DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality

Ref: QSO-26-07-Hospitals/CAHs

DATE: March 27, 2026

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Interpretive Guidance for Hospital and Critical Access Hospital Emergency Services Protocols and Training - Obstetrical Services Conditions of Participation

Memorandum Summary

The Centers for Medicare & Medicaid Services is releasing interpretive guidance for hospital and Critical Access Hospital (CAH) requirements for emergency services protocols and provisions, with particular emphasis on emergency responses to obstetrical emergencies, to align with the obstetrical services Conditions of Participation (CoPs) implementation as of July 1, 2025, and assists surveyors in evaluating compliance with regulatory requirements for emergency patient care.

Background:

The obstetrical services CoPs for hospitals and CAHs were codified in the FY 25 Outpatient Prospective Payment and Ambulatory Surgical Center Payment System Final Rule to establish specific obstetrical services health and safety standards due to the complex care needs and critical risks that maternal and neonatal health patients may potentially experience. Among other things, the Final Rule also revised the CoPs related to emergency readiness for hospitals and CAHs that provide emergency services to improve facility readiness in caring for emergency services' patients, including pregnant, birthing, and post-partum patients.

The revised regulations focus on establishing consistent standards for providing safe, quality care for all emergencies, with particular emphasis on obstetrical emergencies, complications, and immediate post-delivery care and on ensuring that the necessary protocols, staffing, and resources are in place to protect all patients during emergency care. For obstetrical services specifically, this includes protecting women and newborns during labor, delivery, and post-partum care emergencies.

In accordance with the complexity and scope of services offered, hospitals and CAHs must have adequate provisions and protocols to meet the emergency needs of patients, including but not

limited to obstetric complications, such as hemorrhage, eclampsia, emergency cesarean sections, and neonatal resuscitation. Emergency services readiness requirements ensure that facilities can respond appropriately to any emergency condition while maintaining specialized capabilities for obstetrical emergencies that are consistent with the national guidelines for maternal and neonatal healthcare. These standards ensure that evidence-based practices are applied to significantly reduce morbidity and mortality for all emergency patients, with enhanced protection for maternal and neonatal patients who face unique risks.

The regulations establish standards for emergency care across all patient populations and are designed to reduce the risk of preventable complications or adverse outcomes through comprehensive emergency services protocols.

Discussion:

This interpretive guidance addresses emergency services readiness for all patients regardless of whether the hospital or CAH provides specialty services such as obstetrical services. The guidance covers:

- Protocols for emergency conditions, including obstetrical complications [new for CAHs at § 485.618(e)(1) and hospitals at § 482.55(c)(1)]
- Provisions (e.g., equipment, supplies, and medication) used in the care and treatment of emergency cases [new for hospitals at § 482.55(c)(2); already present for CAHs at § 485.618(b)-(c)]

The survey procedures when determining compliance for hospitals and CAHs were updated to incorporate the following:

1. **Emergency Protocols:** Verification that facilities have protocols consistent with nationally recognized and evidence-based guidelines for all emergencies, including obstetrical emergencies.
2. **Provisions:** Ensure availability of adequate provisions, such as equipment, supplies and medications to meet the emergency needs of patients, in accordance with complexity and scope of the services offered by the facility.
3. **Documentation:** Review of policies, procedures, and patient care documentation related to emergency care, including obstetrical emergencies, complications, and immediate post-delivery care, to ensure that the emergency needs of patients have been met.

Contact:

For questions or concerns relating to this memorandum, please contact QSOG_Hospital@cms.hhs.gov.

Effective Date:

Immediately. Please communicate to all appropriate staff within 30 days.

/s/

Karen L. Tritz
Director, Survey & Operations Group

Melissa C. Daly
Acting Director, Quality, Safety & Oversight Group

Attachment – Advance Copy of Updates to Appendices W and A

Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid. Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care.*

See the Quality, Safety, & Education Portal Training Catalog, and select Quality in Focus

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§485.618(e) Standard: Emergency services readiness. Effective July 1, 2025, in accordance with the complexity and scope of services offered, there must be adequate provisions (as required under paragraphs (b) and (c) of this section) and protocols to meet the emergency needs of patients.

(1) Protocols. Protocols must be consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate post-delivery care.

Interpretive Guidance §485.618(e)(1)

The CAH must develop protocols to respond quickly and efficiently to emergencies for its patient population. The protocols must be based on nationally recognized and evidence-based practice for managing medical, surgical, and obstetrical emergencies, including but not limited to complications during labor, delivery, and the immediate post-delivery period. There are various professional organizations used to develop nationally recognized guidelines for the management of medical and surgical emergencies, such as American College of Emergency Physicians (ACEP), Advanced Trauma Life Support (ATLS), and American Heart Association (AHA) that can be considered. Examples of medical and/or surgical emergencies may include, but are not limited to:

- *Cardiac arrest*
- *Stroke*
- *Trauma (including pediatric trauma)*
- *Sepsis*
- *Respiratory distress*

Additionally, there are other professional organizations specializing in obstetrics and fetal medicine, such as the American College of Obstetricians and Gynecologists (ACOG) or Society of Fetal Medicine (SFM), and the American Academy of Pediatrics (AAP), for neonatal emergencies that may be used as nationally recognized guidelines for the management of obstetrical emergencies. Examples of such emergencies may include, but are not limited to:

- *Obstetric complications (e.g., hemorrhage, preeclampsia, uterine rupture)*
- *Neonatal resuscitation and other newborn care emergencies*
- *Obstetric emergencies during labor and delivery, such as shoulder dystocia, cord prolapse, emergency cesarean delivery, etc.*
- *Postpartum care and complications*
- *Any other medical emergencies that could arise in the obstetrics unit*

CAHs should have all protocols developed and approved by the medical staff and governing body, as with any other policies and protocols adopted by the CAH per § 485.627(a) and §

485.635(a). *The protocols should be reviewed and updated according to CAH policy and national standards of practice to reflect the most current and relevant practices in emergency care for all patients, taking into account the scope and complexity of the services provided. All policies and protocols should be readily available to all staff responding to medical and surgical emergencies, including obstetrical emergencies.*

In addition to developing protocols for emergency response to medical and surgical emergencies, including obstetrical emergencies, complications, and immediate post-delivery care, the CAH must ensure that adequate provisions, such as medical supplies, equipment, medications, and blood products are available to meet the needs of the patient experiencing an emergency condition as described in 42 CFR § 485.618(b) *and* 42 CFR § 485.618(c). *This includes, but is not limited to, medical, surgical, or obstetrical emergencies, and is utilized in a manner consistent with the CAH's protocol based on nationally recognized standards of practice and evidence-based guidelines, The emergency response protocols should also identify the roles and responsibilities of staff during emergencies and specify the required actions to ensure appropriate and timely responses to deliver safe quality patient care.*

Survey Procedures §485.618(e)(1)

To assess compliance with this regulation, surveyors should focus on the following key elements:

1) *Identify if the protocol contains the required elements in the regulation.*
2) *Identify if the protocols are implemented and used as intended to meet the emergency needs of patients, as required.*
3) *Identify if the facility had adequate provisions to meet the emergency needs of patients, as required.*

If any of these three elements are not met, that would constitute noncompliance.

- *To assess compliance with key element number 1: Review the protocols to verify the CAH has written emergency protocols for: medical emergencies (e.g., stroke, cardiac arrest), surgical emergencies (e.g., trauma, hemorrhage), obstetrical emergencies and complications (e.g., eclampsia, shoulder dystocia), and immediate post-delivery care (e.g., neonatal resuscitation).*

- *Review the protocols to ensure they identify the condition or emergency type addressed and reflect the most current version of the nationally recognized standard or evidence-based guideline used (e.g., ACOG, ACEP, AHA).*

- *Verify that protocols are reviewed and updated according to CAH policy to reflect the current evidence-based guideline or standard of practice and have been formally approved by the governing body and medical staff.*

- *Interview a sample of clinical staff (e.g., ED nurses, providers, OB staff) to assess their awareness of the emergency protocols and their ability to access protocols during emergencies (paper, electronic, binder, etc.).*

To assess compliance with key elements numbers 2 and 3:

- *If available, review a sample of five (5) patient records involving emergency care to ensure CAH staff utilized the appropriate protocols during the emergency and if not, interview staff to identify why the protocol was not utilized.*

    - *Review the medical record of these patients to determine:*
        - *Was the facility's emergency protocol followed (key element #2)?*
        - *Did the facility have adequate provisions to meet the emergency needs of patients (key element #3). For example, were there delays in the provision of services that led to a decline in condition or adverse events?*
    - *Interview clinical staff to determine how the protocol was implemented in the emergency and does the medical record reflect that the protocol was followed?*

******Surveyors should avoid evaluating clinical judgment; focus on documentation and protocol alignment.***

- *Observe emergency care areas (e.g., ED, OB/triage, trauma room, nursery) for:*
    - *Availability of required emergency equipment and medications in accordance with CAH protocols.*
    - *Emergency kits (e.g., OB hemorrhage carts, imminent birth carts, neonatal resuscitation stations) should be clearly labeled, stocked, and accessible.*
    - *Medications are not expired.*
    - *Equipment is inspected and maintained per policy.*

- *Ask clinical staff to demonstrate or explain:*
    - *Use of specific emergency equipment (e.g., suction, defibrillator, neonatal warmer).*
    - *Step-by-step response to an emergency condition using the applicable protocol (e.g., postpartum hemorrhage).*
    - *The process for escalation and transfer, if the emergency exceeds CAH capabilities.*

- *If necessary equipment, supplies, or related items are unavailable, non-functional, or staff cannot demonstrate or explain their use in an emergency, the CAH cannot meet the patient's emergency needs. Adequate provision requires equipment, supplies, medication, and personnel to address patient needs during emergencies. The absence of any of these components constitutes noncompliance.*

A-1114
(Rev.)

482.55(c) Standard: Emergency services readiness. Effective July 1, 2025, in accordance with the complexity and scope of services offered, there must be adequate provisions and protocols to meet the emergency needs of patients.

(1) Protocols. Protocols must be consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate post-delivery care.

Interpretive Guidance §482.55(c)(1)

The hospital must develop protocols to respond quickly and efficiently to emergencies based on the scope and complexity of its patient population. The protocols must be based on nationally recognized and evidence-based practice for managing medical, surgical, and obstetrical emergencies, including but not limited to complications during labor, delivery, and the immediate post-delivery period. There are various professional organizations used to develop nationally recognized guidelines for the management of medical and surgical emergencies, such as American College of Emergency Physicians (ACEP), Advanced Trauma Life Support (ATLS), and American Heart Association (AHA) that can be considered. Examples of medical and/or surgical emergencies may include, but are not limited to:

- *Cardiac arrest*
- *Stroke*
- *Trauma (including pediatric trauma)*
- *Sepsis*
- *Respiratory distress*

Additionally, there are other professional organizations, specializing in obstetrics and fetal medicine, such as the American College of Obstetricians and Gynecologists (ACOG) or Society of Fetal Medicine (SFM), and American Academy of Pediatrics (AAP), for neonatal emergencies that may be used as nationally recognized guidelines for the management of obstetrical emergencies. Examples of such emergencies may include, but are not limited to:

- *Obstetric complications (e.g., hemorrhage, preeclampsia, uterine rupture)*
- *Neonatal resuscitation and other newborn care emergencies*
- *Obstetric emergencies during labor and delivery such as shoulder dystocia, cord prolapse, emergency cesarean delivery, etc.*
- *Postpartum care and complications*
- *Any other medical emergencies that could arise in the obstetrics unit*

Hospitals are expected to have all protocols developed and approved by the medical staff and governing body, as with any other policies and protocols adopted by the hospital per §482.12.

The protocols should be reviewed and updated regularly to reflect the most current and relevant practices in emergency care for all patients, considering the scope and complexity of the services provided. All policies and protocols are expected to be readily available to all staff responding to medical, surgical, and obstetrical emergencies.

Survey Procedures §482.55(c)(1)

To assess compliance with this regulation, surveyors should focus on the following key elements:

1) *Identify if the protocol contains the required elements in the regulation.*
2) *Identify if the protocols are implemented as intended to meet the emergency needs of patients, as required.*
3) *Identify if the facility had adequate provisions to meet the emergency needs of patients, as required.*

If any of these three elements are not met, that would constitute noncompliance.

- *To assess compliance with key element number 1: Review the protocols to verify the hospital has written emergency protocols for: medical emergencies (e.g., stroke, cardiac arrest), surgical emergencies (e.g., trauma, hemorrhage), obstetrical emergencies and complications (e.g., eclampsia, shoulder dystocia), and immediate post-delivery care (e.g., neonatal resuscitation).*

- *Review the protocols to ensure they identify the condition or emergency type addressed and reflect the most current version of the nationally recognized standard or evidence-based guideline used (e.g., ACOG, ACEP, AHA).*

- *Verify that protocols are regularly reviewed and updated according to hospital policy to reflect the current evidence-based guideline or standard of practice and have been formally approved by the governing body and medical staff.*

- *Interview a sample of clinical staff (e.g., ED nurses, providers, OB staff) to assess their awareness of the emergency protocols and their ability to access protocols during emergencies (paper, electronic, binder, etc.).*

To assess compliance with key elements numbers 2 and 3:

- *If available, review a sample of five (5) patient records involving emergency care (medical, surgical, obstetrical) and include any adverse events. Review the hospital's evidence for the use of appropriate protocols during the emergency, documentation of why a protocol was or was not followed, and the rationale.*
    - *Review the medical record of these patients to determine:*
        - *Was the facility's emergency protocol followed (key element #2)?*
        - *Did the facility have adequate provisions to meet the emergency needs of patients (key element #3). For example, were there delays in the provision of services that led to a decline in condition or adverse events?*
    - *Interview clinical staff to explain how the protocol was implemented in the emergency and do the actions of the staff documented in the medical record align with the established protocol.*

******Surveyors should avoid evaluating clinical judgment; focus on documentation and protocol alignment.***

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482.55(c)(2) Provisions. Provisions include equipment, supplies, and medication used in treating emergency cases. Such provisions must be kept at the hospital and be readily available for treating emergency cases to meet the needs of patients. The available provisions must include the following:

(i) Drugs, blood and blood products, and biologicals commonly used in life-saving procedures;

(ii) Equipment and supplies commonly used in life-saving procedures; and

(iii) Each emergency services treatment area must have a call-in-system for each patient.

Interpretive Guidance §482.55(c)(2)(i),(ii), and (iii)

The hospital is required to have the appropriate emergency supplies, equipment, medications, blood and blood products, and biologicals readily available for all patients in the event of a medical, surgical, or obstetrical emergency, complications, and immediate post-delivery care following their approved protocols developed for the scope and complexity of their services offered and to meet the emergency needs of their patient population.

The hospital must have access to and have readily available the following:

- *Drugs, blood, and blood products commonly used in life-saving procedures:*
    - *Medications serve as an integral part of emergency medical procedures. For example, certain medications may be required to stabilize a patient (e.g., pain management, anticoagulants, electrolytes such as magnesium, or vasopressors to maintain blood pressure). Blood and blood products such as plasma, platelets, or red blood cells may be necessary in emergencies like surgery or cases of severe bleeding. Biologicals generally refer to vaccines, immunoglobulins, and other biologically derived substances to treat a life-threatening emergency immediately, such as allergic reactions, conditions affecting the immune system, etc. More specifically for obstetric emergencies, biologicals can be necessary to manage various emergencies, such as hemorrhage, preterm labor, Rh isoimmunization, and coagulation disorders, helping to improve maternal and fetal outcomes.*

    - *Based on their approved protocols in alignment with their complexity and scope of services offered and population served, hospitals are expected to maintain an adequate supply of blood at the hospital to respond to an emergency.*

- *Equipment and supplies commonly used in life-saving procedures:*
    - *Medical devices such as ventilators, defibrillators, ECG monitors, oxygen supply systems, infusion pumps, and other tools may be necessary for performing life-saving procedures to protect the life of the patient. Additional specialized equipment may be needed based on the emergency conditions. Hospitals are expected to rely on national guidelines and evidence-based practice standards to identify which equipment and supplies are needed to treat medical, surgical, or obstetrical emergencies, complications and immediate post-delivery care for their patients.*

        The hospital should make sure that the emergency equipment is always readily available and stored properly, as emergency responses are time-sensitive and patient outcomes depend on an urgent and appropriate response.

- *Emergency Call-In Systems*
    - *The hospital is required to provide an emergency call system in the emergency services patient treatment area to allow all patients to communicate with staff at any time. The call-in system may include a nurse call button or intercom, or could be a more elaborate patient monitoring system with communication capabilities that allow patients to summon assistance promptly. This system should allow each patient in the emergency services treatment area to easily alert staff for medical attention, pain management, or any other urgent needs. The call-in system should be readily accessible to each patient so that no patient is left unattended and can receive immediate care if their condition worsens, even those with limited mobility or impairments.*
    - *Additionally, this system could be a way for healthcare staff to alert each other about the patient's status, provide instructions, or summon additional resources (e.g., if more staff are needed or if a particular piece of equipment needs to be brought in quickly). The call-in system may also include alert systems (visual or audible) to notify staff of emergencies in different parts of the facility.*

Survey Procedures §482.55(c)(2)(i), (ii), and (iii)

- *Observe emergency care areas (ED, OB/triage, trauma room, nursery) for:*
    - *Availability of required emergency equipment, supplies and medications in accordance with hospital protocols.*
    - *Emergency kits (e.g., OB hemorrhage carts, neonatal resuscitation stations) are clearly labeled, stocked, and accessible.*
    - *Medications are not expired.*
    - *Equipment is inspected and maintained per policy.*

- *Ask clinical staff to demonstrate or explain:*
    - *Use of specific emergency equipment (e.g., suction, defibrillator, neonatal warmer).*
    - *Step-by-step response to an emergency condition using the applicable protocol (e.g., postpartum hemorrhage).*
    - *The process for escalation and transfer, if the emergency exceeds hospital capabilities.*

- *If equipment, supplies, or related items are unavailable, non-functional, or staff cannot demonstrate or explain their use in an emergency, the hospital cannot meet the patient's emergency needs. Provisions require equipment, supplies, and personnel to address patients' needs during emergencies. The absence of any of these components constitutes noncompliance.*

- *Verify the call-in system used by the hospital, is functioning properly and patients always have access to the system in a manner that meets their needs. In the event the call-in system is not functional, what process does the hospital have in place to ensure that patients can call for help when needed?*

If there is not a functional call-in system or the hospital does not have a process in place to ensure that each patient can call for help when needed, there is non-compliance.