



American College of Obstetricians and Gynecologists
Society for Maternal-Fetal Medicine

Trends in Severe Maternal Morbidity



Rates of Severe Maternal Morbidity per 10,000 Delivery Hospitalizations: U.S., 1993-2014



SMM Indicators per 10,000 delivery hospitalizations, 1993-2014: Largest Rate Increases

SMM Indicator	% Increase 1993-2014
Aneurysms of the aorta	1,110%
Acute renal failure	369%
Blood transfusion	363%
Shock	233%
Adult respiratory distress syndrome	189%
Cardiac arrest or ventricular fibrillation	158%
Acute myocardial infarction	133%

North Carolina



- 60

- 6000

- 70%

ACOG / SMFM / AWHONN/ ACNM



The American College of
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WOMEN'S HEALTH CARE PHYSICIANS



Society for
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OBSTETRIC CARE CONSENSUS

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Levels of Maternal Care

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Abstract: In the 1970s, studies demonstrated that timely access to risk-appropriate neonatal and obstetric care could reduce perinatal mortality. Since the publication of the *Toward Improving the Outcome of Pregnancy* report, more than three decades ago, the conceptual framework of regionalization of care of the woman and the newborn has been gradually separated with recent focus almost entirely on the newborn. In this current document, maternal care refers to all aspects of antepartum, intrapartum, and postpartum care of the pregnant woman. The proposed classification system for levels of maternal care pertains to birth centers, basic care (level I), specialty care (level II), subspecialty care (level III), and regional perinatal health care centers (level IV). The goal of regionalized maternal care is for pregnant women at high risk to receive care in facilities that are prepared to provide the required level of specialized care, thereby reducing maternal morbidity and mortality in the United States.

ACOG/SMFM Obstetric Care Consensus

February 2015



- Established Levels of Maternal Care to achieve the following outcomes:
 - Standardized definitions and nomenclature for facilities that provide each level of maternal care.
 - Consistent guidelines according to each level of maternal care for use in quality improvement and health promotion.
 - Equitable geographic distribution of full-service maternal care facilities and systems that promote proactive integration of risk-appropriate antepartum, intrapartum, and postpartum services.
 - Uniform designations for levels of maternal care that are complementary but distinct from levels of neonatal care.

Levels of Maternal Care (LOMC)



- **NOT** about closing small or rural maternity care centers
- **IS** about the role of Level III/IV (Regional) Centers to support education and quality improvement among their referring facilities
- **IS** about building a culture of collaboration

Levels of Maternal Care (LOMC)



- Uniform designations of LOMC that are **complimentary** but **distinct from levels of neonatal care**
- First ever ACOG/SMFM guidance that establishes levels of care specific for the pregnant woman
- Additional endorsement and support from AABC, ACNM, AWHONN, Commission for the Accreditation of Birth Centers, AAP, ASA, SOAP
- Emphasizes role of Level III/IV (Regional) Centers to support education and quality improvement among their referring facilities

Levels of Maternal Care Definitions



Level	Definition
Level I - Basic Care	Uncomplicated pregnancies with the ability to detect, stabilize, and initiate management of unanticipated problems that occur during the antepartum, intrapartum, or postpartum period until patient can be transferred.
Level II - Specialty Care	Level I facility plus care of appropriate high-risk conditions, both directly admitted and transferred from another facility.
Level III - Subspecialty Care	Level II facility plus care of more complex maternal medical conditions, obstetric complications, and fetal conditions.
*Level IV - Regional Perinatal Center	Level III facility plus on-site medical and surgical care of the most complex maternal conditions and critically ill women and fetuses. *ACOG/SMFM Obstetric Care Consensus guidelines recommend these four designations for levels of maternal care. We will carefully review the categories again, following pilot assessment studies, and use the findings to further improve the guidelines and level designations.

LOMC Definitions/Examples

Birth Center	Low-risk w/ uncomplicated singleton term pregnancies, vertex presentation; Expected to have uncomplicated birth	Term, singleton, vertex
Level I	Uncomplicated pregnancies; Detect, stabilize, and initiate management of unanticipated problems that occur during antepartum, intrapartum, or postpartum until transfer	Term twins Uncomplicated cesarean Preeclampsia w/o severe features
Level II	Level I facility plus care of appropriate high-risk conditions, both directly admitted and transferred from another facility.	Severe pre-eclampsia Placenta previa w/ no prior uterine surgery
Level III	Level II facility plus care of more complex maternal medical conditions, obstetric complications, and fetal conditions	Placenta accreta/percreta; ARDS; Expectant management severe preeclampsia <34 wks
Level IV	Level III facility plus onsite medical and surgical care of the most complex maternal conditions and critically ill women and fetuses	Severe cardiac conditions or pulmonary htn Requires neurosurgery

Capabilities

Birth Center

Readiness to initiate emergency procedures and transport
Established agreement with a receiving hospital
Ability to initiate **quality improvement** programs

Level I

Timely cesarean delivery
Hemorrhage protocols, Support services

Level II

CT, MT, Basic Ob US
Special equipment needed for obese women.

Level III

Advanced imaging. services available at all times.
Ability to **assist level I and level II centers with quality improvement and safety programs.**
Medical and surgical **ICUs accept pregnant women** and have critical care providers onsite

Level IV

Onsite medical/surgical care of complex maternal conditions w/ availability of **Ob ICU beds.**
Perinatal system leadership, including facilitation of maternal referral/transport, regional outreach education, analysis and evaluation data, quality improvement.

Levels of Care Assessment Tool (LOCATe)



- Developed by CDC, LOCATe produces standardized assessments regarding a facility's neonatal and maternal level of care based on national guidelines from AAP and ACOG/SMFM.
- Utilizes self-reported information about staffing availability, equipment, and procedures.
- While not comprehensive, it is designed to be a conversation starter among stakeholders regarding risk appropriate care.
- Implemented in 12 states and Puerto Rico.

LoMC Verification Tool



- Developed in partnership with LoMC program partners, the verification tool will be used during site visits to verify the level of maternal care based on the 2015 ACOG/SMFM consensus statement.
- Verification will last 3 years.
- Similar to LOCATe, this will be a ***voluntary*** process.

Step 1:
Complete
LOCATe.



Step 2:
Conduct
on-site
review.



Step 3:
Verify
level of
maternal
care.

Regionalized Maternal Care



- Experienced team of RN, MD, system
- Coordinated care
 - Match maternal/ neonatal care needed to best site
 - Sometimes at one site the levels of care will be different
 - ✦ 34 wk pregnancy in mother needing neurosurgery
 - ✦ Healthy mother delivering baby with cardiac anomaly
- Provide outreach education
- Analyze regional data/Support quality improvement
- Easy access to higher level care providers
- **Build relationships**
- Help keep appropriate women in their community