Risk Appropriate Perinatal Care

(Perinatal Regionalization)

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

Aim Statement **Primary Drivers Secondary Drivers** Healthcare professionals and facilities understand and endorse standards and outcomes of risk appropriate care for mothers and infants and have welldefined threshold for transferring women to higher level facilities. Aim: Provider and nursing annual updates in evidence based (EB) practice, ongoing By July 2016: education opportunities and use of EB screening tools (and treatment) to identify women at risk (available for hospital and community providers). 1. Increase the % of VLBW (< P1: Early risk assessment, 1500 grams) and very preterm referral and seamless1 access to (<32 weeks gestation) infants Risk assessment and referral through all state agencies and programs that risk-appropriate care facility delivering at risk appropriate interact with pregnant women. facilities (Level III+ Neonatal Intensive Care Units) to 90% (or Formal agreements, communication and collaboration/consultation between 20% increase relative to state hospitals and community providers and across states baseline) 2. Increase the % of pregnant women with high risk placental Availability of beds, staff and transportation to appropriate facilities before conditions (placenta accreta or placenta previa with prior uterine surgery, placenta percreta), expectant Reduce maternal presentation in advanced preterm labor (Women and their support system recognize the signs and symptoms of preterm labor). management of preeclampsia with severe features at less than 34 weeks of gestation and Women and their support system understand their risk for maternal and fetal severe maternal cardiac complications and the need for the most appropriate level of care and are P2: Activated² pregnant women conditions receiving care at and their support system empowered to seek appropriate referrals to support services and chose to appropriate facilities (Level III deliver in risk appropriate facility. or IV) by 10% Develop/adapt culturally congruent education materials, social marketing Goal: States may customized messages and communication strategies on appropriate levels of neonatal and goals based on the focus. Every hospital is classified by level of care accurately, according to AAP/ACOG/SMFM guidelines and on a recurring basis P3: Clear and consistent definition, criteria, and state Certifying authority assigns (and reassesses) level designation based on accurate assessment of the services provided monitoring of levels of care in line with AAP and ACOG/SMFM recommendations Regularly monitor effectiveness of regionalization system through data (e.g., birth weight specific mortality, maternal morbidity/mortality by maternal levels of care) OBs, hospital leadership, hospital systems and payors support antenatal P4: Policy and Financial Perinatal regionalization system supported by policies governing hospitals. Approaches facilitate perinatal regionalization 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