

	AAP 2012	Illinois current	Texas	Arkansas	Final Work Group Recommendation to vote on
Infant Care					
Gestational age cut off for newborns	>/= 35	>36	>/= 35	35 6/7+	
Other requirement for newborns	Stable	>2500 grams, list of conditions requiring consultation for infant	care for routine, transient problems	physiologically stable, for mothers, low likelihood of maternal or infant mortality, unlikely to delivery before 35 weeks,	
Types of care provided	Postnatal care of stable, term infants. Neonatal resuscitation, stabilization, care of physiologically stable infants, transfer other infants to a higher level of care	Detection of high risk pregnancy, consultation and referral, transfer to appropriate level of care, competent emergency obstetric and newborn care to stabilize patients, initiate transfer		Infant and maternal transports arranged to higher level of care, hospital is responsible until transport team assumes care, infant care to include antibiotics, glucose management, IV fluids, oxygen, thermoregulation, sepsis evaluation, cardiac monitoring	
Exceptions		Hospital demonstrates resources and quality of care are substantially equivalent to the resources and quality of care for a facility at the next highest level of designation (resource checklist)	Permitted but must show proof that same level of care is received as in a level II, quality process to critically review care that is provided		
Transport		to be described in letter of agreement		need transfer agreements and guidelines, follow AAP guidelines for perinatal care for infant transports, ACOG guidelines for maternal transports	
Provider types	Pediatrics, Family Physicians, nurse practitioners and other APNs	Not specified, a physician is primarily responsible for initiating supervising and reviewing the plan for management of distressed infants	Physician, APN, or PA with special competence in the care of neonates, approved by the medical director and has NRP and annual neonatal CME		
neonatal provider response time	not mentioned	not specified,	30 minutes, or has a back up that can be available in 30 minutes	30 minutes	
Neonatal Medical Director	not mentioned	Credentials not specified	Pediatrician, Family Physician, specialized OB/GYN?, annual neonatal CME	Board certified in pediatrics, med-peds, family medicine or neonatology	
Neonatal Resuscitation Providers	At every delivery	NRP trained, immediately available in the hospital at all times (another physician, nurse with training and experience, RT provider)	At every delivery-primary for infant, additional providers on site and immediately available, one person must be available onsite who can perform a complete neonatal resuscitation including intubation, vascular access and provision of medications	NRP certified provider at each delivery, annual update provided by the hospital	
Nurses	clear definitions should be established	not mentioned	Program manager for Neonates, should be an RN, NRP qualified, monitors provision of services and QI projects, develops policies with medical director, collaborates within the network	All nurses caring for ill newborns must have knowledge of this care, BSN is optimal, RN as licensed by AK for programmatic responsibility	
Respiratory Therapists	clear definitions should be established	not mentioned	not mentioned	RT certified in NRP available 24/7	
Dietitian	clear definitions should be established	not required			
Social Workers	clear definitions should be established	not required	Social work and pastoral care provided as appropriate	LSW with skills for women and infants available to perinatal service	
Lab	clear definitions should be established	available with results 15-60 minutes (depending on test)	24 hour availability		
Blood bank	clear definitions should be established	Available within 30 minutes	24 hour availability		

Radiology/ultrasound	clear definitions should be established	Available within 30 minutes	24 hour availability		
Pharmacy	clear definitions should be established	not mentioned	24 hour pharmacist consultation, regulations regarding neonatal compounding of medications		
Equipment	clear definitions should be established	not mentioned	Basic NRP equipment and supplies	As required for resuscitation and care at that facility,	
Education		Hospital shall provide continuing education for medical, nursing, RT, and other staff with evidence of a yearly competence evaluation	Registered nurse with experience shall supervise and coordinate education, Medical director responsible for	Regular education provided by perinatal center	
Quality Improvement	Outcome data should be obtained	Participates in CQI from APC, records data on admissions, discharges, outcomes, complications and transports	specific neonatal/infant program, ongoing, data driven, outcome based, under guidance of neonatal medical director	Outcomes submitted to Arkansas DH	
Other				Access to telemedicine for subspecialty care, must have a relationship with NICU follow up clinic	
Maternal Care					
Types of Patients cared for	(SMFM guidelines-level I) uncomplicated pregnancies with ability to detect, stabilize, initiate management of unanticipated problems, capable of managing term twins, TOL after C/S, C/S, pre-eclampsia without severe features at term	uncomplicated prgenancy, no difficulties anticipated (letter of agreement shall detail specific conditions)			
Family Centered Care		not mentioned	Family centered care, parents have reasonable access to infants at all times, space should meet physical and psychological needs of infants/mothers and families		
Labor and Delivery Medical Director	Director of OB services not required	not mentioned		Board certified or active candidate in Family Practice or OB/GYN	
Maternal Providers	Every birth attended by two professionals, competent RNs, nursing leadership with perinatal expertise - midwives, family physicians, OB/GYN included but need obstetric providers with C/S privileges	not mentioned		OB/GYN, Family medicine, CNM	
Triage	not mentioned		Written triage guidelines including consultation and transport services	Experienced OB nurse available, physician available within 30 minutes	
Lactation/Breastfeeding	not mentioned		Staff available with knowledge and skills to assist new mothers		
Types of care provided	not mentioned	Electronic fetal monitoring	Triage, assessment, transport, emergency care, emergency c/s,	Electronic fetal monitoring	
Nursing	RNs with competence in level I care			Skilled RN assigned to mother baby service, second skilled RN available 24 hours per day	
Dietician	not mentioned		not mentioned	consultation available	
Laboratory	available at all times	available with results 15-60 minutes (depending on test)	24 hour availability		
Anesthesia	Available at all times	available within 30 minutes	24 hour availability	Available to begin C/S within 30 minutes of notification	
Radiology		available within 30 minutes	24 hour availability	Radiologist on call with daily availability	

Ultrasound	available at all times	not required	24 hour availability	Available in delivery area	
Blood bank	available at all times, need massive transfusion protocols and capabilities	available within 30 minutes	24 hour availability		
Pharmacist			24 hour availability		
C-section	Ability to begin C/S within a time interval that best incorporates maternal and fetal risks and benefits with provision of emergency care	incision within 30 minutes of decision	must be available	within 30 minutes of decision, C/S provider may be OB/GYN or others with C/S privileges (general surgeon, Family physician)	
Intensive care for mothers	not required		not mentioned	not required	
Other	Transfer agreements with higher levels of care	MFM consult required for <36 weeks gestation			
Quality improvement	All facilities should have education and QI programs that could be collaborative with hospitals at higher levels of care or perinatal center				