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 Stratton, State Perinatal Program Director, at Amy.Stratton@adph.state.al.us or (334) 206-6403.
<table>
<thead>
<tr>
<th>Level I - Well Newborn Nursery</th>
<th>Level II - Special Care Nursery</th>
<th>Level III - NICU</th>
<th>Level IV - Regional NICU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capabilities</strong></td>
<td><strong>Level I capabilities plus:</strong></td>
<td><strong>Level II capabilities plus:</strong></td>
<td><strong>Level III capabilities plus:</strong></td>
</tr>
<tr>
<td>• Evaluate and provide postnatal care to stable term newborn infants.</td>
<td>• 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.</td>
<td>• Provide sustained life support.</td>
<td>• 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).</td>
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<tr>
<td>• Stabilize and provide care for infants born 35-37 weeks gestation that remain physiologically stable.</td>
<td>• Provide care for infants born greater than or equal to 32 weeks gestation and weighing less than 1,500 grams until transfer to a neonatal intensive care facility.</td>
<td>• 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.</td>
<td>• Maintain a full range of pediatric medical subspecialists, pediatric surgical subspecialists, and pediatric anesthesiologist consultants continuously available 24 hours a day.</td>
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<tr>
<td>• Stabilize newborn infants who are ill and those born at less than 35 weeks gestation until transfer to a higher level of care.</td>
<td>• Have staff trained in neonatal resuscitation in house for deliveries.</td>
<td>• 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 agreement.¹</td>
<td>• Facilitate transport and provide outreach education.</td>
</tr>
<tr>
<td>• Have staff trained in neonatal resuscitation in house for deliveries.</td>
<td><strong>Level II health care providers plus:</strong></td>
<td><strong>Level II health care providers plus:</strong></td>
<td><strong>Level III health care providers plus:</strong></td>
</tr>
<tr>
<td>Physicians, family physicians, nurse practitioners, and other advanced practice registered nurses (with relevant experience, training, and demonstrated competence in perinatal care).</td>
<td>Pediatric hospitalists, neonatologist, and neonatal nurse practitioners.</td>
<td>Pediatric medical subspecialists, pediatric anesthesiologists, pediatric surgeons, and pediatric ophthalmologists at the site or a closely related institution by prearranged consultative agreement.¹</td>
<td>Pediatric surgical subspecialists.</td>
</tr>
<tr>
<td><strong>Suggested Provider Type(s)</strong></td>
<td></td>
<td><strong>Level III health care providers plus:</strong></td>
<td><strong>Level IV health care providers plus:</strong></td>
</tr>
<tr>
<td>Physician or nurse practitioner under physician supervision (with relevant experience, training, and demonstrated competence in perinatal care).</td>
<td>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 agreement.¹</td>
<td>Neonatologist readily available.</td>
<td>Neonatologist, pediatric medical subspecialists, pediatric surgical subspecialists, pediatric ophthalmologist, pediatric anesthesiologist.</td>
</tr>
</tbody>
</table>

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...