

Neonatal Levels of Care for Perinatal Regionalization in Alabama

Level of Care	Capabilities	Examples of Provider Types	Suggested Provider Type(s)
Level I Well Newborn Nursery	<ul style="list-style-type: none"> • Evaluate and provide postnatal care to stable term newborn infants. • Stabilize and provide care for infants born 35-37 wks gestation that remain physiologically stable. • Stabilize newborn infants who are ill and those born at <35 wks gestation until transfer to a higher level of care. <ul style="list-style-type: none"> • Have staff trained in neonatal resuscitation in house for deliveries. 	Pediatricians, family physicians, nurse practitioners, and other advanced practice registered nurses (With relevant experience, training, and demonstrated competence in perinatal care)	Physician or nurse practitioner under physician supervision (With relevant experience, training, and demonstrated competence in perinatal care)
Level II Special Care Nursery	Level I capabilities plus: <ul style="list-style-type: none"> • Provide care for infants born ≥32 wk gestation and weighing ≥1500 g who have physiologic immaturity or who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis. • Provide care for infants convalescing after intensive care. • Provide mechanical ventilation for brief duration (<24 h) or continuous positive airway pressure or both. • Stabilize infants born before 32 wks gestation and weighing less than 1500 g until transfer to a neonatal intensive care facility. 	Level I health care providers plus: Pediatric hospitalists, neonatologist, and neonatal nurse practitioners	Pediatrician (or family physician with training and knowledge in providing care for complicated preterm and low birthweight deliveries, births, and neonatal care) at the site or a closely related institution by prearranged consultative agreement. ^a
Level III NICU	Level II capabilities plus: <ul style="list-style-type: none"> • Provide sustained life support. • Provide comprehensive care for infants born <32 wks gestation and weighing <1500 g and infants born at all gestational ages and birth weights with critical illness. • Provide prompt and readily available access to a full range of pediatric medical subspecialists, pediatric surgical specialists, pediatric anesthesiologists, and pediatric ophthalmologists at the site or by prearranged, consultative agreement. • Provide a full range of respiratory support that may include conventional and/or high-frequency ventilation and inhaled nitric oxide. • Perform advanced imaging, with interpretation on an urgent basis, including computed tomography, MRI, and echocardiography. 	Level II health care providers plus: Pediatric medical subspecialists, pediatric anesthesiologists, pediatric surgeons, and pediatric ophthalmologists at the site or a closely related institution by prearranged consultative agreement. ^a	Neonatologist readily available
Level IV Regional NICU	Level III capabilities plus: <ul style="list-style-type: none"> • Located within an institution with the capability to provide surgical repair of complex congenital or acquired conditions (e.g., congenital cardiac malformations that require cardiopulmonary bypass with or without extracorporeal membrane oxygenation). • Maintain a full range of pediatric medical subspecialists, pediatric surgical subspecialists, and pediatric anesthesiologist consultants continuously available 24 hours a day. • Facilitate transport and provide outreach education. 	Level III health care providers plus: Pediatric surgical subspecialists	Neonatologist, pediatric medical subspecialists, pediatric surgical subspecialists, pediatric ophthalmologist, pediatric anesthesiologist

^a Prearranged consultative agreements with institutions and individual health care providers can be performed by using telemedicine technology and/or telephone consultation, for example, from a distant location. The consultative agreements may be in writing.