



CDC Maternal & Neonatal Levels of Care Assessment Tool (CDC LOCATe V 0.8.0)

DEMOGRAPHICS

Facility name: _____ City: _____

Date survey was completed: _____ State: _____ ZIP code: _____

Please list the **job titles** of all persons who contributed the information that was needed to complete this survey.
(Example: NICU Director, DON, Quality Director, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

SURVEY CONTACT: _____
Name Email Phone

PATIENT CARE

NEONATAL CARE	
<i>The next 11 questions relate to services and staff available at your facility that involve the care of newborns.</i>	
N1. Does your facility provide congenital cardiac surgery for neonates onsite ?	<input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to N2.)</i>
N1.1. In the last 12 months, did your facility provide 10 or more congenital cardiac surgeries for neonates ?	<input type="radio"/> Yes <input type="radio"/> No
N2. Does your facility provide complex pediatric subspecialty surgery for neonates other than cardiac surgery onsite ? <i>(Capable of surgical repair of complex congenital or acquired conditions)</i>	<input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to N3.)</i>
N2.1. In the last 12 months, did your facility provide 10 or more complex pediatric sub-specialty surgeries for neonates other than cardiac surgery?	<input type="radio"/> Yes <input type="radio"/> No



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<p>N3. What types of neonatal providers does your facility have available for newborn care? <i>(Mark all that apply)</i></p> <p>Specify other: _____</p>	<p><input type="checkbox"/> Neonatologist(s) <input type="checkbox"/> Pediatric hospitalist(s) <input type="checkbox"/> Neonatal nurse practitioner(s) <input type="checkbox"/> Other</p> <p><input type="checkbox"/> None <i>(If "None" skip to N4.)</i></p>
<p><i>Answer if N3.1 Neonatologist(s) is checked</i></p> <p>N3.1.1 Is a neonatologist always available... <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Within 30 minute, <u>or</u> <input type="radio"/> Between 30-60 minute, <u>or</u> <input type="radio"/> More than 60 minutes away, <u>or</u> <input type="radio"/> By telemedicine only, <u>or</u> <input type="radio"/> By phone consultation only</p>
<p><i>Answer if N3.2 Pediatric hospitalist(s) is checked</i></p> <p>N3.2.1 Is a pediatric hospitalist always available... <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Within 30 minute, <u>or</u> <input type="radio"/> Between 30-60 minute, <u>or</u> <input type="radio"/> More than 60 minutes away, <u>or</u> <input type="radio"/> By telemedicine only, <u>or</u> <input type="radio"/> By phone consultation only</p>
<p><i>Answer if N3.3 Neonatal nurse practitioner(s) is checked</i></p> <p>N3.3.1 Is a neonatal nurse practitioner always available... <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Within 30 minute, <u>or</u> <input type="radio"/> Between 30-60 minute, <u>or</u> <input type="radio"/> More than 60 minutes away, <u>or</u> <input type="radio"/> By telemedicine only, <u>or</u> <input type="radio"/> By phone consultation only</p>
<p>N4. Does your facility have a range of pediatric medical subspecialists and pediatric surgical specialists available?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to N5.)</i></p>



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<p>N4.1 Do these pediatric medical subspecialists and pediatric surgical specialists include... <i>(Mark all that apply)</i></p> <p>Specify other: _____</p>	<p><input type="checkbox"/> Pediatric surgeon(s) <input type="checkbox"/> Pediatric anesthesiologist(s) <input type="checkbox"/> Pediatric ophthalmologist(s) <input type="checkbox"/> Pediatric radiologist(s) <input type="checkbox"/> Other pediatric subspecialists(s)</p>
<p>Answer if N4.1 Pediatric surgeon(s) is checked</p> <p>N4.1.1. Is a pediatric surgeon always available... <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Within 30 minute, <u>or</u> <input type="radio"/> Between 30-60 minute, <u>or</u> <input type="radio"/> More than 60 minutes away, <u>or</u> <input type="radio"/> By telemedicine only, <u>or</u> <input type="radio"/> By phone consultation only</p>
<p>Answer if N4.1 Pediatric anesthesiologist(s) is checked</p> <p>N4.2.1 Is a pediatric anesthesiologist always available... <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Within 30 minute, <u>or</u> <input type="radio"/> Between 30-60 minute, <u>or</u> <input type="radio"/> More than 60 minutes away, <u>or</u> <input type="radio"/> By telemedicine only, <u>or</u> <input type="radio"/> By phone consultation only</p>
<p>Answer if N4.1 Pediatric ophthalmologist(s) is checked</p> <p>N4.3.1 Is a pediatric ophthalmologist always available... <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Within 30 minute, <u>or</u> <input type="radio"/> Between 30-60 minute, <u>or</u> <input type="radio"/> More than 60 minutes away, <u>or</u> <input type="radio"/> By telemedicine only, <u>or</u> <input type="radio"/> By phone consultation only</p>
<p>Answer if N4.1 Pediatric radiologist(s) is checked</p> <p>N4.4.1 Is a pediatric radiologist always available... <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Within 30 minute, <u>or</u> <input type="radio"/> Between 30-60 minute, <u>or</u> <input type="radio"/> More than 60 minutes away, <u>or</u> <input type="radio"/> By telemedicine only, <u>or</u> <input type="radio"/> By phone consultation only</p>



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<p>N5. Does your facility provide advanced (complex) imaging for neonates onsite 24/7 with interpretation available onsite or remotely 24/7? <i>(Example: CT, MRI, echocardiography)</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to N6.)</i></p>
<p>N5.1 In the last 12 months, did your facility provide 10 or more advanced imaging procedures for neonates?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>N6. Does your facility provide complex ventilation for neonates onsite? <i>(High frequency ventilation, iNO)</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to N7.)</i></p>
<p>N6.1 In the last 12 months, did your facility provide 10 or more complex ventilation procedures for neonates?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If either, skip to N8.)</i></p>
<p>N7. Does your facility provide conventional mechanical and/or continuous positive airway pressure (CPAP) ventilation support for neonates until the infant can be transferred to a higher level facility? <i>(Ventilation for less than 24 hours)</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to N8.)</i></p>
<p>N7.1 In the last 12 months, did your facility provide 10 or more conventional mechanical and/or continuous positive airway pressure (CPAP) ventilation support for neonates?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>N8. Does your facility receive neonatal transports?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to N10.)</i></p>
<p>N8.1 What type of neonatal transports do you receive? <i>(Mark all that apply)</i></p>	<p><input type="checkbox"/> Complicated, high-risk <input type="checkbox"/> Convalescent neonates</p>
<p>N9. Does your facility coordinate emergency transport for neonates?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to N9.)</i></p>
<p>N10. Does your facility currently have a neonatal level of care designation?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to N11.)</i></p>



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<p>N10.1 What is your neonatal level of care designation? <i>(Choose one)</i></p> <p>Specify other: _____</p>	<p><input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="radio"/> Other</p>
<p>N10.2 How is this neonatal level of care designated? <i>(Mark all that apply)</i></p> <p>Specify other: _____</p>	<p><input type="checkbox"/> State regulatory based <input type="checkbox"/> State voluntary based <input type="checkbox"/> AAP based <input type="checkbox"/> Self-designated <input type="checkbox"/> Unknown (not sure) <input type="checkbox"/> Other</p>
<p>N11. Based on the 2012 AAP guidelines for neonatal levels of care, what do you consider your neonatal level of care to be? <i>(Choose one)</i></p>	<p><input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="radio"/> Unknown (not sure)</p>



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MATERNAL CARE

The next 14 questions relate to services and staff available at your facility that involve the care of obstetric (maternal) patients.

<p>W1. Does your facility staff an OB Unit (Labor and Delivery, LDR, LDRP)?</p> <p>NOTE: If "No" is selected for this option, the survey assumes that you do not provide obstetric services other than emergency care; and you should skip to the NEONATAL STATISTICS section on the last page of this survey.</p> <p><i>This answer is appropriate for most children's hospitals, many small rural hospitals, and other hospitals that do not specifically staff an obstetric unit.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to STATISTICS section on the last page.)</i></p>
<p>W2. What type of obstetric/maternal care patients does your facility accept? <i>(High risk, complicated examples include: placenta previa and severe preeclampsia)</i> <i>(Mark all that apply)</i></p>	<p><input type="checkbox"/> Uncomplicated <input type="checkbox"/> High risk, complicated</p>
<p>W3. Does your facility have a formal written plan for transport of complicated obstetric/maternal patients?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to W4.)</i></p>
<p>W3.1 Does this formal written plan include... <i>(Mark all that apply)</i></p>	<p><input type="checkbox"/> Transport out to a higher level of care facility <input type="checkbox"/> Receipt from a lower level of care facility</p>
<p>W4. Does your facility have an intensive care unit onsite that is available to accept obstetric/maternal care patients?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>



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<p>W5. What other onsite hospital services does your facility provide 24/7?</p> <p>* Equipment must be onsite and staffed 24/7. Interpretation can be available either onsite or remote, but must be available 24/7</p> <p><i>(Mark all that apply)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Laboratory <input type="checkbox"/> Blood bank <input type="checkbox"/> * Obstetric ultrasound, w/ interpretation <input type="checkbox"/> * General radiology, w/ interpretation <input type="checkbox"/> * CT Scan, w/ interpretation <input type="checkbox"/> * MRI, w/ interpretation <input type="checkbox"/> Interventional radiology <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Organ transplantation <input type="checkbox"/> Interventional cardiovascular procedures <input type="checkbox"/> None of the above
<p>W6. Does your facility have written policies & procedures in place for...</p> <p><i>(Mark all that apply)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Obstetric hemorrhage <input type="checkbox"/> Hypertensive emergency <input type="checkbox"/> Thromboembolism prophylaxis <input type="checkbox"/> None of the above <i>(If "None" skip to W7.)</i>
<p>W6.1 Do these policies and procedures have a unit-standard approach using a stage-based management plan with checklists that have been reviewed & updated in the last 3 years?</p> <p><i>(Mark all that apply)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, Obstetric hemorrhage <input type="checkbox"/> Yes, Hypertensive emergency <input type="checkbox"/> Yes, Thromboembolism prophylaxis <input type="checkbox"/> No, none of them
<p>W6.2 Has your staff practiced drills in preparation for these events within the last 12-months?</p> <p><i>(Mark all that apply)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, Obstetric hemorrhage <input type="checkbox"/> Yes, Hypertensive emergency <input type="checkbox"/> Yes, Thromboembolism prophylaxis <input type="checkbox"/> No, none of them



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<p>W7. What types of obstetric providers does your facility have available to provide maternal care? <i>(Mark all that apply)</i></p> <p>Specify other: _____</p>	<p><input type="checkbox"/> Obstetrician <input type="checkbox"/> Maternal Fetal Medicine Specialist <input type="checkbox"/> Family Medicine Physician</p> <p><input type="checkbox"/> Certified Nurse Midwife (CNM) <input type="checkbox"/> Certified Midwife (CM) <input type="checkbox"/> Certified Professional Midwife (CPM) <input type="checkbox"/> Licensed Midwife (LM)</p> <p><input type="checkbox"/> Advanced Practice Nurse (APN) <input type="checkbox"/> Physician Assistant (PA)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None of the above <i>(If 1-3, 6 or "None" skip to W8.)</i></p>
<p>W7.1.1 Is an Obstetrician always... <i>(If Obstetrician is checked in W7)</i></p> <p><i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>
<p>W7.2.1 Is a Maternal Fetal Medicine Specialist always... <i>(If Maternal-Fetal Medicine specialist is checked in W7)</i></p> <p><i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available for consultation 24/7, with inpatient privileges, <u>or</u> <input type="radio"/> Available for consultation as needed, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>
<p>W8. Does your facility have an Obstetric provider with privileges to perform an emergency C-section available?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to W9.)</i></p>
<p>W8.1 What type of Obstetric provider? <i>(Mark all that apply)</i></p> <p>Specify other: _____</p>	<p><input type="checkbox"/> Obstetrician <input type="checkbox"/> Family Medicine Physician</p> <p><input type="checkbox"/> Other</p>



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<p>W9. Does your facility have a Certified Registered Nurse Anesthetist (CRNA) available for Labor and Delivery?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to W10.)</i></p>
<p>W9.1 Is a Certified Registered Nurse Anesthetist (CRNA) always... <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>
<p>W10. Does your facility have an Anesthesiologist Physician available for Labor and Delivery?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to W11.)</i></p>
<p>W10.1 Is an Anesthesiologist Physician always... <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>
<p>W10.2 Does your facility have an Anesthesiologist Physician who is an Obstetric Specialist that is in charge of obstetric anesthesia?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>W11. Does your facility have a general surgeon available for obstetric patients?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>W11.1 Is a General Surgeon... <i>(If General surgeon is checked in W11)</i> <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>



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<p>W12. Does your facility have other types of physician specialists/subspecialists that are available for obstetric patients? <i>(Mark all that apply)</i></p> <p>Specify other: _____</p>	<p><input type="checkbox"/> Cardiologist <input type="checkbox"/> Hematologist <input type="checkbox"/> Infectious Disease Specialist <input type="checkbox"/> Nephrologist <input type="checkbox"/> Critical Care Specialist(s) <i>(Anesth, IM, OBGYN, Peds, and/or Surg)</i> <input type="checkbox"/> Neurologist</p> <p><input type="checkbox"/> Other specialists</p> <p><input type="checkbox"/> None of the above <i>(If "None of the above", skip to W13.)</i></p>
<p>W12.1.1 Is a Cardiologist... <i>(If Cardiologist is checked in W12)</i> <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>
<p>W12.2.1 Is a Hematologist... <i>(If Hematologist is checked in W12)</i> <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>
<p>W12.3.1 Is an Infectious Disease specialist... <i>(If Infectious Disease specialist is checked in W12)</i> <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>
<p>W12.4.1 Is a Nephrologist... <i>(If Nephrologist is checked in W12)</i> <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>



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<p>W12.5.1 Is a Critical Care Specialist... <i>(If Critical Care Specialist is checked in W12)</i> <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>
<p>W12.6.1 Is a Neurologist... <i>(If Neurologist specialist is checked in W12)</i> <i>(Choose one)</i></p>	<p><input type="radio"/> Onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite 24/7, <u>or</u> <input type="radio"/> Available to be onsite, but not 24/7, <u>or</u> <input type="radio"/> Available by telemedicine only, <u>or</u> <input type="radio"/> Available by phone only</p>
<p>W13. Does your facility currently have a maternal level of care designation?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <i>(If "No" skip to 14.)</i></p>
<p>W13.1 What is your maternal level of care designation? <i>(Choose one)</i></p> <p>Specify other: _____</p>	<p><input type="radio"/> Birth Center <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="radio"/> Other</p>
<p>W13.2 How is this maternal level of care designated? <i>(Mark all that apply)</i></p> <p>Specify other: _____</p>	<p><input type="checkbox"/> State regulatory based <input type="checkbox"/> State voluntary based <input type="checkbox"/> ACOG based <input type="checkbox"/> Self-designated <input type="checkbox"/> Other <input type="checkbox"/> Unknown (not sure)</p>
<p>W14. Based on the 2015 ACOG/SMFM guidelines for maternal levels of care, what do you consider your maternal level of care to be? <i>(Choose one)</i></p>	<p><input type="radio"/> Birthing Center <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="radio"/> Unknown (not sure)</p>



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STATISTICS

S1. Time frame for the facility statistics. *(Please use the latest complete year of data available)*

From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

NEONATAL STATISTICS	Born (Total)	Newborn deaths	High risk neonates transferred out	Convalescent neonates received back
S2.1 All live births at your facility				
S2.2 Live births less than 1,500 grams (VLBW)				
S2.3 Live births less than 32 weeks gestation (VPTD)				

MATERNAL STATISTICS (#s)	Delivered (Total)	Transported OUT to a higher level of care facility AFTER delivery	Maternal deaths prior to discharge	Received 4 or more units of whole blood or packed cells	Were admitted to an Intensive Care Unit (ICU)
S3. Women who delivered at your facility					

FETAL DEATH STATISTICS	Fetal deaths (Total)	Fetal deaths 20-24 weeks gestation	Fetal deaths 25-28 weeks gestation	Fetal deaths more than 28 weeks gestation
S4. Number of fetal deaths delivered at your facility				