

**Perinatal System of Care Task Force**  
**DRAFT Recommendations 3-14-19**

***NOTE:** These draft recommendations serve as a starting point in order to ensure we are adhering the charge of this task force, but also as an aggregation of the thoughts we believe that we have heard from the task force through our discussions. Members received this copy at TF 4 and will be further discuss recommendation during TF 5.*

1. The Division of Health Services Regulation should update the level of care neonatal service definitions (“Level I neonatal service”, Level II neonatal service”, “Level III neonatal service”, and “Level IV neonatal service”) in the **North Carolina Administrative Code 10A NCAC 14C. 1401 Criteria and Standards for Neonatal Services** to reflect the most recent Levels of Neonatal Care guidelines set forth by the American Academy of Pediatrics (“AAP”).
  - Include a recommendation to update more frequently than every 22 years?
  - Develop regulations around birth centers – include piece about how birth centers should be regulated
  
2. The Division of Health Services Regulation should update the high-risk maternal care definition (“high-risk obstetric patients”) in the **North Carolina Administrative Code 10A NCAC 14C. 1401 Criteria and Standards for Neonatal Services** to reflect the most recent Levels of Maternal Care guidelines set forth by the American College of Obstetricians and Gynecologists (“ACOG”) and the Society for Maternal-Fetal Medicine (“SMFM”).
  - Include a recommendation to update more frequently than every 22 years?
  - Develop regulations around birth centers – include piece about how birth centers should be regulated
  
3. The Division of Health Services Regulation should update the Hospital License Renewal Application under the **Facility Data** headline, **section C – Designations and Accreditations**, to include the following question:

Does this facility comply with coded Level of Maternal Care guidelines set forth in the NCAC\*?  
Highest Level of Designation met: \_\_\_\_\_

*\*Maternal Service levels are designated in 10A NCAC 14C. 1401*
  
4. Something about regulations around birth centers.
  - a. The North Carolina General Assembly should include birth centers in the list of facilities regulated by the Division of Health Services Regulation.
  - b. The Division of Health Services Regulation should
    - i. include birth centers as facilities governed by the **North Carolina Administrative Code 10A NCAC 14C. 1401 Criteria and Standards for Neonatal Services**.

5. Hospitals with labor and delivery units should use the CDC Locate tool to assess their maternal and NICU care levels of care using the XXX and YYY standards. Hospitals should report their updated levels of care to the Division of Health Services Regulation.
- Report annually in the Hospital Renewal Licensure Application, unclear if required to report anywhere else
  - Do we need/want a verifying body? (aka Texas model) Who would this be?
  - Do we want to build as two step rec with volunteer moving to regulatory body over time
  - Steps? Start with self-designation and transition into an external recommendation process
  - Include PHAC/outreach program here to implement regular designation reviews?
6. Hospitals with labor and delivery units should educate patients about the capability of their labor and delivery unit and the process used when a higher level of care is needed.
- Are we recommending this be part of the delivery unit tour?
    - A) Hospital units should.... B) Providers should....
  - Is this actually on OB/GYN to educate their patients?
  - How do we communicate the recommendation that this conversation should happen?....
  - Where does the education happen? Who does the educating? Text4Baby services → prompting mothers to-be with what questions to ask
    - Online March of Dimes services maybe