Maternal Levels of Care: Key Premises

- 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

OB care consensus #2 Feb 2015
Maternal Levels

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

OB care consensus #2 Feb 2015
Birth Center

• 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”

Birthcenters.com

OB care consensus #2 Feb 2015
Level I Basic Care

- 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

OB care consensus #2 Feb 2015
Level II Specialty Care

• 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

• 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

- 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

OB care consensus #2 Feb 2015
## Patient Examples

<table>
<thead>
<tr>
<th>BC</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term singleton vertex</td>
<td>Term twins TOLAC</td>
<td>Severe preeclamps previa no prior ut surgery</td>
<td>Accreta, previa with prior surg, ARDS, exp manage &lt; 34 wk severe preeclamps</td>
<td>Severe mat cardiac Pulm hypertension Liver failure Requiring neurosx, cardiac sx Unstable needing organ transplant</td>
</tr>
</tbody>
</table>

OB care consensus #2 Feb 2015
Regionalization

• 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