

West Virginia Perinatal Partnership

Minimum Criteria for Level I Perinatal Facilities, Programs and services

Definition and Functions of Level I Perinatal Facilities:

Level I Hospitals provide basic inpatient care for term pregnant women and newborns ≥ 35 weeks gestation without complications; manage perinatal emergencies, including neonatal resuscitation; provide leadership in early risk identification before and after birth; seek consultation or referral for high-risk patients; and provide public and professional education. Level I Hospitals have a family-centered philosophy regarding sibling visitation. Parents have access to their newborns 24-hours a day within all functional units and are encouraged to participate in the care of their newborns. Generally, parents can be with their newborns in the mother's room. Noninfectious siblings may visit in the mother's room or in a designated space. (*Guidelines for Perinatal Care*, Sixth Edition, 2007.).

Obstetric Staffing	Level I	My Facility
I. Obstetrical-Fetal Staffing Components	≥ 35 weeks	
a. Physician Staff		
1. Physician responsible for unit administration	Board Certified/Eligible Obstetrician or Family Practitioner Required	
2. Board Certified/Eligible Family Practitioner	2. or 3. required	
3. Board Certified/Eligible Obstetrician	2. or 3. required	
b. Other physician on staff		
1. General Surgeon	Recommended	
2. Internist	Recommended	
3. Anesthesiologist	Recommended	
4. Pathologist	Consultative Services Required	
5. Radiologist	Consultative Services Required	
c. Nursing Staff		
1. Nurse responsible for unit administration (supervisor). One nurse may have responsibility for both obstetrical and neonatal services in some.	RN with demonstrated competence in Obstetrics	
2. Nurse/Patient Ratio for Labor and delivery capable of FHR monitoring all shifts		
1) Uncomplicated Patients	Refer to Appendix I	Complete Appendix I Worksheet
2) High risk Patients		
3) Postpartum patients (Uncomplicated with central nursery)		
4) Uncomplicated with couplet care		
5) High risk (antepartum & postpartum care)		

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Obstetric Staffing	Level I	My Facility
d. Social Work – Provision of services	Recommended	
e. Nutrition – Provision of services	Recommended (RD)	

Obstetric Capabilities and Services	Level I	My Facility
I. Obstetric- Fetal Components	≥ 35 weeks	
1. Perinatal care for uncomplicated obstetric and fetal patients	Required	
2. Risk assessment of all patients admitted to the obstetric service with an established triage system for identifying high-risk patients who should be transferred to a facility that provides Level II or higher care, prior to delivery	Required	
3. Emergency Capability	Required	
a. Provide proper detection and supportive care of unanticipated maternal-fetal problems that occur during labor and delivery	Required	
b. Personnel qualified to manage obstetric and newborn emergencies	Required	
c. At least one Certified NRP person capable of <u>initiating resuscitation</u> in every delivery who can be immediately available to the baby as his/her only responsibility.	Required	
d. A person with skills required for performing complete resuscitation, including endotracheal intubation and administration of medications is immediately available for all deliveries.	Required	
e. Begin emergency cesarean sections within 30 minutes after the decision to do the operation has been made	Required	
f. Provide transfusions of blood and fresh frozen plasma on a 24-hour basis	Required	
g. Pharmacy services available	Required	
4. Anesthesia services available,	Required On Call 24 H/day	
5. Radiology services (technician)	Required On Call 24 H/day	
6. Clinical laboratory services on a 24-hour basis	Required On Call 24 H/day	
7. Continuous electronic fetal heart-rate monitoring capability	Required	
8. Other medical services		
a. General Surgery	Recommended	
b. Internal Medicine	Recommended	
c. Pathology	Consultative Services	

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Obstetric Capabilities and Services	Level I	My Facility
	Required	
d. Infection control	Required	
e. Radiology	Required	
9. Other services available for Obstetric Patients		
a. Respiratory Therapy	Required	
b. Laboratory Services	Refer to Appendix 2	Complete Appendix 2 Worksheet
c. Lactation support services	Highly Recommended	
d. Diagnostic and evaluative techniques		
i. Antenatal fetal testing (NST, OCT, Biophysical Profile)	Recommended	
ii. Antenatal fetal lung maturity evaluations	Recommended	
iii. Diagnostic Ultrasound	Recommended	
1. Mechanisms for obtaining in-home nursing services		

Obstetric Written Protocols/Policies/Procedures/Quality Improvement	Level I	My Facility
I. Obstetrical Components		
1 Criteria for risk assessment	Required	
2 Criteria for consult/transport/referral	Required	
3 Family-centered culturally sensitive care	Required	
4 Breastfeeding policy includes all of the following a. Initiate breastfeeding within the first hour afterbirth. b. Avoid giving infants fluids or solids other than breast milk unless medically necessary. c. Promote 24-hour rooming-in, encouraging the family to recognize and respond to infant's cues. d. Do not use a pacifier or artificial nipple with infants during the hospital stay. <u>e.</u> Give mothers a telephone number to call for help with breastfeeding.		
5 Early discharge arrangement Criteria of practice of allied health professionals (e.g., nurse midwife, nurse practitioner, nurse anesthetist)	Required	
6 Criteria for practice credentials and consults for attending physicians	Required	
7 Quality Assurance/Clinical Outcomes Review Program	Required	
8 Review of <u>elective</u> deliveries prior to 39 weeks without laboratory evidence of fetal lung maturity	Required	

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Data Collection Quality improvement Obstetrical and Neonatal		
1. Perform data collection and retrieval	Required	
2. Multi-disciplinary continuous quality improvement programs for improving maternal and neonatal health outcomes.	Required	
3. internal perinatal case reviews which include all maternal, fetal, and neonatal deaths, as well as all maternal and neonatal transports	Required	
4. multi-disciplinary forums, periodically review the performance of the perinatal program, including trends, all deaths, all transfers, all very low birth weight infants, problem identification Required and solution, issues identified from the quality management process, and systems issue	Required	

Obstetric Equipment	Level I	My Facility
I. Obstetrical-Fetal Equipment Components		
<p>Comprehensive obstetric and neonatal care can be provided to the low-risk and the high-risk mother, infant and the family in a single room. A homelike, family-centered environment with the capability for providing high-risk care is a key design criterion for both the labor/delivery/recovery (LDR) and labor/delivery/recovery/postpartum (LDRP) rooms. Each room is equipped for all types of delivery except cesarean deliveries or those that may require general anesthesia During the labor, delivery, and recovery phases, care can be provided in an LDR room or can be extended to include the postpartum period in an LDRP room. Nurses providing care in combined units are knowledgeable in antepartum care, labor and delivery, postpartum care, and neonatal care, making the use of staff cost-effective and increasing the continuity and quality of care. (<i>Guidelines for Perinatal Care</i>, Sixth Edition, 2007.).</p>		
Labor (Labor and delivery rooms may be combined as birthing rooms)		
Areas used for women in labor are equipped with the following components:	Required	
1. Adequate space for support persons, personnel, and equipment	Required	
2. Adequate ventilation and temperature control	Required	
3. A labor or birthing bed	Required	
4. A storage area for the patient's clothing and personal belongings	Required	
5. Adjustable lighting that is pleasant for the patient and adequate for examinations	Required	
6. An emergency signal and an intercommunication system	Required	
7. A sphygmomanometer and stethoscope	Required	
8. Mechanical infusion equipment	Required	
9. Fetal monitoring equipment	Required	
10. Oxygen and suction outlets	Required	
11. Access to at least one shower for use of labor patients	Required	

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Obstetric Equipment	Level I	My Facility
12. Storage facilities for supplies and equipment	Required	
Delivery Rooms		
1. Delivery/operating table or birthing bed that allows variation in position for delivery	Required	
2. Instrument table and solution basin stand	Required	
3. Instruments and equipment for vaginal delivery, repair of laceration, cesarean delivery, and the management of obstetric emergencies	Required	
4. Solutions and equipment for the intravenous administration of fluids	Required	
5. Equipment for administration of all types of anesthesia, including equipment for emergency resuscitation of the mother	Required	
6. Individual oxygen, air, and suction outlets for mother and neonate	Required	
7. An emergency call system	Required	
8. Mirrors for patients to observe the birth	Required	
9. Wall clock with a second hand	Required	
10. Equipment for fetal heart rate monitoring	Required	
11. Scrub sinks	Required	
12. Obstetric ultrasound equipment available to the labor and delivery rooms	Required	
1. Blood glucose monitor	Required	
2. Gavage feeding equipment	Required	

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Neonatal Staffing	Level I	My Facility
II. Neonatal Staffing Components	≥ 35 weeks	
a. Physician Staff Well Newborn Nursery		
1. Physician responsible for unit administration	Board Certified/Eligible Pediatrician or Family Practitioner Required	
2. Board Certified/Eligible Family Practitioner	2. or 3. required	
3. Board Certified/Eligible Pediatrician		
4. Board Certified/Eligible Neonatologist		
b. Other physician on staff		
1. Pathologist	Required	
2. Radiologist	Required	
c. Nursing Staff		
1. Nurse responsible for unit administration (supervisor). One nurse may have responsibility for both obstetrical and neonatal services in some.	RN with demonstrated competence in Obstetrics	
2. Staff Nurses	Demonstrated and documented competency in the care of well and sick newborns. Require	
3. Staff per shift	Refer to Appendix I	Refer to Appendix I Worksheet
d. Social Work – Provision of services	Recommended	
e. Nutrition – Provision of services	Recommended (RD)	

Neonatal Capabilities and Services	Level I	My Facility
II. Neonatal Components	≥ 35 weeks	
2. Neonatal care for uncomplicated obstetric and fetal patients	Required	
3. Transitional Newborn Care	Required	
4. Parent education program	Required	
5. Emergency Capability	Required	

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Neonatal Capabilities and Services	Level I	My Facility
a. Neonatal resuscitation capability per NRP guidelines	Required	
b. Personnel qualified to manage newborn emergencies	Required	
c. Certified NRP personnel capable of initiating resuscitation in every delivery who can be immediately available to the baby as his or her only responsibility.	Required	
d. A person with skills required to perform complete resuscitation, including endotracheal intubation and administration of medications is immediately available for all deliveries.	Required	
e. Ability to stabilize all neonates including unexpectedly small or sick neonates before transfer to a Level III Perinatal Center	Required	
f. Arrangement for transport	Required	
g. Provide transfusions of blood and fresh frozen plasma on a 24-hour basis	Required	
h. Radiology services (technician)	Required	
i. Clinical laboratory services (technician) on a 24-hour basis	Required	
6. Respiratory Therapy Services	Required	
7. Pathology	Consultative Services Required	
8. Radiology	Consultative Services Required	
9. Evaluate the condition of healthy neonates and their continuing care until discharge	Required	
10. Have a defined relationship with a Level III Perinatal Center either in West Virginia or a contiguous state	Required	
11. Mechanisms for obtaining in-home nursing services	Required	

Neonatal Written Protocols/Policies/Procedures/Quality Improvement	Level I	My Facility
II. Neonatal Components	Required	
1. Criteria for risk assessment	Required	
2. Criteria for consult/transport/referral	Required	
3. Family-centered culturally sensitive care	Required	
4. Breastfeeding: Low-risk newborns remain with their mothers until the first breastfeeding is completed. Necessary infant care is completed at mothers' bedsides. Infants delivered by cesarean section are brought to their mothers within		

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an hour of birth or within 30 minutes of completion of surgery if mother is awake.		
4-5. Initial evaluation of newborn by physician	Required	
5-6. Stabilization (transitional care) of newborn	Required	
6-7. Ongoing care of newborn	Required	
7-8. Discharge Planning	Required	
8-9. Criteria for practice of allied health professionals (e.g., nurse practitioners)	Required	
9-10. Criteria for practice credentials and consults for attending physicians	Required	
10-11. Infant Abduction Policy	Required	
Data Collection Quality improvement Obstetrical and Neonatal		
5. Perform data collection and retrieval	Required	
6. Multi-disciplinary continuous quality improvement programs for improving maternal and neonatal health outcomes.	Required	
7. internal perinatal case reviews which include all maternal, fetal, and neonatal deaths, as well as all maternal and neonatal transports	Required	
8. multi-disciplinary forums, periodically review the performance of the perinatal program, including trends, all deaths, all transfers, all very low birth weight infants, problem identification Required and solution, issues identified from the quality management process, and systems issue	Required	

Neonatal Equipment	Level I	My Facility
Neonatal Functional Units		
Resuscitation/Stabilization		
A resuscitation and stabilization bed should be available in the immediate area of delivery for those neonates who require it. Contingent upon their condition, neonates are moved from this area to the nursery for admission and stabilization and/or transfer to a Level III Perinatal Center.		
The resuscitation area contains the following items:		
3. Overhead source of radiant heat that can be regulated based on the infant's temperature - radiant warmers with accommodations for X-ray capabilities are recommended	Required	
4. Thin resuscitation/examination mattress that allows access on three sides	Required	
5. Wall clock (Apgar timer is beneficial)	Required	
6. Equipment and medications as recommended by the Neonatal Resuscitation Program. This includes a laryngoscope with infant-sized blades, endotracheal tubes, and resuscitation bags with masks for full-term and preterm neonates	Required	
7. Humidified oxygen, compressed air and suction sources that are separate from	Required	

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those for the mother		
8. Equipment for examination, immediate care, and identification of the neonate	Required	
9. Umbilical vessel catheter and insertion tray	Recommended	
10. Cardiac monitor	Recommended	
11. Pulse oximeter,	Required	
12. Phototherapy unit,	Required	
13. Doppler blood pressure for neonates	Required	
14. Blood glucose monitor	Required	
15. Gavage feeding equipment	Required	