

Levels of Hospital Perinatal Care in Indiana

October 2008

POSITION

Indiana should have a system of care that ensures that all women, newborns and infants receive risk-appropriate perinatal care regardless of their racial, cultural, economic or geographic differences.

OBJECTIVES

- ▶ Publicize and disseminate criteria for levels of hospital obstetric and neonatal care
- ▶ Identify and publish Level I, II, and III hospitals in the state for the purpose of appropriate consultation, referral and transport of pregnant women and neonates
- ▶ Improve referral and consultation among institutions that provide different levels of care
- ▶ Increase the proportion of low birth weight (LBW) neonates born at Level II and III hospitals
- ▶ Increase the proportion of very low birth weight (VLBW) neonates born at Level III hospitals or subspecialty perinatal centers

SUMMARY OF RECOMMENDATIONS

- ▶ Hospitals providing perinatal health care to Indiana's women and infants should adopt the basic criteria for levels of obstetric and neonatal care and for maternal/neonatal transport included in this document as part of their standard of practice.
- ▶ The appropriate medical, nursing and administrative staff of each hospital should develop criteria for consultation, referral and transport of pregnant women and neonates.
- ▶ Each hospital should develop an identifiable mechanism for transporting the perinatal/neonatal patient.

METHODOLOGY

During 2001 – 2002, IPN collaborated with Indiana State Department of Health, Maternal and Child Health Services and others, to survey each delivering hospital in the state using the criteria set forth in the 5th edition of the American Academy of Pediatrics-American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, and the March of Dimes publication, *Toward Improving the Outcome of Pregnancy*, 2nd Edition. Results of each Indiana hospital's self-reported level of care were published in June 2005 in the consensus document *Levels of Hospital Perinatal Care in Indiana*.

In early 2008, IPN and the Indiana Hospital Association sent an online survey to all delivering hospitals requesting an update on their current level of care. This document reflects each hospital's self reported level of care.

By clearly and uniformly documenting levels of care and distributing this information statewide, we believe we can work together to help ensure that pregnant women deliver in a facility deemed most appropriate based upon risk factors and facilitate the achievement of optimal outcomes for mothers and babies.

INTRODUCTION

The concept of regionalized perinatal care, defined as a “system for organizing and maximizing perinatal resources” was an important component of the 1976 March of Dimes report, *Toward Improving the Outcome of Pregnancy (TIOP)*. Criteria was included that stratified maternal and neonatal care into 3 levels of complexity and recommended referral of high-risk mothers and babies to centers that matched their degree of risk and severity of illness. *Toward Improving the Outcome of Pregnancy: The 90’s and Beyond (TIOP II)*, published in 1993, reaffirmed the importance of an integrated system of perinatal care, but replaced and expanded the designations from I, II, and III to basic, specialty, and subspecialty, respectively. Indiana has never formally regionalized perinatal care; historically, maternal and neonatal transports have been based on relationships between providers. Financial and market forces, such as the growth of managed care participation, as well as community demands, have led some hospitals to raise their service level designation, which has complicated regionalization of perinatal health care in the state of Indiana and the United States.

The interpretation and application of the definitions of the levels of care should be based on the capability to provide increasing complexity of care. Institutions are encouraged to utilize the guidelines to assess and define their own scope of care. However, the guidelines do not mandate that an individual unit must provide the entire scope of services within a Level of Care designation. Sometimes differing levels of perinatal care services have developed within a single hospital, yet such disproportionate service capability is not encouraged.

Severity of illness and demographic factors exert significant influences on the survival potential of LBW and VLBW infants. The transport of pregnant women and newborn infants between hospitals is recognized as an essential component of modern perinatal care. Maternal transport is widely regarded as a key strategy in improving the survival of high risk infants, especially in those pregnancies in which there is a high probability of neonatal transport after delivery. Perinatal outcome for high-risk infants transported before delivery (maternal transport) is improved over that for high-risk infants transported after birth (neonatal transport). Concentrating the deliveries of this population of infants at the highest-level perinatal care center requires maternal referral and transport prior to delivery.

RATIONALE

Indiana continues to rank poorly among states on most perinatal outcomes including infant mortality, LBW, smoking, and teen pregnancy. The disparity between black, Hispanic and white perinatal outcomes has remained unchanged. Improvements in infant mortality rates over the past 10 years are largely due to advances in neonatal care that improved the survival of preterm and/or LBW babies. For every infant who dies, many more suffer serious illnesses or permanent disabilities.

RECOMMENDATIONS

HOSPITALS:

1. Hospitals providing perinatal health care to Indiana’s women and infants should adopt the uniform criteria for levels of obstetric and neonatal care and for maternal/neonatal transport included in this document and the *Guidelines for Perinatal Care (6th edition)* as part of their standard of practice for self-evaluation. Standardized nomenclature will facilitate the development and implementation of consistent service standards provided for each level of care. In addition, these definitions will be informative to the public, especially high risk maternity patients seeking an active role in selecting a health care system. It should be emphasized that regardless of the level of perinatal care provided, whether it is I, II, or III, each hospital should strive for excellence in providing that level of care.
2. The proportion of VLBW infants who are delivered in the level III obstetric hospitals best equipped to provide appropriate neonatal care should be measured to monitor the continuing effectiveness of these systems and the appropriateness of the level of care delivered to high-risk pregnant women and infants.

RECOMMENDATIONS (con't)

3. The appropriate medical staff of each hospital should develop medical criteria for consultation and referral of pregnant women and neonates. Consultation and transport should be considered when the resources immediately available to the maternal, fetal or neonatal patient are not considered to be adequate to deal with the patient's actual or anticipated condition. There should be mutual agreement between obstetric and pediatric personnel in each hospital to assure internal consistency. The criteria developed by each hospital for consult and referral should serve as a guide to support the physician's assessment in a specific case and are not intended to describe the standard of care.

Exceptions from the criteria are acceptable in those instances where qualified medical persons determine such an exception is appropriate and the basis for such determination is documented in the patient's record. It is emphasized that the criteria for consultation and referral are based on the availability of facilities, equipment, and personnel appropriate to manage that patient at the receiving hospital. The criteria developed therefore for each perinatal hospital will be unique to that hospital.

4. Each hospital should develop an identifiable mechanism for transporting the perinatal patient. The transport policy should address a) pre-transport patient stabilization; b) coordination of appropriate communication between the referring and receiving physicians; c) identification of the appropriate transport services; and d) initiation of the transport services. All policies should comply with Emergency Medical Treatment and Active Labor Act (EMTALA).
5. Hospitals should collect, collate and review mortality and morbidity data quarterly and annually to assist in evaluating and improving quality of care.

LEVELS OF INPATIENT PERINATAL (OBSTETRIC & NEONATAL) CARE

INPATIENT OBSTETRIC CARE

INPATIENT NEONATAL CARE

LEVEL I (BASIC)	LEVEL II (SPECIALTY)	LEVEL III (SUBSPECIALTY)	LEVEL I (BASIC)	LEVEL II (SPECIALTY)	LEVEL III A, B, C (SUBSPECIALTY)	
<ul style="list-style-type: none"> ▲ Uncomplicated labor/delivery (> 36 weeks), antepartum/intrapartum/postpartum ▲ C-section capability available 24 hours per day within 30 minutes ▲ Stabilization of mother for transfer ▲ Director or co-director of perinatal services is board-certified (qualified) obstetrician or family practice physician trained in obstetrics 	<ul style="list-style-type: none"> ▲ Level-I-plus care of selected high-risk mothers and fetuses ▲ Portable ultrasound in-house and available for diagnostic visualization of fetus as well as capabilities to perform biophysical tests and amniotic fluid analysis ▲ Co-director of perinatal services is board-certified (qualified) obstetrician ▲ Director of OB Anesthesia is board-certified (qualified) anesthesiologist experienced in OB anesthesia 	<ul style="list-style-type: none"> ▲ Level-II-plus comprehensive perinatal services (management of severe maternal complications) ▲ Maternal-fetal medicine specialist on staff and available for consultation 24-hours per day ▲ Attending OB available in-house on 24-hour basis ▲ Full complement of specialists readily available (includes but not limited to surgery, infectious disease, hematology, respiratory therapy, internal medicine) 24-hours per day ▲ Genetics counselor in-house or available by referral ▲ Co-director of perinatal services is board-certified (qualified) in maternal fetal medicine ▲ Director of OB anesthesia is board-certified (qualified) anesthesiologist experienced in OB anesthesia ▲ OB anesthesia available on 24-hour basis 	<ul style="list-style-type: none"> ▲ Normal newborn care ▲ Basic neonatal resuscitation ▲ Stabilization for transfer ▲ Director or co-director of perinatal services is board-certified (qualified) pediatrician or family practice physician trained in pediatrics ▲ Availability of anesthesia, radiology, ultrasound, pharmacy and laboratory services on 24-hour basis (in-house or on-call) 	<ul style="list-style-type: none"> ▲ Level-I-plus care of stable, moderately ill newborns who have problems that are expected to resolve rapidly ▲ Level IIA—Resuscitation and stabilization of preterm and/or ill newborns for transfer ▲ Care of infants with BW >1500 grams and/or >32 weeks gestational age ▲ 24-hour in-house availability of physician, nurse practitioner, or physician assistant or respiratory therapist trained in airway management for patients on ventilators ▲ Provide care for infants who are convalescing after intensive care ▲ Co-medical director of perinatal services is board-certified (qualified) pediatrician with advanced training or neonatologist ▲ 24-hour in-house (or on-call, depending on distance) availability of respiratory therapy, laboratory, ultrasound evaluation and radiology ▲ Medical, surgical, radiology and pathology consultation readily available ▲ Level IIB—Provide mechanical ventilation for brief durations (<24 hours) or continuous positive airway pressure 	<ul style="list-style-type: none"> ▲ Level-II-plus comprehensive neonatal services (normal, moderately and critically ill newborns) ▲ Capability of long-term ventilation management (>24 hours) ▲ Neonatologist on staff and available for consultation 24-hours per day ▲ Resuscitation team available to attend high-risk deliveries ▲ 24-hour availability of in-house, experienced staff to care for acuity of illness in the NICU including respiratory/neonatal pulmonary services ▲ Registered dietician with knowledge of parenteral/enteral nutritional management of high-risk neonates ▲ Co-medical director of perinatal services is board certified (qualified) neonatologist ▲ All staff must be competent, trained and specifically experienced in neonatal care ▲ 24-hour in-house availability of laboratory, radiology, ultrasound evaluation, pharmacy and respiratory therapy ▲ Personnel to support and conduct a perinatal continuing education program ▲ Perinatal social workers ▲ Pediatric subspecialists should be available for onsite consultation: included but not limited to cardiology, neurology, hematology, genetics and pediatric surgery 	<ul style="list-style-type: none"> ▲ Level IIIA—Provide comprehensive care for infants born at >28 weeks' gestation and weighing >1000 g; Provide sustained life support limited to conventional mechanical ventilation; Perform minor surgical procedures ▲ Level IIIB—Comprehensive care for extremely low birth weight infants ≤1000 g and ≤28 weeks' gestation; Advanced respiratory support such as high-frequency ventilation and inhaled nitric oxide for as long as required; Prompt and on-site access to a full range of pediatric medical subspecialists; Advanced imaging, with interpretation on an urgent basis, including computed tomography, magnetic resonance imaging, and echocardiography; Pediatric surgical specialists and pediatric anesthesiologists on site or at a closely related institution to perform major surgery ▲ Level IIIC—Capability to provide ECMO and surgical repair of complex congenital cardiac malformations that require cardiopulmonary bypass

Suggested Medical Criteria to Consider When Determining the Need for Consultation, Referral or Transport of the Perinatal Patient

The following list of criteria are to be considered when determining the need for consultation or transport. It is recognized that each situation is unique and nothing can substitute for the individual physician's evaluation and judgment. These criteria are offered as a guide to support the development of consultation and transport criteria for an individual hospital.

Maternal contraindications for transport include:

1. Maternal condition insufficiently stabilized
2. Delivery is anticipated before transport completed
3. Non reassuring fetal biophysical profile
4. No experienced attendants to accompany mother
5. Weather and road conditions hazardous for travel

I. MATERNAL CONDITIONS

Maternal transfer can be for either fetal or maternal reasons. In general, transport should be considered when resources immediately available to the mother, fetus or neonate in the local community are inadequate to manage possible complications.

A. Obstetrical conditions

1. Premature rupture of the membranes (between 20 and 34 weeks)
2. Preterm labor (between 20 and 34 weeks)
3. Pre-eclampsia, eclampsia, or other hypertensive complications
4. Multiple gestations
5. Third trimester vaginal bleeding

B. Medical Complications

1. Serious infection
2. Cardiovascular disease including poorly controlled chronic hypertension
3. Insulin-dependent diabetes mellitus
4. Endocrine disorder including hyperthyroidism
5. Renal disease with deteriorating function or increasing hypertension
6. Drug overdose or addiction
7. Acute and chronic liver disease
8. Cancer in pregnancy
9. Neurological disorder (cerebral aneurysms, encephalitis, history of intracranial hemorrhage, etc.)
10. Collagen vascular disease
11. Maternal pulmonary disease
12. Coagulopathy
13. Maternal pulmonary disease complicated by pulmonary insufficiency

C. Surgical Complications

1. Trauma requiring intensive care, surgery, or other intervention that may result in the onset of premature labor
2. Acute abdominal emergency

II. FETAL CONDITIONS

- A. Need for antenatal fetal evaluation when there is a question about the fetal condition or welfare
- B. Congenital anomalies that may require surgery
- C. Complicated antenatal genetic problems
- D. Isoimmunization with or without hydrops
- E. Intrauterine growth restriction
- F. Oligohydramnios or polyhydramnios

III. NEONATAL CONDITIONS

The elective delivery of an infant in a hospital without the required sub-specialty services resulting in a planned neonatal transport is discouraged.

- A. Preterm infant at less than 32-34 weeks or less than 1,800-2,000 grams
- B. Persistent respiratory distress
- C. Respiratory failure from any cause
- D. Conditions requiring sub-specialty consultations, special diagnostic procedures or surgery

- E. Cardiac disorders requiring special diagnostic procedures or surgery
- F. Suspected sepsis, meningitis or other serious neonatal infections
- G. Hypoglycemia (blood sugar <40 mg/dl requiring IV therapy)
- H. Seizures
- I. Sequelae of hypoxemia with evidence of multisystem involvement
- J. Hemolytic disease, if exchange transfusion is required
- K. Drug withdrawal
- L. Perinatal asphyxia (seizures within the first 72 hours)
- M. Central cyanosis
- N. Severe birth trauma

REFERENCES

- American Academy of Pediatrics Survey, Section on Perinatal Pediatrics and the Committee on Fetus and Newborn, April, 2001.
- Blackmon, Lillian R. The Role of the Hospital of Birth on Survival of Extremely Low-birthweight, Extremely Preterm Infants. *American Academy of Pediatrics*. 4(6):147, 2003.
- Chien, Li-Yin; et al. Improved Outcome of Preterm Infants When Delivered in Tertiary Care Centers. *Obstetrics & Gynecology*. 98:247-252, 2001.
- Dobrez, D.; et al. Trends in Perinatal Regionalization and the Role of Managed Care. *American Journal of Obstetrics and Gynecology* 108(4):839-845, 2006.
- Federal Emergency Medical Treatment and Active Labor Act (EMTALA), Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.
- Gibson, M.E.; et al. Transporting the Incubator: Effects Upon a Region of the Adoption of Guidelines for High-Risk Maternal Transport. *Journal of Perinatology*. 21:300-306, 2001.
- Guidelines for Perinatal Care, 6th edition, American College of Obstetricians and Gynecologists and American Academy of Pediatrics, 2007.
- Healthy People 2010. Increase the proportion of very low birth weight (VLBW) infants born at Level III hospitals or subspecialty perinatal centers. Vol II, 2nd edition. United States Department of Health and Human Services. www.healthypeople.gov/document/HTML/Volume2/16MICH.htm#_Toc494699664
- Kirby, R.S. Perinatal mortality: The role of hospital of birth. *Journal of Perinatology* 16(1):43-49, 1996.
- Levels of Neonatal Care. American Academy of Pediatrics. 2004. Levels of Neonatal Care. *Pediatrics* 114 (5), 1341-1347. www.pediatrics.org/cgi/content/full/114/5/1341
- McCormick, M.C., and Richardson, D.K. Access to neonatal intensive care. *Future Child* 5(1):162-175, 1995.
- Neonatal Resuscitation Program (NRP). American Academy of Pediatrics and American Heart Association. 2006. Textbook of Neonatal Resuscitation, 5th edition. Kattwinkel J, editor. Elk Grove Village, IL: American Academy of Pediatrics.
- Paneth, N.; Kiely, J.L.; Wallenstein, S.; et al. The choice of place of delivery: Effect of hospital level on mortality in all singleton births in New York City. *American Journal of Disabilities in Children* 141(1):60-64, 1987.
- Powell, S.L.; Holt, V.L.; Hickok, D.E.; et al. Recent changes in delivery site of low-birth-weight infants in Washington: Impact on birth-weight-specific mortality. *American Journal of Obstetrics and Gynecology* 173(5):1585-1592, 1995.
- Recommended Guidelines for Perinatal Care in Georgia: Suggested Medical Criteria to Consider When Determining the Need for Consultation of Transport of the Perinatal Patient. May 1999. health.state.ga.us/pdfs/epi/perinatalcare.99.pdf
- Toward Improving the Outcomes of Pregnancy: The 90s and Beyond, 2nd edition, Committee on Perinatal Health, published by the March of Dimes, 1999.

Indiana Maternal Fetal Medicine Specialists

Mary Pell Abnernathy, MD

IU Health North, IU Health University, Indianapolis
317.688.2727 • mabernat@iupui.edu

Petra H. Belady, MD

Aegis Women's Health, Bloomington
812.336.0168

Harold Allan Bivans, MD

St. Vincent Women's Hospital, Center for Prenatal
Diagnosis, Indianapolis
317.415.8070

Deborah Boyle, MD

The Methodist Hospitals, Advanced Obstetrical Services
Southlake Campus, Merrillville; Northlake Campus, Gary
219.757.7100

Wayne B. Conover, MD

St. Vincent Women's Hospital, Indianapolis
Parkview Health System, Fort Wayne
317.415.8100

Willie L. Donald, MD

Memorial Hospital of South Bend, South Bend
574.647.1650 • wdonald@memorialsb.org

Lauren Dungy-Poythress, MD

Community Health Network, Indianapolis
317.621.9210 • ldungy@ecommunity.com

Leonard Feinkind, MD

The Methodist Hospitals, Advanced Obstetrical Services
Southlake Campus, Merrillville; Northlake Campus, Gary
219.757.7100

C. Brennan Fitzpatrick, MD

Tri-State Perinatology, The Women's Hospital, Newburgh
812.842.4550

Alan M. Golichowski, MD

IU Health North, IU Health University, Indianapolis
317.274.8182 • agolich@iupui.edu

Howard Grundy, MD

The Methodist Hospitals, Advanced Obstetrical Services
Southlake Campus, Merrillville; Northlake Campus, Gary
219.757.7100

Seemanthini Hariharan, MD

Saint Joseph Regional Medical Center, Mishawaka
574.335.6340 • hariharans@sjrmc.com

Walter G. Harry, MD

St. Vincent Women's Hospital, Indianapolis
317.415.8100

A. Kinney Hiett, MD

St. Vincent Women's Hospital, Indianapolis
Parkview Health System, Fort Wayne
317.415.8100 • akhiett@stvincent.org

Joseph B. Landwehr, Jr., MD

IU Health Ball Memorial Hospital, Muncie
765.751.2650 • jlandwehr@chsmail.org

Men-Jean Lee, MD

Indiana University School of Medicine
317.944.8182

Roger R. Lenke, MD

Indiana Center for Pre-Natal Diagnosis, Indianapolis
317.846.6775

Emmanuel O. Ojomo, MD

The Perinatal Center, St. Margaret Mercy, Hammond
219.933.2229 • Emmanuel.Ojomo@ssfhs.org

Lillie-Mae Padilla

IU Health University, Indianapolis
317.274.8231 • Impadilla@iupui.edu

Julie S. Platt MD

St. Francis Hospital, Indianapolis
317.851.2790

Deborah Skannal, MD

Community Health Network, Indianapolis
317.621.9210

James E. Sumners, MD

St. Vincent Women's Hospital, Center for Prenatal
Diagnosis, Indianapolis
317.415.8070 • jesumner@stvincent.org

Mureena A. Turnquest-Wells, MD

St. Mary's Hospital For Women & Children, Evansville
812.485.1850 • MTurnquestWells@stmarys.org

Thomas C. Wheeler, MD

Women's Health Advantage, Fort Wayne
260.432.4400

Meredith K. Williams, MD

IU Health University, Indianapolis
317.274.8182 • merewill@iupui.edu

Dawn M. Zimmer, MD

St. Vincent Women's Hospital, Maternal Fetal Medicine
and Genetics, Indianapolis
317.415.8100 • dzimmer@stvincent.org



Self Reported Levels of Hospital Perinatal Care in Indiana

Live Births By Hospital & Birthweight Category 2004 to 2006

Hospital	County	2008 Level of Care Reported		2006					2005					2004				
		OB	NB	Total Births	VLBW		LBW		Total Births	VLBW		LBW		Total Births	VLBW		LBW	
					#	%	#	%		#	%	#	%		#	%	#	%
Adams Memorial Hospital	Adams	I	I	214	2	0.9	10	4.7	212	0	0.0	6	2.8	204	1	0.5	6	2.9
Ball Memorial Hospital, Inc.	Delaware	III	IIIB	1,635	26	1.6	181	11.1	1,647	37	2.2	187	11.4	1,709	28	1.6	148	8.7
Bloomington Hospital	Monroe	II	IIB	2,073	15	0.7	130	6.3	2,051	10	0.5	131	6.4	2,049	9	0.4	136	6.6
Bloomington Hospital of Orange County, Inc.	Orange	I	I	165	0	0.0	19	11.5	166	1	0.6	9	5.4	141	1	0.7	12	8.5
Bluffton Regional Medical Center	Wells	II	I	267	0	0.0	12	4.5	291	0	0.0	9	3.1	296	0	0.0	23	7.8
Cameron Memorial Community Hospital, Inc.	Steuben	I	I	265	3	1.1	19	7.2	300	0	0.0	19	6.3	297	2	0.7	16	5.4
Clarian Arnett Hospital	Tippecanoe	III	IIIA	0	-	-	-	-	0	-	-	-	-	0	-	-	-	-
Clarian Health (IU)	Marion	III	IIB	939	154	16.4	318	33.9	1,022	154	15.1	348	34.1	1,047	141	13.5	319	30.5
Clarian Health (Methodist)	Marion	III	IIIB	3,641	62	1.7	367	10.1	3,950	77	1.9	376	9.5	4,076	106	2.6	447	11.0
Clarian Health (Riley)	Marion	-	IIIC	0	-	-	-	-	0	-	-	-	-	0	-	-	-	-
Clarian North Medical Center	Hamilton	III	IIIB	1,939	29	1.5	149	7.7	110	0	0.0	5	4.5	0	-	-	-	-
Clarian West Medical Center	Hendricks	II	IIB	935	0	0.0	34	3.6	290	3	1.0	15	5.2	3	0	0.0	0	0.0
Clark Memorial Hospital	Clark	I	I	1,432	1	0.1	76	5.3	1,455	6	0.4	78	5.4	1,589	0	0.0	84	5.3
Columbus Regional Hospital	Bartholomew	II	IIB	1,413	4	0.3	80	5.7	1,405	14	1.0	81	5.8	1,452	8	0.6	71	4.9
Community Hospital (Munster)	Lake	II	IIIB	2,272	37	1.6	187	8.2	2,316	33	1.4	238	10.3	2,285	34	1.5	202	8.8
Community Hospital Anderson	Madison	II	IIA	1,007	2	0.2	64	6.4	1,083	3	0.3	87	8.0	1,051	0	0.0	63	6.0
Community Hospital East	Marion	III	IIB	1,054	9	0.9	88	8.3	1,004	7	0.7	81	8.1	1,002	12	1.2	89	8.9
Community Hospital North	Marion	III	IIIB	2,318	27	1.2	196	8.5	2,193	30	1.4	174	7.9	2,142	24	1.1	164	7.7
Community Hospital of Bremen, Inc.	Marshall	I	I	78	0	0.0	8	10.3	56	0	0.0	2	3.6	53	0	0.0	1	1.9
Community Hospital South	Marion	III	IIA	765	2	0.3	23	3.0	681	0	0.0	23	3.4	673	1	0.1	36	5.3
Daviess Community Hospital	Daviess	II	I	420	2	0.5	28	6.7	448	4	0.9	33	7.4	384	0	0.0	24	6.3
Dearborn County Hospital	Dearborn	I	I	579	0	0.0	16	2.8	561	2	0.4	33	5.9	589	2	0.3	33	5.6
Decatur County Memorial Hospital	Decatur	I	IIA	302	1	0.3	17	5.6	255	1	0.4	14	5.5	229	2	0.9	17	7.4
DeKalb Memorial Hospital, Inc.	DeKalb	I	I	455	0	0.0	10	2.2	476	1	0.2	21	4.4	439	1	0.2	13	3.0
Dukes Memorial Hospital	Miami	II	IIA	416	4	1.0	23	5.5	358	1	0.3	15	4.2	315	0	0.0	12	3.8
Dupont Hospital	Allen	II	IIIB	2,263	33	1.5	179	7.9	2,145	34	1.6	192	9.0	1,879	26	1.4	152	8.1
Elkhart General Healthcare System	Elkhart	II	IIB	1,537	14	0.9	119	7.7	1,572	13	0.8	111	7.1	1,669	18	1.1	91	5.5
Fayette Regional Health System	Fayette	II	IIB	271	0	0.0	17	6.3	252	2	0.8	22	8.7	257	2	0.8	15	5.8
Floyd Memorial Hospital & Health Services	Floyd	II	IIA	1,028	5	0.5	51	5.0	995	3	0.3	48	4.8	859	3	0.3	65	7.6
Good Samaritan Hospital	Knox	II	IIB	631	4	0.6	40	6.3	519	6	1.2	33	6.4	611	3	0.5	43	7.0
Goshen General Hospital	Elkhart	II	I	1,642	6	0.4	84	5.1	1,595	4	0.3	69	4.3	1,477	10	0.7	74	5.0
Greene County General Hospital	Greene	I	I	118	1	0.8	6	5.1	110	1	0.9	7	6.4	119	0	0.0	9	7.6
Hancock Regional Hospital	Hancock	II	IIA	535	1	0.2	18	3.4	537	0	0.0	26	4.8	557	1	0.2	15	2.7
Harrison County Hospital	Harrison	II	IIB	226	0	0.0	10	4.4	205	0	0.0	10	4.9	186	0	0.0	8	4.3
Hendricks Regional Health	Hendricks	II	IIA	913	4	0.4	38	4.2	968	2	0.2	65	6.7	966	2	0.2	36	3.7



Self Reported Levels of Hospital Perinatal Care in Indiana

Live Births By Hospital & Birthweight Category 2004 to 2006

Hospital	County	2008 Level of Care Reported		2006				2005				2004						
		OB	NB	Total Births	VLBW		LBW		Total Births	VLBW		LBW		Total Births	VLBW		LBW	
					#	%	#	%		#	%	#	%		#	%		
Henry County Hospital	Henry	II	IIA	445	1	0.2	20	4.5	458	0	0.0	24	5.2	468	1	0.2	23	4.9
Howard Regional Health System	Howard	II	IIB	849	4	0.5	54	6.4	896	2	0.2	67	7.5	780	3	0.4	38	4.9
Jasper County Hospital	Jasper	I	I	169	0	0.0	4	2.4	148	1	0.7	9	6.1	147	0	0.0	3	2.0
Jay County Hospital	Jay	I	I	73	0	0.0	3	4.1	76	0	0.0	1	1.3	77	0	0.0	4	5.2
Johnson Memorial Hospital	Johnson	I	I	733	1	0.1	25	3.4	693	1	0.1	29	4.2	688	1	0.1	29	4.2
Kosciusko Community Hospital	Kosciusko	II	IIA	930	2	0.2	42	4.5	866	0	0.0	39	4.5	783	0	0.0	26	3.3
La Porte Regional Health System, Inc.	LaPorte	I	I	706	1	0.1	46	6.5	669	5	0.7	53	7.9	730	5	0.7	41	5.6
Logansport Memorial Hospital	Cass	II	IIA	509	1	0.2	28	5.5	562	1	0.2	31	5.5	565	1	0.2	31	5.5
Lutheran Children's Hospital	Allen	III	IIIB	1,698	40	2.4	243	14.3	1,577	50	3.2	201	12.7	1,717	49	2.9	245	14.3
Major Hospital	Shelby	II	IIB	412	2	0.5	35	8.5	390	1	0.3	24	6.2	383	2	0.5	22	5.7
Margaret Mary Community Hospital	Ripley	II	IIA	381	3	0.8	19	5.0	420	2	0.5	13	3.1	451	4	0.9	20	4.4
Marion General Hospital	Grant	II	IIB	773	8	1.0	73	9.4	729	2	0.3	50	6.9	748	3	0.4	57	7.6
Memorial Hospital and Health Care Center	Dubois	II	IIB	944	0	0.0	49	5.2	856	1	0.1	42	4.9	828	1	0.1	35	4.2
Memorial Hospital of South Bend	St. Joseph	III	IIIB	3,307	91	2.8	337	10.2	3,222	106	3.3	376	11.7	3,192	99	3.1	358	11.2
Morgan Hospital & Medical Center	Morgan	II	I	217	1	0.5	15	6.9	222	2	0.9	10	4.5	203	1	0.5	15	7.4
Parkview Hospital	Allen	II	IIA	1,584	50	3.2	223	14.1	1,720	53	3.1	211	12.3	1,882	55	2.9	230	12.2
Parkview Huntington Hospital	Huntington	II	IIB	360	1	0.3	22	6.1	319	0	0.0	15	4.7	326	0	0.0	10	3.1
Parkview LaGrange Hospital	LaGrange	I	I	267	2	0.7	16	6.0	261	2	0.8	17	6.5	247	0	0.0	15	6.1
Parkview Noble Hospital	Noble	I	I	274	1	0.4	16	5.8	199	1	0.5	6	3.0	234	1	0.4	13	5.6
Parkview North Hospital	Allen	III	IIIB	852	9	1.1	64	7.5	809	3	0.4	50	6.2	790	5	0.6	53	6.7
Parkview Whitley Hospital	Whitley	I	I	229	0	0.0	13	5.7	236	1	0.4	16	6.8	283	1	0.4	13	4.6
Perry County Memorial Hospital	Perry	I	I	94	0	0.0	6	6.4	103	0	0.0	2	1.9	92	0	0.0	4	4.3
Porter - Valparaiso Hospital Campus	Porter	II	IIB	1,338	26	1.9	106	7.9	1,082	16	1.5	79	7.3	998	15	1.5	75	7.5
Pulaski Memorial Hospital	Pulaski	I	I	161	0	0.0	10	6.2	90	0	0.0	10	11.1	79	0	0.0	0	0.0
Putnam County Hospital	Putnam	I	I	213	1	0.5	7	3.3	268	2	0.7	23	8.6	223	0	0.0	7	3.1
Reid Hospital & Health Care Services, Inc.	Wayne	II	IIB	794	1	0.1	50	6.3	796	9	1.1	57	7.2	792	9	1.1	54	6.8
Riverview Hospital	Hamilton	II	IIB	935	0	0.0	37	4.0	900	3	0.3	36	4.0	864	0	0.0	36	4.2
Schneck Medical Center	Jackson	II	I	627	2	0.3	33	5.3	670	5	0.7	43	6.4	585	4	0.7	39	6.7
Scott Memorial Hospital	Scott	I	I	164	1	0.6	13	7.9	173	2	1.2	18	10.4	103	0	0.0	3	2.9
St. Anthony Medical Center of Crown Point	Lake	II	IIB	1,195	4	0.3	50	4.2	1,127	6	0.5	47	4.2	959	1	0.1	33	3.4
St. Anthony Memorial	LaPorte	I	I	703	3	0.4	49	7.0	660	6	0.9	62	9.4	594	7	1.2	49	8.2
St. Catherine Hospital, Inc.	Lake	I	I	847	6	0.7	36	4.3	796	4	0.5	35	4.4	711	5	0.7	52	7.3
St. Elizabeth East Hospital	Tippecanoe	II	IIIB	2988	30	1.0	197	6.6	2997	39	1.3	200	6.7	3006	32	1.1	190	6.3
St. Francis Hosp. & Health Centers, Indianapolis	Marion	II	IIIB	2647	19	0.7	200	7.6	2571	19	0.7	187	7.3	2494	23	0.9	196	7.9
St. Francis Hosp. & Health Centers, Mooresville	Morgan	II	IIB	443	0	0.0	22	5.0	429	2	0.5	28	6.5	529	1	0.2	29	5.5




Self Reported Levels of Hospital Perinatal Care in Indiana

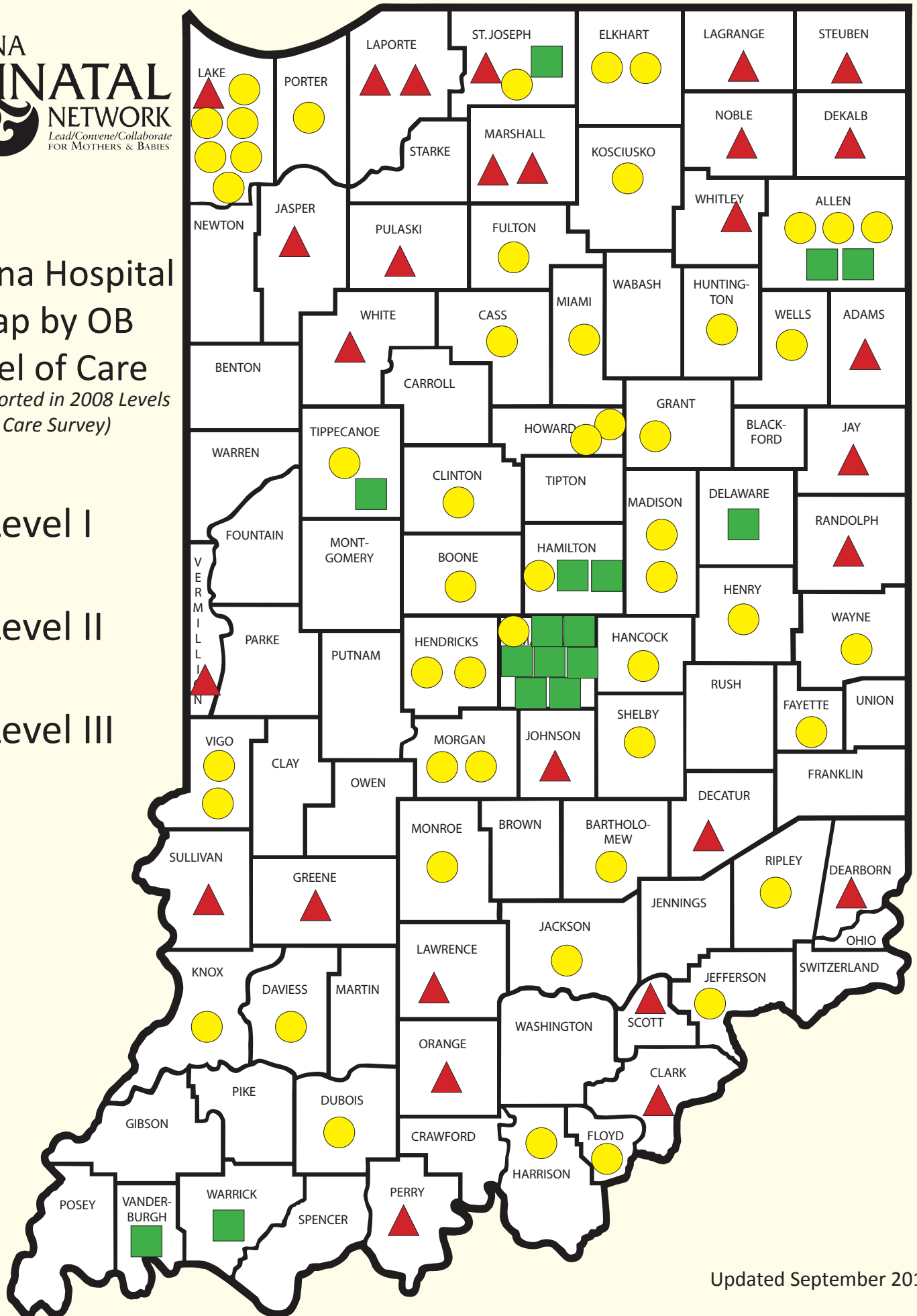
Live Births By Hospital & Birthweight Category 2004 to 2006

Hospital	County	2008 Level of Care Reported		2006					2005				2004					
		OB	NB	Total Births	VLBW		LBW		Total Births	VLBW		LBW		Total Births	VLBW		LBW	
					#	%	#	%		#	%	#	%		#	%	#	%
St. John's Health System	Madison	II	IIA	457	1	0.2	27	5.9	447	4	0.9	36	8.1	453	1	0.2	21	4.6
St. Joseph Hospital (Fort Wayne)	Allen	II	IIIB	550	14	2.5	71	12.9	506	9	1.8	54	10.7	537	15	2.8	61	11.4
St. Joseph Hospital (Kokomo)	Howard	II	IIB	586	2	0.3	27	4.6	564	4	0.7	31	5.5	683	4	0.6	42	6.1
St. Joseph Regional Med Center, Plymouth	Marshall	I	I	414	2	0.5	15	3.6	424	0	0.0	18	4.2	377	2	0.5	14	3.7
St. Joseph Regional Med Center, Mishawaka	St. Joseph	II	IIIB	1,171	26	2.2	116	9.9	1,084	27	2.5	95	8.8	1,101	14	1.3	96	8.7
St. Margaret Mercy Healthcare Centers, North	Lake	II	IIIA	973	29	3.0	138	14.2	949	23	2.4	137	14.4	950	30	3.2	141	14.8
St. Mary Medical Center (Hobart)	Lake	II	IIB	921	2	0.2	43	4.7	745	2	0.3	36	4.8	468	5	1.1	30	6.4
St. Mary's Medical Center	Vanderburgh	III	IIIB	1,468	40	2.7	196	13.4	1,741	45	2.6	225	12.9	2,080	65	3.1	277	13.3
St. Vincent Carmel Hospital	Hamilton	III	IIIA	1,284	5	0.4	65	5.1	1,327	3	0.2	63	4.7	1,215	5	0.4	66	5.4
St. Vincent Dunn Hospital	Lawrence	I	I	245	0	0.0	16	6.5	259	2	0.8	14	5.4	229	1	0.4	7	3.1
St. Vincent Frankfort Hospital	Clinton	II	IIA	307	1	0.3	12	3.9	269	0	0.0	15	5.6	256	0	0.0	11	5.6
St. Vincent Randolph Hospital	Randolph	I	I	208	0	0.0	5	2.4	203	0	0.0	19	9.4	186	0	0.0	9	4.8
St. Vincent Women's Hospital Indianapolis*	Marion	III	IIIC	4,047	165	4.1	579	14.3	5,333	198	3.7	676	12.7	6,150	183	3.0	743	12.1
Sullivan County Community Hospital	Sullivan	I	I	121	0	0.0	1	0.8	113	0	0.0	9	8.0	110	2	1.8	7	6.4
Terre Haute Regional Hospital	Vigo	II	IIB	760	5	0.7	39	5.1	814	2	0.2	35	4.3	784	2	0.3	39	5.0
The King's Daughters' Hospital and Health	Jefferson	II	IIA	393	1	0.3	15	3.8	383	0	0.0	15	3.9	398	1	0.3	18	4.5
The Methodist Hospitals, Inc., Northlake	Lake	II	III	784	25	3.2	146	18.6	778	32	4.1	137	17.6	909	30	3.3	147	16.2
The Methodist Hospitals, Inc., Southlake	Lake	II	III	987	23	2.3	152	15.4	994	22	2.2	107	10.8	1,053	19	1.8	100	9.5
The Women's Hospital (Deaconess)	Warrick	III	IIIB	3,243	51	1.6	272	8.4	2,827	40	1.4	239	8.5	2,553	43	1.7	214	8.4
Union Hospital, Inc.	Vigo	II	IIIB	1,552	13	0.8	143	9.2	1,380	15	1.1	108	7.8	1,396	7	0.5	92	6.6
White County Memorial Hospital	White	I	I	171	1	0.6	4	2.3	125	0	0.0	7	5.6	120	1	0.8	5	4.2
Wishard Health Services	Marion	III	IIIB	3,167	49	1.5	298	9.4	3,044	64	2.1	306	10.1	2,965	63	2.1	265	8.9
Witham Health Services	Boone	II	IIA	319	1	0.3	9	2.8	294	2	0.7	16	5.4	246	1	0.4	15	6.1
Woodlawn Hospital	Fulton	II	IIB	198	3	1.5	17	8.6	186	0	0.0	5	2.7	195	0	0.0	13	6.7



*Combined birth data for St. Vincent and Women's Hospital

Indiana Hospital Map by OB Level of Care
(Self-Reported in 2008 Levels of Care Survey)

-  Level I
-  Level II
-  Level III



Indiana Hospital Map by Newborn Level of Care
(Self-Reported in 2008 Levels of Care Survey)

-  **Level I**
-  **Level II**
A, B
-  **Level III**
A, B, or C

