

# SUPPORT LEVELS OF MATERNAL CARE

HB 5172 can ensure the best care at the most appropriate facility

## WHY DO WE NEED LEVELS OF MATERNAL CARE (LOMC)?

- LoMC focus on specific obstetric criteria and promote risk-appropriate care to reduce maternal mortality and morbidity

63.6% OF  
PREGNANCY RELATED  
DEATHS IN MICHIGAN  
ARE PREVENTABLE



## HOW WOULD THIS WORK IN MICHIGAN?

- Voluntary self-assessment verification; audits/reviews of levels 3 and 4 with Criteria for LoMC set by the Michigan Department of Health and Human Services aligned with The Joint Commission Levels of Maternal Care and the American College of Obstetricians and Gynecologists Maternal Care Obstetric Care Consensus

## LEVEL 1 - BASIC CARE

- Recommended for low to moderate risk pregnancies without known complications
- Stabilize and manage unanticipated maternal-fetal or neonatal problems during any period of pregnancy until patient can be transferred
- Appropriate patients would include uncomplicated c-sections

## LEVEL 2 - SPECIALITY CARE

- Recommended for moderate to high risk pregnancies that are both directly admitted and transferred from another facility
- Any patient appropriate for level 1 care, plus higher risk conditions such as severe preeclampsia (high blood pressure and protein in urine after 20 weeks gestation)

## LEVEL 3 - SUBSPECIALITY CARE

- Recommended for more complex pregnancies
- Any patient appropriate for level 2 care, plus higher risk conditions such as adult respiratory syndrome (fluid in lungs) or suspected placenta percreta (deeply attached placenta sometimes extending to other organs)

## LEVEL 4 - REGIONAL PERINATAL HEALTH CARE CENTERS

- Recommended for the most complex maternal conditions and critically ill mothers and babies
- Any patient appropriate for level 3 care, plus higher risk conditions such as severe maternal cardiac conditions or liver failure