



WAPC Levels of Care Initiative

Summary of Levels

In 2012, the AAP and ACOG revised the level of care designations (AAP and ACOG. *Guidelines for Perinatal Care*, 7th Edition. 2012). On February 22, 2013, the WAPC Executive Committee approved adopting the newly revised level of care designations. In February 2015, ACOG and the Society for Maternal-Fetal Medicine published a consensus statement on guidelines for levels of maternal care. The WAPC Executive Committee approved adoption of the guidelines on February 6, 2015.

Obstetric and neonatal services are now divided into Levels I, II, III, and IV. The tables below summarize the level of care capabilities of facilities offering obstetric and neonatal services.

Level	Obstetric Capabilities (ACOG, SMFM. Obstetric Care Consensus No. 2: Levels of Maternal Care. Obstet Gynecol. 2015;125(2):502-515.)
I	<ul style="list-style-type: none"> • Capability and equipment to provide low-risk maternal care and a readiness to initiate emergency procedures, and to facilitate transport to an acute care setting when necessary • Ability to establish formal transfer plans in partnership with a higher-level receiving facility • Data collection, storage, and retrieval • Ability to initiate education and quality improvement programs, and/or to collaborate with higher-level facilities to do so • Medical consultation available at all times • Ability to begin emergency Cesarean delivery • Available support services, including access to obstetric ultrasonography, laboratory testing, and blood bank supplies • Protocols and capabilities for massive transfusion, emergency release of blood products, and management of multiple component therapy
II	Level I capabilities plus: <ul style="list-style-type: none"> • Computed tomography scan and ideally magnetic resonance imaging with interpretation • Basic ultrasonographic imaging services for maternal and fetal assessment • Special equipment needed to accommodate the care and services needed for obese women
III	Level II capabilities plus: <ul style="list-style-type: none"> • Advanced imaging services available at all times • Ability to assist Level I and Level II centers with quality improvement and safety programs • Provide perinatal system leadership if acting as a regional center where Level IV facilities are not available • Medical and surgical ICUs accept pregnant women and have critical care providers onsite to collaborate actively with MFMs at all times • Appropriate equipment and personnel available onsite to ventilate and monitor women in labor and delivery until they can be safely transferred to the ICU
IV	Level III capabilities plus: <ul style="list-style-type: none"> • Onsite ICU care for obstetric patients • Onsite medical and surgical care of complex maternal conditions with the availability of critical care unit or ICU beds • Perinatal system leadership, including facilitation of maternal referral and transport, outreach education for facilities and health care providers in the region, and analysis and evaluation of regional data, including perinatal complications and outcomes and quality improvement

Level	Neonatal Capabilities (<i>Guidelines for Perinatal Care, 7th Ed.</i>)
I	<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>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>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 echocardiography
IV	<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

If you have any questions about the level of care designations or the self-assessment process, please contact WAPC staff at 608-285-5858 or wapc@perinatalweb.org.