

Neonatal Levels of Care Comparison Chart

Level	2004 Capabilities (<i>Guidelines for Perinatal Care, 6th Ed.</i>)	2012 Capabilities (<i>Guidelines for Perinatal Care, 7th Ed.</i>)
I	<ul style="list-style-type: none"> • Resuscitation and stabilization of all neonates born in the hospital • Evaluation and continuing care of healthy neonates in a nursery or with their mothers until discharge • Adequate nursery facilities and support of stabilization of small or ill neonates before transfer to a specialty or subspecialty facility • Consultation and transfer arrangements • Accommodations and policies that allow families, including their other children, to be together in the hospital following the birth of an infant • Data collection, storage, and retrieval • Quality improvement programs, including efforts to maximize patient safety 	<ul style="list-style-type: none"> • Provide neonatal resuscitation at every delivery • Evaluate and provide postnatal care to stable term newborn infants • Stabilize and provide care for infants born at 35-37 weeks of gestation who remain physiologically stable • Stabilize newborn infants who are ill and those born before 35 weeks of gestation until transfer to a higher level of care
II	<p>A. Provision of services described above</p> <ul style="list-style-type: none"> • Care of infants at or above 32 weeks gestation • Stabilization of severely ill newborns before transfer • Treatment of moderately ill, larger preterm and term newborns <p>B. Provision of services described above</p> <ul style="list-style-type: none"> • Additional capability to provide mechanical ventilation for up to 24 hours or continuous positive airway pressure 	<p>Level I capabilities plus:</p> <ul style="list-style-type: none"> • Provide care for infants born at 32 weeks of gestation or later weigh 1500 g or more who have physiologic immaturity or who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis • Provide care for infants convalescing after intensive care • Provide mechanical ventilation for brief duration (less than 24 hours) or continuous positive airway pressure or both • Stabilize infants born before 32 weeks of gestation and weigh less than 1500 g until transfer to a neonatal intensive care facility
III	<p>A. Provision of services described above</p> <ul style="list-style-type: none"> • Provide comprehensive care for infants born at more than 28 weeks of gestation and weighing more than 1000 g • Provide mechanical ventilation but not more advanced life support • Perform minor surgical procedures <p>B. Provision of services described above</p> <ul style="list-style-type: none"> • Comprehensive care for infants born at 28 weeks of gestation or less and weighing 1000 g or less • Advanced respiratory support, such as high-frequency ventilation and inhaled nitric oxide • Advanced imaging, with interpretation on an urgent basis, including compute tomography, magnetic resonance 	<p>Level II capabilities plus:</p> <ul style="list-style-type: none"> • Provide sustained life support • Provide comprehensive care for infants born before 32 weeks of gestation and weigh less than 1500 g and infants born at all gestational ages and birth weights with critical illness • Provide prompt and readily available access to a full range of pediatric medical subspecialists, pediatric surgical specialists, pediatric anesthesiologists, and pediatric ophthalmologists • Provide a full range of respiratory support that may include conventional ventilation and/or high-frequency ventilation and inhaled nitric oxide • Perform advanced imaging, with interpretation on an urgent basis, including computed tomography, magnetic resonance imaging, and

	<p>imaging, and echocardiography</p> <ul style="list-style-type: none"> • Prompt on-site access to a full range of pediatric medical subspecialists • Pediatric surgical subspecialists and pediatric anesthesiologists on site or at a closely related institution to perform major surgery 	echocardiography
	<p>C. Provision of services described above</p> <ul style="list-style-type: none"> • Extracorporeal life support • Open-heart surgery for repair of complex, congenital cardiac malformations 	
IV	Not used	<p>Level III capabilities plus:</p> <ul style="list-style-type: none"> • Located within an institution with the capability to provide surgical repair of complex congenital or acquired conditions • Maintain a full range of pediatric medical subspecialists, pediatric surgical specialists, and pediatric anesthesiologists at the site • Facilitate transport and provide outreach education