

641—150.9(135,77GA,ch1221) Level II regional neonatology centers.**150.9(1) Definition.**

a. Level II regional neonatology centers provide the same care and services as Level II regional centers with the addition of a demonstrated commitment to providing a higher level of neonatology care. The Level II regional neonatology center will manage high-risk pregnancies and infants born at less than 34 weeks' gestation or weighing less than 1500 grams. Exceptions will be cases for which surgical intervention or pediatric subspecialty care is anticipated or needed.

b. The obstetric service in a Level II regional neonatology center provides services for maternity patients at higher risk than those in Level II hospitals because of the presence of an NICU. However, reasonable efforts should be expended to transfer those patients whose newborns are likely to require a higher intensity of care not available in the Level II regional neonatology center but offered in a Level III center. Efforts should also be made to transfer those patients to a Level III center when the pregnancy has risk factors that require the care of a maternal-fetal medicine specialist.

c. Level II regional neonatology centers provide the same care and services as Level II regional centers. In addition, Level II regional neonatology centers have the following differentiating characteristics:

- (1) A defined referral area;
- (2) A defined relationship with a Level III center either in Iowa or a contiguous state;
- (3) A minimum of two board-eligible or board-certified neonatal/perinatal medicine subspecialists on staff;
- (4) Neonatology care available on a continuous 24-hour basis, with at least three obstetricians on staff; and
- (5) A medical director in the neonatal intensive care unit who is a full-time, board-eligible or board-certified pediatrician with board eligibility or certification in neonatal/perinatal medicine.

150.9(2) Functions. Level II regional neonatology centers have the same functions as Level II regional centers.

- a.* Accept selected maternal transports based on criteria developed in conjunction with the Level III center;
- b.* Maintain nursing personnel demonstrating competency in the care of high-risk mothers;
- c.* Maintain a defined neonatal intensive care unit;
- d.* Maintain nursing personnel that demonstrate competency in the care of infants in neonatal intensive care;
- e.* Provide care for infants requiring ventilatory support;
- f.* Maintain a functioning neonatal transport team for the regional area served; and
- g.* Provide for follow-up care of high-risk newborns in accordance with the Iowa high-risk infant follow-up program.

150.9(3) Physical facilities. Level II regional neonatology centers have the same physical facilities as Level II regional centers; however, they have special equipment for infants born at less than 34 weeks' gestation or weighing less than 1500 grams, and they serve a more complicated patient population.

150.9(4) Medical personnel.

a. Level II regional neonatology centers have the same medical personnel as Level II regional centers.

b. The medical director of the neonatal intensive care unit is a full-time, board-eligible or board-certified pediatrician with certification in neonatal/perinatal medicine. This physician maintains a consultative relationship with Level III physicians.

c. Anesthesia providers on staff have special training or experience in obstetric and pediatric anesthesia.

d. A pediatric cardiologist is active on staff.

e. A neonatologist shall be on the premises when unstable critically ill infants are in the Level II regional neonatology center.

150.9(5) Nursing personnel. Level II regional neonatology centers have the same minimal requirements for nursing personnel as Level II regional centers. Additionally, registered nurses in the

NICU of Level II regional neonatology centers must have specialty certification or advanced training and experience in the nursing management of high-risk neonates and their families.

150.9(6) *Outreach education.* Outreach education is provided to each hospital in the referral area at least once per year. This can be achieved by one or more of the following:

- a. Sponsoring an annual conference;
- b. Visiting Level I and Level II hospitals;
- c. Providing educational programs at the regional center for the staff members of the Level I and Level II hospitals;
- d. Sending written educational materials to the Level I and II hospitals.

150.9(7) *Allied health personnel and services.* Level II regional neonatology centers have the same allied health personnel and services available as Level II regional centers, with the addition of the following:

- a. Respiratory therapists, certified lab technicians/blood gas technicians, X-ray technologists, and ultrasound technicians with neonatal/perinatal experience available on a 24-hour basis.
- b. Social services, with social workers assigned specifically to the maternal and neonatal units.

150.9(8) *Infection control.* Infection control guidelines are the same as for Level II hospitals and Level II regional centers.

150.9(9) *Newborn safety.* Level II regional neonatology centers have at least the same requirements for newborn safety as Level II regional centers.

150.9(10) *Maternal-fetal transport.* Level II regional neonatology centers have the same requirements for maternal-fetal transport as Level II hospitals and Level II regional centers. In addition, Level II regional neonatology centers are expected to provide neonatal transportation services.

150.9(11) *Perinatal care committee.* Level II regional neonatology centers maintain a perinatal care committee with the same required meetings and membership as the Level II hospitals and Level II regional centers.

150.9(12) *Quality improvement.* Centers that routinely provide care to infants born at less than 34 weeks' gestation or weighing less than 1500 grams shall maintain a patient database of all NICU admissions that includes an accounting of patient mortality and morbidity for the benchmarking of results against other centers (national or statewide) and for the purpose of continuous review and quality improvement.