

**West Virginia Perinatal Partnership
Summary of Levels of Hospital Care
General Information**

- Level I:** Level I institutions provide basic services for uncomplicated obstetric and newborn patients. Emphasis must be given to the early detection or recognition of the at-risk pregnant woman, fetus or newborn with appropriate consultation and referral of the obstetric or newborn patient to a more specialized institution for treatment. Emergency care must also be provided for unanticipated complications.
- Level II:** Level II institutions provide Level I services as well as specialty services for selected at-risk patients. A broader spectrum of other specialty care and services is available. Some obstetric and newborn patients with severe or unusual complications may, with consultation, require transfer to other institutions for more specialized care and services.
- Level IIA:** Resuscitate and stabilize preterm or ill infants prior to transfer to a facility that can provide appropriate level of neonatal care. Provide care for infants greater than or equal to 32 weeks and greater than or equal to 1500 grams. Provide care for infants convalescing after intensive care.
- Level IIB:** Level IIA capabilities and the additional capability to provide mechanical ventilation for brief periods (less than 24 hours) or continuous positive airway pressure.
- Level III:** Recent research has found that infant mortality is significantly higher among very low birthweight neonates (< 1500 grams) who are cared for in low volume, Level III neonatal units (i.e.: units that care for less than 100 infants <1500 grams)¹. Therefore the Perinatal Partnership recommends that Level III units in West Virginia are limited to those institutions that care for more than 100 very low birth weight babies per year. In addition to providing Level I and II services, Level III institutions provide comprehensive sub-specialty services for the large majority of high-risk obstetric and newborn patients, including the full range of prematurity and most neonatal surgical conditions involving the following:
- Comprehensive care for infants less than or equal to 28 weeks and less than or equal to 1000 grams.
 - Advanced respiratory care, high frequency and INO for as long as required.
 - Prompt and on-site access to a full range of pediatric medical sub specialists.
 - Advanced imaging with interpretation on an urgent basis.
 - Pediatric surgical specialists and anesthesiologists near-by or onsite to do major surgery (e.g. PDA ligation, repair of abdominal wall defects, NEC with perforation, TEF, spina bifida).
 - Ability to provide ECMO and repair of complex congenital cardiac malformations that require by-pass.

¹ Phibbs CS, Baker LC, Caughey AB, Danielsen B, Schmitt SK, Phibbs RH. **Level and volume of neonatal intensive care and mortality in very-low-birth-weight infants.** New Engl Journal Med. 2007 May 24; 356(21):2165-75.