

## Comparison Between AAP Recommended Levels of Neonatal Care 2007 vs. 2012

Guidelines for Perinatal Care 6 <sup>th</sup> Edition	Guidelines for Perinatal Care 7 <sup>th</sup> Edition
<p><b>Level I (Basic neonatal care)</b></p> <ul style="list-style-type: none"> <li>- Provide neonatal resuscitation at every delivery</li> <li>- Evaluate and provide postnatal care to healthy newborn infants</li> <li>- Stabilize and provide care for infants born at 35-37 wk gestation who remain physiologically stable</li> <li>- Stabilize infants who are ill and those born &lt;35 wk gestation until transfer to a facility that can provide the appropriate level of care</li> </ul>	<p><b>Level I (Well newborn nursery)</b></p> <ul style="list-style-type: none"> <li>- Provide neonatal resuscitation at every delivery</li> <li>- Evaluate and provide postnatal care to stable term newborn infants</li> <li>- Stabilize and provide care for infants born 35-37 wk gestation who remain physiologically stable</li> <li>- Stabilize newborn infants who are ill and those born at less than 35 wk gestation until transfer to a higher level of care</li> </ul>
<p><b>Level II (Specialty neonatal care)</b></p> <ul style="list-style-type: none"> <li>- Infants born at more than 32 wk gestation and weighing more than 1500 g who               <ul style="list-style-type: none"> <li>- have physiologic immaturity such as apnea of prematurity, inability to maintain body temperature or inability to take oral feedings</li> <li>- are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis</li> <li>- are convalescing from intensive care</li> </ul> </li> <li>- Resuscitate and stabilize preterm and/or ill infants before transfer to a neonatal intensive care facility</li> </ul> <p><u>Two Subdivisions</u></p> <ul style="list-style-type: none"> <li>- <b>IIA</b> – do NOT provide mechanical ventilation</li> <li>- <b>IIB</b> – provide mechanical ventilation for less than 24 hours or continuous positive airway pressure (CPAP)</li> </ul>	<p><b>Level II (Special Care Nursery)</b></p> <ul style="list-style-type: none"> <li>- Infants born at more than 32 wk gestation and weighing more than 1500 g who               <ul style="list-style-type: none"> <li>- have physiologic immaturity such as apnea of prematurity, inability to maintain body temperature or inability to take oral feedings</li> <li>- are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis</li> <li>- are convalescing from intensive care</li> </ul> </li> <li>- Stabilize infants born before 32 wk gestation and weighing less than 1500 g until transfer to a neonatal intensive care facility</li> </ul> <p>There are no longer two subdivisions (A, B). All Level II facilities must be able to provide mechanical ventilation for a brief duration (less than 24 h) or CPAP or both.</p>

## Comparison Between AAP Recommended Levels of Neonatal Care 2007 vs. 2012

Guidelines for Perinatal Care 6 <sup>th</sup> Edition	Guidelines for Perinatal Care 7 <sup>th</sup> Edition
<p><b>Level III (Subspecialty neonatal care)</b>  <u>Three Subdivisions:</u>  <b>Level IIIA</b></p> <ul style="list-style-type: none"> <li>- Care for infants more than 28 wk gestation and more than 1000 g</li> <li>- Conventional mechanical ventilation only</li> </ul> <p><b>Level IIIB</b></p> <ul style="list-style-type: none"> <li>- Care for infants less than 28 wk gestation and less than 1000 g</li> <li>- Provide ventilator support including high frequency and inhaled nitric oxide</li> <li>- Full range of pediatric medical subspecialists on site</li> <li>- Pediatric surgical specialists and pediatric anesthesiologists on site or at a closely related institution</li> <li>- Advanced imaging with interpretation on an urgent basis (computed tomography, MRI and echocardiography)</li> </ul>	<p><b>Level III (NICU)</b>            There are no longer three subdivisions. Levels III A and IIIB are now subsumed under Level III. Level IIIC has been re-named Level IV</p> <ul style="list-style-type: none"> <li>- Comprehensive care for infants               <ul style="list-style-type: none"> <li>- &lt;32 wk gestation and less than 1500 g</li> <li>- all gestational ages and birth weights with critical illness</li> </ul> </li> <li>- Full range of respiratory support that may include conventional and /or high frequency ventilation and inhaled nitric oxide</li> <li>- Full range of pediatric medical subspecialists, pediatric surgical specialists, pediatric anesthesiologists and pediatric ophthalmologists (this can be at the site or at a closely related institution by prearranged consultative agreement)</li> <li>- Advanced imaging with interpretation on an urgent basis (computed tomography, MRI and echocardiography)</li> </ul>
<p><b>Level IIIC (Subspecialty neonatal care)</b></p> <ul style="list-style-type: none"> <li>- Provide ECMO</li> <li>- Surgical repair of serious congenital cardiac malformations that require cardiopulmonary bypass</li> </ul>	<p><b>Level IV (Regional NICU)</b></p> <ul style="list-style-type: none"> <li>- Care for infants with complex congenital and acquired conditions</li> <li>- May or may not offer ECMO and perform complex cardiac surgery</li> <li>- Pediatric medical subspecialists on site</li> <li>- Pediatric surgical subspecialists on site</li> <li>- Pediatric anesthesiologists on site</li> <li>- Facilitate transport and provide outreach education</li> </ul>

**References:**

1. Committee on Fetus and Newborn. Policy Statement: Levels of Neonatal Care. Pediatrics 2004;114(5):1341-1347
2. Committee on Fetus and Newborn. Policy Statement: Levels of Neonatal Care. Pediatrics 2012;130(3):587-597