## Risk Appropriate Perinatal Care

### (Perinatal Regionalization)

**Increase the delivery of higher-risk infants and mothers at appropriate level facilities**

### Aim Statement

**Aim:**
- By July 2016:
  1. Increase the % of VLBW (< 1500 grams) and very preterm (<32 weeks gestation) infants delivering at risk appropriate facilities (Level III+ Neonatal Intensive Care Units) to 90% (or 20% increase relative to state baseline)
  2. Increase the % of pregnant women with high risk placental conditions (placenta accreta or placenta previa with prior uterine surgery, placenta percreta), expectant management of preeclampsia with severe features at less than 34 weeks of gestation and severe maternal cardiac conditions delivering at risk appropriate facilities (Level III or IV) by 10%

**Goal:** States may customize goals based on the focus.

### Primary Drivers

**P1: Early risk assessment, referral and seamless access to risk-appropriate care facility**

- Healthcare professionals and facilities understand and endorse standards and outcomes of risk appropriate care for mothers and infants and have well-defined threshold for transferring women to higher level facilities.

**P2: Activated pregnant women and their support system**

- Women and their support system understand their risk for maternal and fetal complications and the need for the most appropriate level of care and are empowered to seek appropriate referrals to support services and choose to deliver in risk appropriate facility.

**P3: Clear and consistent definition, criteria, and state monitoring of levels of care in line with AAP and ACOG/SMFM recommendations**

- Every hospital is classified by level of care accurately, according to AAP/ACOG/SMFM guidelines and on a recurring basis.

**P4: Policy and Financial Approaches facilitate perinatal regionalization**

- OBs, hospital leadership, hospital systems and payors support antenatal transfers.

### Secondary Drivers

**Provider and nursing annual updates in evidence-based (EB) practice, ongoing education opportunities and use of EB screening tools (and treatment) to identify women at risk (available for hospital and community providers).**

**Risk assessment and referral through all state agencies and programs that interact with pregnant women.**

**Formal agreements, communication and collaboration/consultation between hospitals and community providers and across states.**

**Availability of beds, staff and transportation to appropriate facilities before delivery.**

**Reduce maternal presentation in advanced preterm labor (Women and their support system recognize the signs and symptoms of preterm labor).**

**Women and their support system understand their risk for maternal and fetal complications and the need for the most appropriate level of care and are empowered to seek appropriate referrals to support services and choose to deliver in risk appropriate facility.**

**Develop/adapt culturally congruent education materials, social marketing messages and communication strategies on appropriate levels of neonatal and maternal care.**

**Certifying authority assigns (and reassesses) level designation based on accurate assessment of the services provided.**

**Regularly monitor effectiveness of regionalization system through data (e.g., birth weight specific mortality, maternal morbidity/mortality by maternal levels of care).**

**Perinatal regionalization system supported by policies governing hospitals.**

**Reimbursement/payment models include financial incentives and disincentives to support perinatal regionalization.**

1 Seamless refers to a well-designed and executed system of referral, consultation, communication, and transportation that results in a timely, smooth and safe transition

2 Activate refers to building knowledge, skills and confidence to equip women to become actively engaged in their care

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The accompanying information, materials, and recommendations are the result of the collaborative efforts of a number of organizations and individuals on this project and do not necessarily reflect the views of any national partner.