

From the desk of Faye Jackson, R.N.
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What kind of babies can be cared for in a level I hospital?

Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries was revised April 26, 2002. Section 607 through 610 established the licensing standards for perinatal services in South Carolina. Section 607.A reads, "Each hospital providing perinatal services shall be designated as a Level I, II, II Enhanced (IIE), III perinatal hospital or regional perinatal center (RPC) by the Department (Division of Health Licensing) and shall request such designation by letter to the Department."

Section 607.1 reads, "Labor and delivery shall occur in a hospital capable of meeting the expected needs of both the mother and the neonate. Ongoing risk assessment shall occur to determine the appropriate level of care." Section 607.2.A states Level I hospitals "provides services for uncomplicated deliveries and normal neonates" and "...manage normal pregnant women and uncomplicated labor and delivery of neonates who are at least 36 weeks of gestation with an anticipated birth weight of greater than 2000 grams." Page 5 of Guidelines for Perinatal Care, fourth edition, lists conditions that should be provided at a level II hospital; preterm labor and impending delivery at 32 weeks of gestation or later, Intrauterine Growth Restriction with Oligohydramnios, severe Preeclampsia, Placenta Previa or Chorioamnionitis. Mothers with complex medical or surgical problems requiring early intervention should be transferred to a subspecialty center. (Severe maternal-cardiac, endocrine, or pulmonary disease; severe pregnancy-associated hypertensive conditions; severe hemoglobinopathies; and active collagen vascular disease.

Section 607.2.A describes a Community Perinatal Center (Level I). "Provides services for uncomplicated deliveries and normal neonates. The hospital shall have the capability to manage normal pregnant women and uncomplicated labor and delivery of neonates who are at least 36 weeks of gestation with an anticipated birth weight of greater than 2000 grams." Normal neonates are well babies that are functioning properly. Well babies have normal uterine and fetal growth, eat well, and have good muscle tone and cry, vital signs within normal limits and not sick. Sick babies have IV fluids, IV antibiotics, unstable blood sugars, require Oxygen, have respiratory distress, (grunting, retracting, nasal flaring) bradycardia, tachycardia, fever or unable to maintain normal temperature.

There are circumstances when care and services for at risk Mothers and sick neonates may be provided at the Level I hospital.

Section 607.2.A reads, "When it is anticipated or determined that these criteria will not be or have not been met, consultation and a plan of care shall be initiated and mutually agreed upon with the RPC." The attending physician should call the perinatologist or the neonatologist at the RPC to discuss the situation. The attending physician should document the call, what the perinatologist or neonatologist said, and what the plan of care was mutually agreed upon in his progress notes. This could also be documented via fax between the two hospitals.

Note: The hospital should ensure that staff is well trained to care for the sick neonate and have the necessary equipment to monitor the baby.