

# Maternal Levels of Care: Key Premises

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- Build relationships between hospitals across levels
- Align multidisciplinary women's health orgs
  - Aabc, acnm, awhonn, aap, soap, commission on accreditation birth centers
- Complementary but distinct from neonatal levels
- Incorporates ante, intra and postpartum care
- Gather data, quality focus

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# Maternal Levels

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- Birth Center
- Level I (Basic care)
- Level II (Specialty care)
- Level III (Subspecialty care)
- Level IV (Regional perinatal health care center)

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# Birth Center

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- Definition from AA Birth Centers
- Low risk uncomplicated singleton term vertex
- **Able to initiate** emergency procedures and transport (cannot do CD)
- **Established agreement** with receiving hosp
- Every birth attended by **2 professionals**
  - Cnm, cm, cpm, legally recognized
- Medical consultation “at all times”

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Birthcenters.com

# Level I Basic Care

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- Care uncomplicated preg but able to **stabilize, initiate management** until transport
- Ability to **begin CD** within “time interval best incorporates maternal/fetal risks and benefits”
- Protocols hemorrhage, support services, etc
- OB with privileges for CD avail** for all del
- Anesthesia “available”
- Term twins, tolac, term preeclampsia without severe

# Level II Specialty Care

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- More services: CT, MRI, OB ultrasound, obese specific care
- **OB GYN available at all times**
- Director OB board certified
- **MFM available for consult**
- **Anesthesia available at all times**
- BC anesthesiologist in OB for consult
- Med Surg consults available
- Med/Surg consultants available
- Previa no prior surgery, severe preeclampsia

# Level III Subspecialty Care

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- Advanced imaging
- Assist level I, II with QA etc
- ICU accept pregnant patients critical care attendings on site actively collaborate with MFM**
- OBGYN **onsite at all time**
- MFM with inpatient privileges** available at all times
- Director MFM board certified
- Full complement subspecialists available**
- Suspected accreta, prior cd, ARDS, expectant management severe preeclampsia

# Level IV Regional Perinatal Health Care Center

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- Onsite care most complex and critically ill
- Onsite ICU for OB patients
- **Perinatal system leadership**
  - Outreach, education, data, quality, analysis etc
- **MFM care team able to care for critically ill patient include co-management of pts in ICU**
- MFM available at all times for onsite care
- **Severe cardiac, neurosurgery, coma, organ transplant**

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# Patient Examples

BC	I	II	III	IV
Term singleton vertex	Term twins TOLAC Preecl w/o severe Uncomp CD	Severe preeclamp Placenta no prior ut surgery	Accreta, previa with prior surg, ARDS, exp manage < 34 wk severe preeclamp	Severe mat cardiac Pulm hypertension Liver failure Requiring neurosx, cardiac sx Unstable needing organ transplant

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# Regionalization

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- Best care needs experience of RN, MD, system
- Coordinated care
  - Match maternal/ neonatal care needed to best site
  - Sometimes at one site the levels of care will be different
    - 28 wk pregnancy in mother needing neurosurgery
- Provide outreach education
- Analyze regional data
- Easy access to higher level care providers
- **Build relationships**
- Help keep appropriate women in their community

