APPROPRIATE FOR GESTATIONAL AGE
No
Yes
NOT ELIGIBLE FOR EARLY D/C (ED) D/C WHEN APNEA FREE X 1 WK. FEEDING BY NIPPLE, > 1800g. OTHER PROBLEMS RESOLVED OR STABLE. FOLLOW-UP AVAILABLE.
NEONATAL PROBLEMS RESOLVED
No
Yes
NOT ELIGIBLE FOR EARLY D/C (ED)
STABLE VITAL SIGNS FEEDING WELL STOOLING WELL, STOOLING, VOIDING, LABS WITHIN NORMAL LIMITS
No
Yes
NOT ELIGIBLE FOR EARLY D/C (ED)
FOLLOW-UP CARE BY A LICENSED MATERNITY AND NEWBORN HEALTH PROFESSIONAL (48-72 HRS)
No
Yes
NOT ELIGIBLE FOR EARLY D/C (ED)
ELIGIBLE FOR EARLY D/C (ED)
EARLY DISCHARGE

Recommendations for Preventive Pediatric Health Care

Committee on Practice and Ambulatory Medicine

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal. These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the Academy of Pediatrics. The Committee emphasizes the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. A prenatal visit is recommended for parents who are at high risk, for first time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance and pertinent medical history. Every infant should have a newborn evaluation after birth.

	INFANCY[3]								EARLY CHILDHOOD[3]					MIDDLE CHILDHOOD[3]					ADOLESCENCE[3]										
AGE	Newbo m[1]	2-4 days[2]	By 1 month	2 mos.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	24 mos.	3 yrs.	4 yrs.	5 yrs.	6 yrs.	8 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17 yrs.	18 yrs.	19 yrs.	20 yrs.	21 yrs.
History																													
Initial/Interval	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ
Measurements																													
Height and Weight	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ
Head Circumference	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ																		
Blood Pressure												Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ
Sensory Screening																													
Vision	S	S	S	S	S	S	S	S	S	S	S	O[5]	O	O	S	S	O	S	O	S	S	O	S	S	O	S	S	S
Hearing[8]	S/O	S	S	S	S	S	S	S	S	S	S	O	O	O	S	S	O	S	O	S	S	O	S	S	O	S	S	S
Developmental/ Behavioral Assessment	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ
Physical Examination	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ
Procedures - General[9]																													
Hereditary/Metabolic Screening[10]	——	——	Θ																										
Immunization[11]	——	——	——	Θ	Θ	Θ		——	——	——			——	——	——			——	——	——	——	——	——						
Lead Screening[12]							——																						
Hematocrit or Hemoglobin			——	——	——	——												——	——	——	——	13	——	——	——	——	——	——	——
Urinalysis														Θ				——	——	——	——	14	——	——	——	——	——	——	——
Procedures - Patients at Risk																													
Tuberculin Test[15]								3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Cholesterol Screening[16]											3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
STD Screening[17]																		3	3	3	3	3	3	3	3	3	3	3	3
Pelvic Exam[18]																		3	3	3	3	3	3	3	3	3	3	3	3
Anticipatory Guidance[19]	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ
Injury Prevention[20]	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ	Θ

1. Breastfeeding encouraged and instruction and support offered.
2. For newborns discharged in less than 48 hours after delivery.
3. Developmental, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
4. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
5. If the patient is uncooperative, rescreen within six months.
6. Some experts recommend objective appraisal of hearing in the newborn period. The Joint Committee on Infant Hearing has identified patients at significant risk for hearing loss. All children meeting these criteria should be objectively screened. See the Joint Committee on Infant Hearing 1994 Position Statement.
7. By history and appropriate physical examination, if suspicious, by specific objective developmental testing.
8. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
9. These may be modified, depending upon entry point into schedule and individualized need.
10. Metabolic screening (e.g. thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
11. Schedule(s) per the Committee on Infectious Diseases, published periodically in *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.
12. Blood lead screen per AAP statement "Lead Poisoning: From Screening to Primary Prevention" (1993)
13. All menstruating adolescents should be screened.
14. Conduct dipstick urinalysis for leukocytes for male and female adolescents.
15. TB testing per AAP statement "Screening for Tuberculosis in Infants and Children" (1994) Testing should be done upon recognition of high risk factors. If results are negative but high risk situation continues, testing should be repeated on an annual basis.
16. Cholesterol screening for high risk patients per AAP "Statement on Cholesterol" (1992). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
17. All sexually active patients should be screened for sexually transmitted diseases (STDs).
18. All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years
19. Appropriate discussion and counseling should be an integral part of each visit for care
20. From birth to age 12, refer to AAP's injury prevention program (TIPP®) as described in "A Guide to Safety Counseling in Office Practice" (1994).
21. Earlier initial dental evaluations may be appropriate for some children. Subsequent examinations as prescribe by dentist

Θ = to be performed ȝ = to be performed for patients at risk S = subjective, by history O = objective, by a standard testing method —— = the range during which a service may be provided, with the dot indicating the preferred age

Special chemical, immunologic, and endocrine testing is usually carried out upon specific indications. Testing other than newborn (e.g. inborn errors of metabolism, sickle disease, etc.) is discretionary with the physician

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