Maternal Levels of Care Survey

What you need to know... For providers

Chart Review – The surveyor will spend a few hours reviewing 5 open and 5 closed charts looking for documentation of care provided to high-risk patients: preeclampsia, postpartum hemorrhage, shoulder dystocia, category II or III tracing, management of PTL- betamethasone

Be prepared to speak to our processes:

- Ordering Magnesium and Pitocin (risk factors: creatinine, dosing, uterine tachysystole)
- PPROM management antibiotics/betamethasone
- PPH checklist, PPH cart
- Placenta Acreta Spectrum (PAS) cases performed in HVN coordinated with many services
- Multidisciplinary management of critical patients (in ICU) and the maternal and fetal care program (identified on the OR/IOL schedule by icons)
 - Mobile fetal monitor w/surveillance
 - MFM rounds daily in ICU and has a high-level of collaboration with primary team

Provider Requirements:

- A board-certified or board-eligible obstetrician is physically present onsite at all times
- A MFM care team is available at all times (oncall)
- Board-certified anesthesiologist with OB anesthesia experience is physically present at all times
- At least one of the following adult subspecialties are readily available at all times for consultation (neurosurgery, cardia surgery, or transplant surgery)

Policies: All policies found on the portal. L&D policies under 'Unit Specific, L&D'

Quality Improvement Projects:

- Reducing SSI after cesarean back to basics bundle, CHG treatment on admission and daily
- Standardized response to PPH-checklist, hemorrhage cart, QBL all deliveries (QBL calculator)
- Reducing primary cesareans in nullips (non-medically indicated IOLs are sched. at 40+ weeks; Spinning babies training)
- We participate in Florida Perinatal Quality Collaborative (FPQC) Initiatives:
 - PP Hemorrhage
 - Hypertension in Pregnancy
 - PROVIDE reducing C-Section in term, nullip, singleton pregnancies
 - PACC (current) Postpartum Access to Care to see patients sooner after delivery