



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Center for Quality Assurance and Control
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Circular Letter: DHCQ 06-12-469

TO: Hospital Chief Executive Officers

FROM: Paul I. Dreyer, Ph.D., Associate Commissioner, Center for Quality Assurance and Control

RE: Maternal and Newborn Service Designation

DATE: December 6, 2006

Enclosed are an application and related documents for designation of the hospital's Maternal and Newborn Service. The Department of Public Health amended Maternal Newborn Service regulations under 105 CMR 130.000, *Hospital Licensure*, effective March 10, 2006. A copy of the amended regulations and other information was mailed to the hospital with Circular Letter DHCQ: 06-6-461, dated June 20, 2006.*

The amendments update, clarify and strengthen current sections of the regulations regarding requirements for hospital maternal and newborn care and standardize the definitions and service requirements for the various levels of care. The amendments incorporate the principles of national recommendations of care modified to the Massachusetts health care system and recognize advances in clinical practice that support quality of care. The amendments are consistent with the Department's goal to ensure that mothers, newborns and their families have access to and receive quality care. The amendments represent the collaborative efforts of the Department's Center for Community Health and Center for Quality Assurance and Control.

At this time we request that you complete the following documents in preparation for designation of the Maternal and Newborn Service:

1. An Application for Maternal and Newborn Service Designation
2. A Maternal and Newborn Service Pre-survey Questionnaire
3. A Maternal and Newborn Service Licensed Bed Capacity Form

If the hospital has multiple campuses and plans to provide Maternal and Newborn Services at more than one campus, complete all three forms for each location.

Please return the completed Application, Pre-survey Questionnaire, and Licensed Bed Capacity Form to the Department of Public Health by December 29, 2006. Mail the documents to:

Mr. Dennis Corbett
Massachusetts Department of Public Health
Division of Health Care Quality
99 Chauncy Street, 2nd Floor
Boston, MA 02111

Following receipt and review of the completed application a Department representative will contact the hospital to review the application and/or schedule an on-site visit, as applicable.

If you have general questions regarding this correspondence please contact Mr. Dennis Corbett or Ms. Gail Palmeri at 617-753-8000. For assistance with the questionnaire or interpretation of regulations please call or email gail.palmeri@state.ma.us or email anne.dematteis@state.ma.us .

*Circular Letter DHCQ: 06-6-461 and the amended Maternal and Newborn Service regulations are available on the Department of Public Health, Division of Health Care Quality website. The URL address for the Division's home page is: <http://www.mass.gov/dph/dhcq>