



APPLICATION FOR PERINATAL LEVEL OF CARE CERTIFICATION

State Form 56794 (R / 4-20)
INDIANA STATE DEPARTMENT OF HEALTH
MATERNAL CHILD HEALTH

Please see Definitions at the end of this form.

Name of hospital	
Street address (number and street, city, state, and ZIP code)	County
Name of perinatal contact person	
Telephone number ()	E-mail address
Select the obstetric level of care for which your facility is applying.	
Select the neonatal level of care for which your facility is applying.	
If the delivering facility meets certification for Obstetric III or Obstetric IV and either a Neonatal III or Neonatal IV, does your facility plan to apply for a Perinatal Center? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now, but possibly in the future	

Complete the information below if your hospital has an inter-facility **Perinatal Transport Team**.
If your hospital does not have a *Perinatal Transport Team*, skip this section and complete the rest of the application.

A perinatal transport team may take three forms:

- Hospital based** – The vehicle (air or ground) is owned by the hospital and all staffing is provided by the hospital.
- Contracted** – The vehicle (air or ground) and staffing are external to the hospital.
- Combination** – The vehicle (air or ground) is contracted and staff inside the patient compartment are hospital-based.

A. Does your facility have a maternal-fetal (MF) transport program? Yes No

B. Does your facility have a Neonatal transport program? Yes No

Please complete the following with **Names and Credentials**.

Name of Administrator / CEO / President	Credentials	
Name of Chief Medical Officer	Credentials	
Name of Chief Nursing Officer / Director of Nursing	Credentials	
Medical Director of Obstetric Services		Is this physician board certified in his/her specialty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Director of Anesthesia Services (if applicable)		Is this physician board certified in his/her specialty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Director of Neonatal Services		Is this physician board certified in his/her specialty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Nursing Director of Obstetric Services (if applicable)	Credentials	Is this person master's prepared or actively seeking a master's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Nursing Director of Neonatal Services (if applicable)	Credentials	Is this person master's prepared or actively seeking a master's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Nursing Manager of Obstetric Services (if applicable)	Credentials	Is this person master's prepared or actively seeking a master's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Nursing Manager of Neonatal Services (if applicable)	Credentials	Is this person master's prepared or actively seeking a master's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Obstetric Educator (if applicable)	Credentials	Is this person master's prepared or actively seeking a master's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Neonatal Educator (if applicable)	Credentials	Is this person master's prepared or actively seeking a master's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Respiratory Services Manager / Director	Credentials	

Types of Obstetric Rooms – <i>Count each room only once.</i>	Yes, we have these rooms. <i>If yes, state the number of beds. If no, indicate with a zero (0).</i>
Obstetric Triage	
Antepartum	
High Risk Obstetric	
Obstetric Emergency Department	
Labor / Delivery / Recovery (LDR)	
Labor / Delivery / Recovery / Post-Partum (LDRP)	
Post-Partum	
Surgical Suites for obstetric procedures (located on your obstetric unit)	
Surgical Suites for obstetric procedures (located in your delivering facility, but not part of obstetric unit)	
Post anesthesia care (PACU) provided on obstetrics floor <i>(Count only if there are separate rooms dedicated to recovering post-anesthesia patients.)</i>	

Please indicate the Electronic Medical Record (EMR) used in the delivering facility.		
If applying for a Neonatal Level II, what is your average daily census in the Special Care Nursery?	Year to date	Last year
If applying for a Neonatal Level III, what is your average daily census in the Intensive Care Nursery?	Year to date	Last year
If applying for a Neonatal Level IV, what is your average daily census in the Intensive Care Nursery?	Year to date	Last year

Obstetric Capabilities	
Who is responsible for staffing the operating room circulator and scrub during Cesarean births?	
Who is responsible for recovering patients after Cesarean birth?	
Does the hospital have an obstetric specific rapid response team that responds only to maternal patient emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many Full Time Equivalent (FTE) positions are dedicated to lactation support at your facility?	

Obstetric Policies and Procedures	
Our hospital has a written plan regarding the transfer of maternal and neonatal patients to a higher level of care.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Obstetric Physician Services					
<i>According to the definitions below, please indicate each medical provider's availability to your unit.</i>					
<ul style="list-style-type: none"> Available at all times means available twenty-four (24) hours a day, seven (7) days a week for consultation and assistance. Readily available at all times means available twenty-four (24) hours a day, seven (7) days a week for consultation and assistance, and able to be physically present onsite within a time frame that incorporates maternal and newborn risks and benefits with the provision of care. Immediately available at all times means in the building where the perinatal care is provided, in a building that is physically connected to the building where the perinatal care is provided, or in a building adjacent to the building where the perinatal care is provide, twenty-four (24) hours a day, seven (7) days a week. Physically present at all times means onsite in the building where the perinatal care is provided or in a building that is physically connected to the building where the perinatal care is provided, twenty-four (24) hours a day, seven (7) days a week. 					
Medical Provider Available to Obstetric Patients Indicate by placing an X in the appropriate box.	Not Available	Available at All Times at Facility or at Another Facility by Prearranged Consultative Agreement	Readily Available at All Times	Immediately Available at All Times	Physically Present at All Times
Obstetrician					
Maternal Fetal Medicine Specialist					
Family Medicine Physician					
General Surgeon					
Anesthesia Services (MD or CRNA)					
Critical Care Provider					
Cardiology					
Neurology					
Neurosurgery					
Hematology					
Infectious Disease					
Nephrology					
Interventional Radiologist					

Neonatal Medical Providers				
<i>According to the definitions below, please indicate each medical provider's availability to your unit.</i>				
<ul style="list-style-type: none"> Available at all times means available twenty-four (24) hours a day, seven (7) days a week for consultation and assistance. Readily available at all times means available twenty-four (24) hours a day, seven (7) days a week for consultation and assistance, and able to be physically present onsite within a time frame that incorporates maternal and newborn risks and benefits with the provision of care. Physically present at all times means onsite in the building where the perinatal care is provided or in a building that is physically connected to the building where the perinatal care is provided, twenty-four (24) hours a day, seven (7) days a week. 				
Medical Provider Available to Neonatal Patients Indicate by placing an X in the appropriate box.	Not Available	Available at All Times at Facility or at Another Facility by Prearranged Consultative Agreement	Readily Available at All Times	Physically Present at All Times
Neonatologists				
Pediatricians / Pediatric Hospitalists				
Family Medicine Physicians				
Advanced Practice Practitioners				
Pediatric Cardiologist				
Pediatric surgeon and anesthesia provider with pediatric experience				
Ophthalmologist who has experience and expertise in neonatal retinal examination				
Pediatric Medical Subspecialists				

Signature of person completing this application		Date (month, day, year)
Printed Name	Title	

Obstetric Levels of Care Definitions

An **Obstetric Level I Facility** is a facility that provides care of uncomplicated pregnancies with the ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available.

An **Obstetric Level II Facility** is an Obstetric Level I facility plus care of appropriate high-risk antepartum, intrapartum or postpartum conditions, both directly admitted and transferred from another facility.

An **Obstetric Level III Facility** is an Obstetric Level II facility plus care of more complex maternal medical conditions, obstetric complications, and fetal conditions.

An **Obstetric Level IV Facility** is an Obstetric Level III facility plus onsite medical and surgical care of the most complex maternal conditions and critically ill pregnant women and fetuses throughout antepartum, intrapartum, and postpartum care.

Neonatal Levels of Care Definitions

A **Neonatal Level I Facility** is a facility that offers basic level of newborn care to infants who are low risk. These units have personnel and equipment available to perform neonatal resuscitation at every delivery and to evaluate and provide routine postnatal care for healthy term newborn infants. In addition, Level I neonatal units have personnel who can care for physiologically stable infants who are born at thirty-five (35) weeks of gestation or more and can stabilize ill newborn infants who are born at less than thirty-five (35) weeks of gestation until they can be transferred to a facility where that appropriate level of neonatal care is provided.

A **Neonatal Level II Facility** is a Neonatal Level I facility plus the ability to provide specialty care for infants born at thirty-two (32) weeks gestation or more and weighing fifteen hundred (1500) grams or more at birth who have physiologic immaturity or who are moderately ill with problems that are expected to resolve rapidly and who would not be anticipated to need subspecialty-level services on an urgent basis. Level II facilities can stabilize ill newborn infants who are born less than thirty-two (32) weeks gestation until they can be transferred to a facility where the appropriate level of neonatal care is provided.

A **Neonatal Level III Facility** is a Neonatal Level II facility plus the ability to provide acute and comprehensive neonatal intensive care for infants who are born at less than thirty-two (32) weeks gestation or less than fifteen hundred (1500) grams at birth or have medical or surgical conditions regardless of gestational age.

A **Neonatal Level IV Facility** is a Neonatal Level III facility plus the ability to provide comprehensive subspecialty neonatal care services, including acute neonatal intensive care for infants of all birth weights and gestational ages, and neonatologists who assist in the management of fetuses who are extremely premature or have complex problems that render significant risk of preterm delivery and postnatal complications.