



Maternal/Fetal Level of Service Classification FAQ

<p>What is the purpose of classifying pregnant women in this way?</p>	<ul style="list-style-type: none"> • Applying a standardized assessment tool supports consistent understanding of the acuity of maternal/fetal needs • Provides a common language to enhance consultation and triage decisions and processes • Facilitates prospective planning for education, programs and services.
<p>As clinicians, we all understand the difference between low, moderate and high risk needs... Why do we have to introduce this classification?</p>	<p>We do not currently have a common language or standardized classification to support clear communication about the acuity of a pregnant woman and the fetus.</p> <p>By classifying a woman/fetus according to their needs, we can more clearly determine what services they require and who is best to provide those services.</p> <p>Example: a women is pregnant with uncomplicated term dichorionic-diamniotic twins. If she had no other risk factors she would be classified as a level 1. This may be different from the 2005 Levels of Care Classification (under review) which identifies what level of care a site can provide 24/7 – 365.</p>
<p>Why are we calling this classification “levels of service”, when in fact, it is really the care that we need to offer to these pregnant women?</p>	<p>The Canadian Pediatric Society used Levels of Care when referring to facility capability therefore we did not want to change the language when developing the Neonatal Levels of Service Classification and now this classification.</p> <p>For the purpose of this work, the level of service focuses on the acuity of services a mother/fetus need and is differentiated from the level of care, which references the range of support and resources a particular facility can provide.</p>
<p>Why aren’t we discussing what services different hospitals can offer?</p>	<p>Health Authorities and local facilities will need to determine what level of care will be provided at each site. PSBC develops the criteria but does not designate levels of care.</p> <p>When designating a site - services must be able to be provided 24/7 - 365</p>
<p>How do we classify a pregnant mom if she has a condition that is considered 2B but the fetus has a condition that is 2A?</p>	<p>Following a large group consultation, it has been decided to use the highest level of either fetal or maternal conditions to determine the level of service classification.</p>
<p>Can a pregnant woman classified as 2B ever be cared for in a facility that can only offer care to less acute conditions?</p>	<p>Yes. It is not always realistic or necessary to transfer a women to a higher level of care, however appropriate resources and services must be available to ensure she receives quality care. It is anticipated that the practicalities of weather, geography etc may influence where care is provided.</p> <p>This tool offers a common language for more consistent understanding of service needs so that patients can be assessed, accurate triage information shared and admission and timely safe transfers occur in the most appropriate way.</p> <p>Eg. A woman with a BMI >38 is classified as 2A. Although not appropriate to always transfer her from a rural town offering level 1 care to an urban centre with higher level of care, there must be appropriate anesthesia and surgical resources available for her delivery. This tool helps inform a plan of care to best meet her needs.</p>
<p>Is this just a data collection exercise?</p>	<p>No this is not just about data. As stated above it is about clinical decision making and communication.</p>