



ALABAMA
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Alabama Perinatal Regionalization System Guidelines

Background – In an effort to see that babies are delivered at the most appropriate hospital depending on the level of care needed, the Alabama Department of Public Health (ADPH) convened a multidisciplinary stakeholder group to review the most recent perinatal guidelines published by the American Academy of Pediatrics (AAP) and provided recommendations. The group developed the Alabama Perinatal Regionalization System Guidelines to help clarify the expectations of hospitals and their staff for each level of care, and these Guidelines were approved by both the State Perinatal Advisory Committee and the State Committee of Public Health. Each year, hospitals will use the Alabama Perinatal Regionalization System Guidelines, along with the accompanying verbiage from the AAP-Levels of Neonatal Care, to self-declare the level of neonatal services provided (by completion of the State Health Planning and Development Agency (SHPDA) Hospital Annual Report).

While there could be situations where the mother doesn't receive prenatal care or presents to the hospital in an emergency situation, hospitals and physicians should make every reasonable effort to direct the mother to the hospital best equipped to handle the delivery.

Next steps for delivering hospitals:

- Convene key clinicians and staff members involved in the delivery and subsequent hospitalization of newborns and identify the perinatal level of care at your facility based on the new guidance.
- Watch the attached video to understand the new recommendations. <http://www.alabamapublichealth.gov/alphtn/featured/levels-of-neonatal-care.html>
- Use the Alabama Perinatal Regionalization System Guidelines to help determine your facilities appropriate level of care. You should also review the 2012 American Academy of Pediatrics Levels of Neonatal Care http://www.alabamapublichealth.gov/perinatal/assets/levelsofcare_2012.pdf
- Assign someone the responsibility to collect information on all babies born less than 32 weeks gestation or 1,500 grams (Level I and Level II hospitals). This will help you identify any trends and assess if you are operating at the appropriate level. Download the Alabama Perinatal Regionalization System Guidelines Analysis Tool for Identifying Babies Born at or less than 1,500 grams at Birth collection sheet. (see attached)
- Communicate your perinatal level of care with obstetricians, pediatricians, emergency management professionals and anyone else who needs to know and be sure the chart and video are included in any onboarding efforts for new physicians or OB staff.
- Provide your perinatal level of care on the Hospital Annual Report conducted by SHPDA in the fall of each year. Using this information, ADPH will develop a list of hospitals and their neonatal levels to include on its website: <http://www.alabamapublichealth.gov/perinatal/perinatal-regionalization.html>

If you have any questions, contact Amy McAfee, Alabama FIMR Program Manager, at Amy.McAfee@adph.state.al.us or (334) 206-6403.

ALABAMA PERINATAL REGIONALIZATION SYSTEM GUIDELINES



	Level I - Well Newborn Nursery	Level II - Special Care Nursery	Level III - NICU	Level IV - Regional NICU
Capabilities	<ul style="list-style-type: none"> Evaluate and provide postnatal care to stable term newborn infants. Stabilize and provide care for infants born 35-37 weeks gestation that remain physiologically stable. Stabilize newborn infants who are ill and those born at less than 35 weeks gestation until transfer to a higher level of care. Have staff trained in neonatal resuscitation in house for deliveries. 	<p>Level I capabilities plus:</p> <ul style="list-style-type: none"> Provide care for infants born greater than or equal to 32 weeks gestation and weighing greater than or equal to 1,500 grams 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 gestation and weighing less than 1,500 grams until transfer to a neonatal intensive care facility. 	<p>Level II capabilities plus:</p> <ul style="list-style-type: none"> Provide sustained life support. Provide comprehensive care for infants born less than 32 weeks gestation and weighing less than 1,500 grams 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 at the site or by prearranged, consultative agreement¹. Provide a full range of respiratory support that may include conventional and/or high-frequency ventilation and inhaled nitric oxide. Perform advanced imaging, with interpretation on an urgent basis, including computed tomography, MRI, and echocardiography. 	<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 (e.g., congenital cardiac malformations that require cardiopulmonary bypass with or without extracorporeal membrane oxygenation). Maintain a full range of pediatric medical subspecialists, pediatric surgical subspecialists, and pediatric anesthesiologist consultants continuously available 24 hours a day. Facilitate transport and provide outreach education.
Examples of Provider Types	<p>Pediatricians, family physicians, nurse practitioners, and other advanced practice registered nurses (with relevant experience, training, and demonstrated competence in perinatal care).</p>	<p>Level I health care providers plus: Pediatric hospitalists, neonatologist, and neonatal nurse practitioners.</p>	<p>Level II health care providers plus: Pediatric medical subspecialists, pediatric anesthesiologists, pediatric surgeons, and pediatric ophthalmologists at the site or a closely related institution by prearranged consultative agreement¹.</p>	<p>Level III health care providers plus: Pediatric surgical subspecialists.</p>
Suggested Provider Type(s)	<p>Physician or nurse practitioner under physician supervision (with relevant experience, training, and demonstrated competence in perinatal care).</p>	<p>Pediatrician (or family physician with training and knowledge in providing care for complicated preterm and low birthweight deliveries, births, and neonatal care) at the site or a closely related institution by prearranged consultative agreement¹.</p>	<p>Neonatologist readily available.</p>	<p>Neonatologist, pediatric medical subspecialists, pediatric surgical subspecialists, pediatric ophthalmologist, pediatric anesthesiologist.</p>

¹ Prearranged consultative agreements with institutions and individual health care providers can be performed by using telemedicine technology and/or telephone consultation, for example, from a distant location. The consultative agreements may be in writing.