



Wisconsin Association for Perinatal Care Levels of Care Self-Assessment Initiative

Level I Obstetric Services SUPPLEMENTAL

		Reference*	My facility
Level I obstetric services	Admit and care for patients ≥ 35 weeks gestation Care of women with uncomplicated pregnancies with the ability to detect, stabilize, and initiate management of unanticipated maternal, fetal, or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until patient can be transferred to a facility at which specialty maternal care is available.	Menard	Y N
A. Administration	Perinatal care programs at hospitals providing basic care should be coordinated jointly by the chiefs of the obstetric, pediatric, nursing, and midwifery services. Coordinators of perinatal care are responsible for developing policy, maintaining appropriate guidelines, and collaborating and consulting with professional staff of hospitals who provide specialty and subspecialty care in the region.	GPC 23	
1. Medical	Board certified/eligible obstetrician or family practitioner	GPC 24	
2. Nursing	Registered nurse with expertise in perinatal nursing care	Menard	Y N
B. Staffing			
1. Obstetric care	Qualified physician or certified nurse-midwife should attend all deliveries An obstetric provider with privileges to perform emergency Cesarean delivery available to attend all deliveries	GPC 24 Menard	 Y N
a. Certified nurse midwife (CNM)		GPC 10	
b. Family practitioner		GPC 10	
c. Obstetrician		GPC 10	
d. Other advanced practice registered nurse		GPC 10	
e. Other (please specify)		GPC 10	
2. Nursing	Continuous availability of adequate number of RNs with competence in level I care criteria and ability to stabilize and transfer high-risk women and newborns	Menard	Y N
a. See Appendix I for recommended staffing			
C. Services			
1. Obstetric components			
a. Perinatal care for uncomplicated obstetrical and fetal patients		GPC 10	
b. Risk assessment for all obstetric patients available and utilized		GPC 7	
c. Patient education programs		GPC 196	
d. Diagnostic and evaluative techniques			
1) Diagnostic ultrasound	Available on a 24 hour basis	GPC 10	

e.	Continuous electronic fetal monitoring capability			
f.	Emergency capability			
1)	Arrangement for transport		GPC 10	
2)	Blood typing, cross matching, and availability	Available on a 24 hour basis	GPC 34	
3)	Capabilities for massive transfusion, emergency release of blood products, and management of multiple component therapy		Menard	Y N
4)	Cesarean-section capability	Within an interval based on the timing that best incorporates maternal and fetal risks and benefits	GPC 10	
5)	Personnel qualified to manage obstetric emergencies		GPC 23	
2.	Other medical and surgical			
a.	Anesthesia (expertise in obstetric anesthesia)	Available on a 24 hour basis	GPC 24	
b.	General surgery			
c.	Internal medicine/Family Medicine			
d.	Pathology			
e.	Radiology	Available on a 24 hour basis	GPC 10	
3.	Support			
a.	Clinical laboratory services	Available on a 24 hour basis	GPC 10	
b.	Infection control	Required	GPC 34	
c.	Lactation support services	Required	GPC 34	
d.	Nutrition services			
e.	Pharmacy services			
f.	Radiology technicians	Available on a 24 hour basis	GPC 10, 34	
g.	Respiratory therapy			
h.	Social work			
i.	Translation support services			
j.	Ultrasound technicians	Available on a 24 hour basis	GPC 10	
D.	Education			
1.	In-service sessions covering diagnosis and management of perinatal emergencies, as well as the management of routine problems and family-centered care		GPC 35	
2.	Regularly scheduled multi-disciplinary conferences at which patient care issues are presented and discussed	Examples include quality committees for obstetric and pediatric services, discharge or follow-up planning groups, multidisciplinary rounds, case conferences, morbidity/mortality conferences, etc. (Conferences should include representatives from 2 or more disciplines.)	GPC 35	
E.	Quality assurance			
1.	Data collection, storage, and retrieval		GPC 10, 66	
2.	Initiation of quality improvement programs that include efforts to maximize patient safety		GPC 10, 66 Menard	Y N
3.	Coordinated quality improvement programs with receiving facilities	Strongly recommended		
F.	Policies, procedures, and protocols			

1. Admitting non-obstetric patients to the obstetric unit		GPC 39	
2. Approach and management of VBAC per ACOG			
3. Formal arrangement for transfer to receiving hospital		GPC 79	
4. Policies and procedures for timely transport, including required communication		Menard	Y N
5. Criteria for consults for higher level of care		GPC 24	
6. Criteria for practice credentials for attending physicians		GPC 22	
7. Criteria for practice of allied health professionals (e.g., nurse midwife, nurse practitioner, nurse anesthetist)		GPC 22	
8. Method of risk identification and assessment for consult/transport		GPC 79	
9. Disaster preparedness and evacuation plan		GPC 54	

*References:

GPC: American Academy of Pediatrics and American College of Obstetricians of Gynecologists. (2012). *Guidelines for Perinatal Care, 7th Edition*.

Menard: American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine, Menard MK, Kilpatrick S, Saade G, Hollier LM, Joseph GF Jr, Barfield W, Callaghan W, Jennings J, Conry J. Levels of maternal care. *Am J Obstet Gynecol*. 2015; 212(3):259-271.

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