Support HB 1898, Perinatal Regionalization

Creating a regionalized system of perinatal care ensures that all Missouri moms and babies receive the level of medical care they need, resulting in the best possible birth outcomes for both mom and baby.

WHAT IS PERINATAL REGIONALIZATION?

Perinatal regionalization is a comprehensive, coordinated and geographically-structured approach to assuring risk-appropriate care for all mothers and infants.

HB 1898 will assign level of care designations to each Missouri hospital based on the neonatal and maternal services provided at the hospital. It will also prohibit a hospital from receiving a level of care designation if it does not meet the minimum requirements for that level of care.

In Missouri, hospitals are allowed to self-designate the level of care they provide. A 1998 study of Missouri hospitals concluded self-designation resulted in many hospitals selecting a level of care designation for which they did not meet the minimum criteria. These centers reported higher neonatal mortality rates.

Analysis of 41 studies published between 1976 and 2010 shows clearly that very low birth weight (less than 3.5 pounds) neonates and very preterm (less than 32 weeks gestation) infants were more likely to die if they were born in Level I (basic care) or Level II (specialty care) centers compared with neonates born in a Level III (subspecialty care for critically ill newborn infants) center.

The March of Dimes has advocated for standard definitions of levels of neonatal care since the 1970s and the March of Dimes supports the new definitions of levels of care issued by the American Academy of Pediatrics in 2012.

The March of Dimes urges you to support HB 1898 to ensure all Missouri babies get the best possible start in life.