

## Neonatal Levels of Care Comparison Chart

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

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