



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

## Level III Obstetric Services SUPPLEMENTAL

		References*	My facility
Level III obstetric services	<p>All basic and specialty care services, plus evaluation of new technologies and therapies.</p> <p>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</p> <p>Care of appropriate high-risk antepartum, intrapartum, or postpartum conditions, both directly admitted and transferred from another facility</p> <p>Care of more complex maternal medical conditions, obstetric complications, and fetal conditions</p> <p>Provide perinatal system leadership if acting as a regional center in areas where level IV facilities are not available</p>	GPC 10 Menard	Y N
<b>A. Administration</b>			
1. Medical	Director of MFM service is a board-certified MFM	Menard	Y N
	Director of obstetric service is a board-certified ob-gyn with special interest and experience in obstetric care	GPC 25	
2. Nursing	Registered nurse with experience and training in obstetric nursing as well as in the care of patients at high risk. Preferably with an advanced degree.	GPC 32	
<b>B. Staffing</b>			
1. Obstetric care	Qualified physician or certified nurse-midwife or certified midwife should attend all deliveries.	GPC 24, 26	
	An obstetric provider with privileges to perform emergency Cesarean delivery available to attend all deliveries	Menard	Y N
	Personnel qualified to manage the care of mothers with complex or critical illnesses, including emergencies, should be in-house.	Menard	Y N
a. Certified nurse midwife (CNM)			
b. Family practitioner			
c. Obstetrician	Available onsite at all times	GPC 26	
d. Maternal-fetal medicine	Available for consultation onsite, by phone, or by telemedicine, as needed	Menard	Y N
e. Physician assistant			

f. Other (please specify) _____			
2. Nursing	Continuous availability of adequate number of nursing leaders and RNs with competence in level III care criteria and ability to transfer and stabilize high-risk women and newborns who exceed level III care criteria, and with special training and experience in the management of women with complex maternal illnesses and obstetric complications	GPC 32	
a. See Appendix I for recommended staffing			
b. Advanced practiced nurse*	Available to staff for consultation and support on nursing care issues	GPC 33	
c. Outreach	Nurse with special training to fulfill regional center responsibilities	GPC 33	
d. Transport	Nurse with special training to fulfill regional center responsibilities	GPC 33	
<b>C. Services</b>			
1. Obstetric components			
a. Perinatal care for uncomplicated obstetrical and fetal patients	Available on a 24 hour basis	GPC 10	
b. Risk assessment for all obstetric patients available and utilized		GPC 7	
c. Equipment needed to accommodate the care and services of obese women		Menard	Y N
d. Patient education programs			
e. Diagnostic and evaluative techniques			
1) Antenatal fetal testing (e.g., NST, OCT, Biophysical Profile)		GPC 7	
2) Antenatal fetal evaluation (e.g., amniocentesis)		GPC 7	
3) Diagnostic ultrasound		GPC 10	
4) Computed tomography scan and ideally magnetic resonance imaging with interpretation	Available at all times	Menard	Y N
5) Fetal echocardiography		GPC 7	
f. Continuous electronic fetal monitoring capability			
g. 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		Menard	Y N
6) Medical and surgical ICUs accept pregnant women and have critical care providers onsite to collaborate actively with MFMs at all times		Menard	Y N
7) Appropriate equipment and personnel available		Menard	Y N

onsite to ventilate and monitor women in labor and delivery until they can be transferred to the ICU			
<b>2. Other medical and surgical</b>			
a. Anesthesia (expertise in obstetric anesthesia)	Anesthesia services available onsite at all times to provide labor anesthesia and obstetric anesthesia	Menard	Y N
	A board-certified anesthesiologist with special training or experience in maternal-fetal anesthesia in charge of obstetric anesthesia services.	GPC 26	
b. Cardiology	Strongly recommended.	GPC 25	
c. Critical care	<b>Personnel qualified to manage the care of mothers with complex or critical illnesses, including emergencies, should be in-house.</b>	GPC 24, 26	
d. Endocrinology	Recommended	GPC 25	
e. Gastroenterology	Recommended	GPC 25	
f. General surgery	Strongly recommended	GPC 25	
g. Genetics	Strongly recommended	GPC 25	
h. Hematology	Recommended	GPC 25	
i. Internal medicine	Strongly recommended	GPC 25	
j. Neurology	Recommended	GPC 25	
k. Neurosurgery	Recommended	GPC 25	
l. Orthopedic surgery	Recommended	GPC 25	
m. Otolaryngology	Recommended	GPC 25	
n. Pathology	Required	GPC 25	
o. Pulmonology	Strongly recommended	GPC 25	
p. Radiology	Required	GPC 10, 26	
q. Thoracic surgery	Recommended	GPC 25	
r. Urology	Strongly recommended	GPC 25	
<b>3. Support</b>			
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	Registered dietitian or nutritionist	GPC 35	
e. Pastoral care			
f. Pharmacy services			
g. Radiology technicians	Available in-house on a 24 hour basis	GPC 10, 26, 34-35	
h. Respiratory therapy			
i. Social work	Master's prepared	GPC 34	
j. Translation support services			
k. Ultrasound technicians	Available on a 24 hour basis	GPC 10, 26, 35	
<b>D. Education</b>			
1. In-service sessions covering diagnosis and management of perinatal emergencies, as well as the management of		GPC 35	

routine problems and family-centered care			
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	
<b>E. Quality assurance</b>			
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	
3. Ability to assist level I and level II centers with quality improvement and safety programs		Menard	Y N
<b>F. Policies, procedures, and protocols</b>			
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. Criteria for consults for higher level of care		GPC 24	
5. Criteria for practice credentials for attending physicians		GPC 22	
6. Criteria for practice of allied health professionals (e.g., nurse midwife, nurse practitioner, nurse anesthetist)		GPC 22	
7. Method of risk identification and assessment for consult/transport		GPC 79	
8. 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, 7<sup>th</sup> 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.

Comments: \_\_\_\_\_

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\*Advanced Practice Registered Nurses

Trends in neonatal and maternal care have resulted in the increased use of advanced practice registered nurses. Included in this category are the neonatal, perinatal, and women's health clinical nurse specialist and the neonatal and women's health nurse practitioner. An advanced practice registered nurse is prepared, according to nationally recognized standards, by the completion of an educational program of study and supervised practice beyond the level of basic nursing. As of January 1, 2000, this preparation must include the attainment of a master's degree in the nursing specialty. Nurses without a graduate degree who entered the profession before the year 2000, but are credentialed advanced practice registered nurses or certificate-prepared (nongraduate) nurse practitioners, should be allowed to maintain their practice and are encouraged to complete their formal graduate education.

Source: American Academy of Pediatrics and American College of Obstetricians and Gynecologists. (2012). *Guidelines for Perinatal Care, 7th Edition*. Elk Grove Village, IL/Washington, DC: American Academy of Pediatrics/American College of Obstetricians and Gynecologists, page 27.