



## **Redesigning Iowa's Levels of Perinatal Care**

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A regionalized system of perinatal care was initiated in the early 1970's. The goal was to improve the quality of care provided in Iowa birthing hospitals to improve pregnancy outcomes. As referral centers developed in the large and medium sized communities women and newborns with high risk conditions could be cared for as close to their homes as possible. Regionalization improved the outcomes for very low birth weight and very preterm neonates. Iowa has one of the lowest rates of neonatal mortality in the country due to its regionalization of care.

In 2015, the American College of Obstetricians and Gynecologists (ACOG) and the Society of Maternal-Fetal Medicine (SMFM) developed the Levels of Maternal Care. The purpose of the new maternal levels of care is to reduce maternal morbidity and mortality by

1. using standardized definitions and nomenclature for facilities that provide each level of maternal care
2. providing consistent standards of service by level of maternal care for use in quality improvement and health promotion
3. developing a reasonable geographic distribution of comprehensive maternal care facilities and systems that promote practical integration of risk-appropriate antepartum, intrapartum, and postpartum services

The levels of maternal care are complementary, but distinct from the levels of neonatal care to address the health needs of pregnant women. The division of maternal and neonatal levels of care will assist in identifying the specialty services needed for high risk women and/or neonates. Maternal designations are classified as Level I Basic Care, Level II Specialty Care, Level III Subspecialty Care, and Level IV Regional Perinatal Health Care. Neonatal designations are classified as Level I Basic Care, Level II Specialty Care, Level III Subspecialty Intensive Care, and Level IV Regional Subspecialty Intensive Care.

Each hospital providing obstetric and newborn care will decide whether it will participate in Iowa's regionalized system of perinatal health care. It will then select the hospital's level of care in the system. Maternal levels of designation and neonatal levels of designation will be assessed independently. A hospital may have a level of maternal designation that is different than the level

of designation for neonatal care. Women should be cared for at the hospital that best meets their obstetric and/or neonatal needs. Currently, all of Iowa's birthing hospitals participate in the regionalized system of care. As the new levels of care are implemented in Iowa, it is our hope as a program sponsored by the Iowa Department of Public Health (IDPH) that all birthing hospitals statewide will continue to participate in the regionalized system of perinatal care.

Letters were mailed to each hospital's administrator and the director/nurse manager of labor and delivery and newborn care with instructions to complete the self-assessment form, the CDC Levels of Care Assessment Tool (LOCATe), and the Attestation Statement for Voluntary Participation in Iowa's Regionalized System of Perinatal Care. A PDF copy of the LOCATe assessment tool can be found at <http://idph.iowa.gov/perinatal-care>. This can be used to obtain all information from both obstetrical and neonatal services. Only one individual per hospital will submit the official survey by requesting a survey link found at the above website. This ensures that only one official LOCATe assessment tool is provided per hospital.

A reverification process for participating hospitals will be done every three years. The process for verification is currently being developed by the perinatal guidelines committee. The complete administrative rules of Iowa's Regionalized System of Perinatal Health Care are at the following link [http://idph.iowa.gov/Portals/1/userfiles/88/07-11-2018\\_641\\_150.pdf](http://idph.iowa.gov/Portals/1/userfiles/88/07-11-2018_641_150.pdf).

Stephanie Trusty, nurse clinician and maternal health consultant for IDPH is the primary contact person for implementation of the revised levels of perinatal care. Her contact information is included below. Please feel free to contact a member of the perinatal team with any additional questions.

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## References

1. American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine. (2015). Levels of maternal care. Obstetric Care Consensus No. 2. Obstet Gynecol, 125, 502–515. Reaffirmed 2016.
2. Iowa Regionalized System of Perinatal Health Care. Iowa Administrative Rules: IAC 641-150. (2018).