

Maternal and Fetal Levels of Service Classification Tool

ADDRESSOGRAPH

1.0 Admission Assessment Date _____ Time _____

RN MD RM Name _____ Signature _____

	<input type="checkbox"/> Normal	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2a	<input type="checkbox"/> Level 2b	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 3+
2.0 LOS	No maternal/fetal well-being concerns	Maternal and/or Fetal medical, surgical, social and obstetrical needs: not anticipated to impact well-being	Maternal and/or Fetal medical, surgical, social and obstetrical needs: could impact well-being	Maternal and/or Fetal medical, surgical, social and obstetrical needs: impacting well-being: not life threatening	Maternal and/or Fetal medical, surgical, social and obstetrical needs: seriously impacting well-being: not anticipated to be life threatening	Maternal and/or Fetal medical, surgical, social and obstetrical needs: critically impacting well-being: are life threatening
3.0 Maternal	<input type="checkbox"/> Maternal age > 16 and < 40 <input type="checkbox"/> Term pregnancy (37 ⁰ –41 ⁶) <input type="checkbox"/> Anticipated NSVD and post partum progress <input type="checkbox"/> BMI > 18.5 < 30 <input type="checkbox"/> Assessment and care of women < 20 weeks <input type="checkbox"/> Other:	<input type="checkbox"/> Maternal age < 16 or ≥ 40 <input type="checkbox"/> PTL (36 ⁰ –36 ⁶) <input type="checkbox"/> Post-term ≥ 42 weeks <input type="checkbox"/> Planned VBAC <input type="checkbox"/> PROM <input type="checkbox"/> Group B Strep+ <input type="checkbox"/> Undiagnosed pregnancy <input type="checkbox"/> Planned C-sect ⁿ <input type="checkbox"/> Augmentation/induction of labour <input type="checkbox"/> BMI 30–38 <input type="checkbox"/> Diagnosed chronic health needs; stable <input type="checkbox"/> Mental Health, substance use, psycho-social ± IPV considerations; stable <input type="checkbox"/> GDM, diet controlled <input type="checkbox"/> Other:	<input type="checkbox"/> Previous preterm birth or history of PTL <input type="checkbox"/> PTL with cervical changes and positive ffN <input type="checkbox"/> Confirmed PPROM <input type="checkbox"/> Antepartum hemorrhage <input type="checkbox"/> BMI > 38 <input type="checkbox"/> Gestational HTN (without adverse features) <input type="checkbox"/> Pre-existing HTN, no systemic involvement <input type="checkbox"/> GDM, insulin controlled <input type="checkbox"/> Acute/episodic health concern, eg: pneumonia, pyelonephritis <input type="checkbox"/> Other:	<input type="checkbox"/> Severe gestational HTN <input type="checkbox"/> Pre-existing HTN requiring pharmacologic treatment; mild systemic involvement <input type="checkbox"/> Pre-pregnancy diabetes impacting the fetus with no maternal systemic involvement <input type="checkbox"/> Diagnosed chronic health needs; unstable ie: mild renal effect of lupus <input type="checkbox"/> Other:	<input type="checkbox"/> Severe pre-eclampsia <input type="checkbox"/> HELLP syndrome <input type="checkbox"/> Serious Medical and/or Surgical conditions requiring inpatient admission e.g. pulmonary edema, cardiac/renal <input type="checkbox"/> Pre-pregnancy diabetes with significant maternal systemic involvement <input type="checkbox"/> Requiring emergency rescue cerclage <input type="checkbox"/> Other:	<input type="checkbox"/> High order multiple pregnancy <input type="checkbox"/> Pulmonary embolism <input type="checkbox"/> Level 1 trauma <input type="checkbox"/> Intubation/ventilation <input type="checkbox"/> Other:
4.0 Fetal	<input type="checkbox"/> Gestational age ≥ 37 weeks <input type="checkbox"/> Singleton <input type="checkbox"/> Cephalic presentation <input type="checkbox"/> Normal FHS <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age 36–36 ⁶ weeks <input type="checkbox"/> Singleton <input type="checkbox"/> Fetal anomaly not requiring immediate intervention at birth <input type="checkbox"/> Cephalic presentation <input type="checkbox"/> Mild IUGR <input type="checkbox"/> Uncomplicated dichorionic-diamniotic twin <input type="checkbox"/> Meconium <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age ≥ 32–35 ⁶ weeks <input type="checkbox"/> Breech at term/trial of labour <input type="checkbox"/> Moderate IUGR <input type="checkbox"/> Dichorionic-diamniotic twins <input type="checkbox"/> Moderate polyhydramnios, deep vertical pockets, 8–10 cm <input type="checkbox"/> Moderate oligohydramnios <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age 30–31 ⁶ weeks <input type="checkbox"/> Fetal anomaly(ies), requiring evaluation after birth <input type="checkbox"/> Breech preterm (>2500 g) <input type="checkbox"/> Complicated dichorionic-diamniotic twins <input type="checkbox"/> Monochorionic-diamniotic twins <input type="checkbox"/> Severe IUGR <input type="checkbox"/> Severe polyhydramnios <input type="checkbox"/> Severe oligohydramnios <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age < 30 weeks <input type="checkbox"/> Fetal anomalies requiring immediate care at birth <input type="checkbox"/> Complicated monochorionic-diamniotic twins <input type="checkbox"/> Uncomplicated triplets <input type="checkbox"/> Other:	<input type="checkbox"/> Any gestational age <input type="checkbox"/> Complicated multiples <input type="checkbox"/> Twin-twin transfusion syndrome <input type="checkbox"/> In utero interventions <input type="checkbox"/> Hydrops <input type="checkbox"/> Congenital Diaphragmatic Hernia <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Other:

Admission Status Yes No Other:

Please see the Guide for Completion at www.perinatalervicesbc.ca

BMI Chart: To estimate pre-pregnancy BMI, locate the point on the chart where height and weight intersect. If pre-pregnant weight is not known, use weight from the first trimester. Read the number on the dashed line closest to this point. For example, if you weigh 69 kg and are 173 cm tall, you have a BMI of approximately 23.

