



Kathleen E. Toomey, M.D., M.P.H., Commissioner

Brian Kemp, Governor

2 Peachtree Street, NW, 15th Floor  
Atlanta, Georgia 30303-3142

[dph.ga.gov](http://dph.ga.gov)

## **MATERNAL FACILITY DESIGNATION APPLICATION LEVELS II, III, AND IV**

### **General Information**

- For process, rule clarification, or technical assistance please contact:  
**Maternal and Neonatal Center Program Manager, Erin Smith, R.N**  
[erin.smith@dph.ga.gov](mailto:erin.smith@dph.ga.gov)

### **Application Packet Submission Instructions:**

1. Fill out the Application. Answer all questions completely.
2. Compile all required documents for the application packet including:
  - ☐ Completed designation application form for the appropriate level of designation with required signatures.
  - ☐ Letter of Intent.
  - ☐ Designation survey report, including medical record reviews.
  - ☐ Plan of correction, including supporting documentation, if appropriate.
  - ☐ Any additional documents requested by the Department of Public Health.
3. Electronically submit application packet to Erin Smith, R.N., [erin.smith@dph.ga.gov](mailto:erin.smith@dph.ga.gov) within 90 days of the facility's completed survey date.

**Subject line:** Designation Application Packet: [Facility Name]

If you do not receive a confirmation within 2 business days, please contact [\*\*Maternal Designation Program\*\*](#)



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## Maternal Facility Designation Application – Level II, III, IV

Date:

Facility Name:

Licensed Street Address:

City, State, Zip:

County:

Mailing Address (if different):

City, State, Zip:

Perinatal Care Region (PCR):

Facility Level: Level II ☐ Level III ☐ Level IV ☐

Maternal Program Manager:

Title:

Phone number(s):

Email:

Maternal Medical Director:

Phone number(s):

Email:

Name of Facility CEO/President:

Title:

Phone number(s):

Email:

July 20, 2022



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### Maternal Statistical Data:

Reporting year:  to

(Use reporting period provided to survey organization)

Total number of all deliveries:

Total number of vaginal deliveries:

Total number of forceps deliveries:

Total number of vacuum deliveries:

Total number of VBAC deliveries:

Total number of Cesarean section deliveries:

Total number which were urgent cesarean:

Total number which were emergent cesarean:

Total number of multiples:

Total number of unattended deliveries:

Total number of maternal patients receiving 2 units  
or less of blood:

Total number of hemorrhage cases:

Total number requiring 3 to 4 units of blood:

Total number requiring greater than 4 units of blood:

Total number of activated massive transfusion protocols (MTP):

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Number of pregnant patients screened for placenta accreta spectrum disorders:

Number of deliveries of patients with placenta accreta spectrum disorder:

Number of placenta accreta spectrum team simulation trainings per year:

Number of deliveries with placenta previa:

Number of deliveries with placental abruption:

Number of deliveries with uterine rupture:

Number of perinatal ICU admissions:

Number of maternal-related deaths:

Total neonatal deaths related to maternal intrapartum or delivery complications:

Number of maternal transfers **in from** external facilities:

Number of maternal transfers **out to** external facilities:

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Signature of Maternal Program Manager

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Date

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Signature of Maternal Medical Director

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Date

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Signature of CEO/President

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Date

July 20, 2022