

Comparison of Major Differences Between Maryland Perinatal System Standards 2008 and 2014

2008 Standards	2014 Standards
Levels of care: Level I, IIA, IIB, IIIA, IIIB, IIIC	Levels of care: Level I, II, III, IV (See definitions and “Comparison Between AAP Recommended Levels of Neonatal Care 2007 vs. 2012” for more details) Level I equivalent to previous Level I Level II equivalent to previous Level IIB Level III equivalent to previous Level IIIB Level IV equivalent to previous Level IIIC
5.12 The hospital shall have the following pediatric specialists on staff, in active practice and, if needed, in-house within 30 minutes: cardiology, neurology, genetics. - Essential for IIIB and IIIC.	5.10 The hospital shall have the following pediatric subspecialists on staff, in active practice and, if needed, readily available in house or via telemedicine: cardiology, neurology, and general pediatric surgery. - Essential for III. 5.11 The hospital shall have on staff, in active practice and, if needed, in-house within 30 minutes, the following pediatric subspecialties: cardiology, endocrinology, gastroenterology, genetics, hematology, nephrology, neurology, and pulmonology. - Essential for IV.
N/A	6.13 The hospital shall have at least one occupational or physical therapist with neonatal expertise. - Essential for III and IV.
N/A	6.14 The hospital shall have at least one individual skilled in evaluation and management of neonatal feeding and swallowing disorders such as a speech-language pathologist. - Essential for III and IV.
6.16 A hospital perinatal program shall have nurses with special expertise in obstetrical and neonatal nursing identified for staff education. - Essential for all levels.	6.18 The hospital perinatal program shall have on its staff a registered nurse with a Master’s or higher degree in nursing and experience in high-risk obstetrical and/or neonatal nursing responsible for staff education. - Essential for all levels.

<p>6.19 The hospital shall have a written plan for assuring registered nurse/patient ratios as per current <i>Guidelines For Perinatal Care</i>. - Essential for all levels.</p>	<p>6.21 The hospital shall have a written plan to address registered nurse/patient ratios recommended in the current <i>Guidelines For Perinatal Care</i> and AWHONN Guidelines. - Essential for all levels.</p>
<p>7.6 The hospital shall have a laboratory capable of performing the following tests 24 hours a day:</p> <ul style="list-style-type: none"> a) fetal scalp blood pH (if fetal scalp blood pH testing is being utilized at the hospital) b) fetal lung maturity tests <p>- Essential for all levels.</p>	<p>N/A</p>
<p>N/A</p>	<p>7.7 The hospital shall have available the equipment and trained personnel to perform critical congenital heart disease screening prior to discharge on all infants born at or transferred to the institution and report screening results as required by COMAR 10.52.15. - Essential for all levels.</p>
<p>9.1 The hospital shall have all of the following equipment and supplies immediately available for existing patients and for the next potential patient:</p> <ul style="list-style-type: none"> a) O2 analyzer, stethoscope, intravenous infusion pumps b) radiant heated bed in delivery room and available in the neonatal units c) oxygen hood with humidity d) bag and masks capable of delivering a controlled concentration of oxygen to the infant e) orotracheal tubes f) aspiration equipment g) laryngoscope h) umbilical vessel catheters and insertion tray i) cardiac monitor j) pulse oximeter k) phototherapy unit l) doppler blood pressure for neonates 	<p>9.1 The hospital shall have all of the following equipment and supplies immediately available for existing patients and for the next potential patient:</p> <ul style="list-style-type: none"> a) O2 analyzer, stethoscope, intravenous infusion pumps b) radiant heated bed in delivery room and available in the neonatal units c) oxygen hood with humidity d) bag and masks and/or T-piece resuscitator capable of delivering a controlled concentration of oxygen to the infant e) orotracheal tubes f) aspiration equipment g) laryngoscope h) umbilical vessel catheters and insertion tray i) cardiac monitor j) pulse oximeter k) phototherapy unit l) doppler blood pressure for neonates

<p>m) cardioversion/defibrillation capability for mothers and neonates n) resuscitation equipment for mothers and neonates o) individual oxygen, air, and suction outlets for mothers and neonates p) emergency call system - Essential for all levels.</p>	<p>m) cardioversion/defibrillation capability for mothers and neonates n) resuscitation equipment for mothers o) resuscitation equipment for neonates including equipment outlined in the current NRP p) individual oxygen, air, and suction outlets for mothers and neonates q) emergency call system for both obstetrical and neonatal units as well as an emergency communication system among units - Essential for all levels.</p>
<p>N/A</p>	<p>9.9 The hospital shall have the capability of providing continuing therapeutic hypothermia. - Essential for IV.</p>
<p>N/A</p>	<p>12.6 The hospital shall maintain membership in the Vermont Oxford Network. - Essential for III and IV.</p>
<p>N/A</p>	<p>13.7 The hospital shall have a policy to eliminate deliveries by induction of labor or by cesarean section prior to 39 weeks gestation without a medical indication. The hospital shall have a systematic internal review process to evaluate any occurrences and a plan for corrective action. (Added June 2012) - Essential for all levels.</p>
<p>N/A</p>	<p>13.8 The hospital shall have a written protocol to respond to massive obstetrical hemorrhage, including a plan to maximize accuracy in determining blood loss. - Essential for all levels.</p>