Perinatal Regionalization: How are States Performing?

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Agenda

I. Overview of Regionalization
II. MCH in the United States
III. Our Project
IV. Lessons Learned & Next Steps
V. Questions
What is Regionalization?

“A system of maternal and perinatal healthcare, developed within geographic regions, that works to ensure that pregnant women and their infants can receive the care they need while also managing resources and costs.”

-March of Dimes
# Levels of Care

<table>
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<th>Level I</th>
<th>Level II</th>
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| - Evaluate and provide postnatal care to stable term newborn infants  
- Stabilize and provide care for infants born 35-37 week gestation  
- Stabilize ill neonates and those born at <35 wk gestation until transfer | - Provide care for infants born ≥32 wk gestation and weighing ≥1500 g  
- Provide care for infants convalescing  
- Provide mechanical ventilation for brief duration (<24 h) or continuous positive airway pressure or both  
- Stabilize infants born < 32 wk gestation and weighing <1500 g until transfer |

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<tr>
<th>Level III</th>
<th>Level IV</th>
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| - Provide care for infants born <32 wk gestation and weighing <1500 g  
- Provide sustained life support  
- Advanced imaging  
- Full range of respiratory support  
- Stabilize infants born < 32 wk gestation and weighing < 1500 g until transfer to a neonatal intensive care | - Capable of providing surgical repair of complex congenital or acquired conditions  
- Maintain a full range of pediatric medical and surgical subspecialists  
- Facilitate transport and provide outreach education |

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Benefits of Regionalization

• Reduces infant mortality
• Reduces rates of maternal/neonatal transfers
• Organized, coordinated system of perinatal services within a defined geographic regions
• Centralizes expensive neonatal technologies
Issue

- IMR 6.17 deaths/1,000 livebirths
- Inaccurate level designation
- Lack of compliance with AAP Guidelines
  - 33 with clear level designation
  - 14 with vague level designation
  - 3 with no defined level designation
Project

• Evaluate whether discrepancy exists between recorded level of care and actual level of care in perinatal hospitals

• Cross-sectional survey

  I. Designation of Level of Care
  II. Admissions and Utilization
  III. Staffing in the 2013 Calendar Year
  IV. Transport
Methods

• Introductory e-mail
• Hospitals were blind to purposes of the survey
• Telephone/e-mail follow-up
• 3-month data collection period
• Phone & e-mail follow-up to ensure response rate
Accomplishments & Opportunities

• 70% response rate
• All survey hospitals received a level designation
• Recognize the points of intervention and improvement at each hospital
Barriers & Limitations

• Few barriers to actual implementation of survey
• Hospitals are not required to complete survey
• Self reported data
Lessons Learned & Future Direction

• Interdisciplinary team
• Identification of survey champion ensured participation and completion of the survey
• Transparency of level designation
• Onsite hospital assessments
Information for Replication

- Strong partnership with state health department
- Consideration of all stakeholders
- CDC Level of Care Assessment Tool (LOCATe)
Special Thanks

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the US Centers for Disease Control and Prevention.
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