

The following identifies the changes between the proposed rule and final rule based on public comment for LSA # 18-416:

1. 410 IAC 39-8-5(a)(3)

Proposed Rule:

(a) The purpose of perinatal centers is to coordinate perinatal care throughout the state by affiliating with delivering facilities. Perinatal centers will work with affiliate hospitals by providing the following:

- (1) Training.
- (2) Quality assurance review.
- (3) Transport of mother and newborn.
- (4) Other support services as necessary.

Final Rule:

(a) The purpose of perinatal centers is to coordinate perinatal care throughout the state by affiliating with delivering facilities. Perinatal centers will work with affiliate hospitals by providing the following:

- (1) Training.
- (2) Quality assurance review.
- (3) **Facilitation** of transport of mother and newborn.
- (4) Other support services as necessary.

2. 410 IAC 39-8-5

Proposed Rule:

Sec. 5. Delivering facilities serving as perinatal centers shall provide the following support to affiliate hospitals at all times:

- (1) Maternal-fetal medicine (MFM) specialist consultation by phone or telemedicine.
- (2) Maternal-fetal transport including a reliable and comprehensive communication system to initiate transport.
- (3) MFM outpatient services.
- (4) Communication with the discharging obstetrician-gynecologist (OB-GYN) or MFM specialist, and the referring OB-GYN or family medicine physician regarding the outcome of pregnancy, recommendations for postdelivery care or continued interpregnancy care, and management of the next pregnancy including, when appropriate, birth spacing.
- (5) Neonatal consultation by phone or telemedicine.
- (6) Neonatal transport, including a reliable and comprehensive communication system to initiate transport.

(7) Developmental follow-up program for high-risk newborns.
(Indiana State Department of Health; 410 IAC 39-8-5)

Final Rule:

Sec. 5. Delivering facilities serving as perinatal centers shall provide the following support to affiliate hospitals at all times:

(1) Maternal-fetal medicine (MFM) specialist consultation by phone or telemedicine.

(2) Maternal-fetal transport including a reliable and comprehensive communication system to initiate transport.

(3) Communication with the discharging obstetrician-gynecologist (OB-GYN) or MFM specialist, and the referring OB-GYN or family medicine physician regarding the outcome of pregnancy, recommendations for postdelivery care or continued interpregnancy care, and management of the next pregnancy including, when appropriate, birth spacing.

(4) Neonatal consultation by phone or telemedicine.

(5) Neonatal transport, including a reliable and comprehensive communication system to initiate transport.

(6) Developmental follow-up program for high-risk newborns.

(Indiana State Department of Health; 410 IAC 39-8-5)