

NOTICE OF PROPOSED RULEMAKING
Proposed New Public Health Regulation
CHAPTER 511-5-13
“Designation of Perinatal Centers”

The Georgia Department of Public Health proposes to promulgate Chapter 511-5-13 “Designation of Perinatal Centers” pursuant to its authority under O.C.G.A. § 31-2A-6 and O.C.G.A. § 31-2A-50 through -57.

During the 2018 legislative session of the Georgia General Assembly, Chapter 2A of Title 31 of the Official Code of Georgia Annotated was amended to establish a program that encourages the improvement of quality of care to create better maternal and neonatal outcomes. This law tasked the Department with promulgating rules and regulations to accomplish its purposes. The proposed Chapter 511-5-13 is comprised of 6 regulations intended to establish criteria for maternal and neonatal levels of care and procedures by which a perinatal facility may request approval as a designated facility which has achieved a particular maternal or neonatal level of care. In establishing the criteria, the Department has solicited the views of hospitals, birthing centers, health care providers, and related professional associations and given due consideration to the current recommendations of medical and scientific organizations in the field of perinatal medicine.

The proposed amendments have been posted to the Department’s website at <https://dph.georgia.gov/regulationsrule-making>. Interested persons may submit comments on these proposed revisions in writing addressed to:

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Written comments must be submitted on or before July 8, 2019. Comments may also be presented in person at a public meeting scheduled for 10 a.m. on July 3, 2019 in Room 9-260 at 2 Peachtree Street, NW, Atlanta, Georgia 30303. The Commissioner of Public Health will consider the proposed rules for adoption on or about July 15, 2019, to become effective on August 14, 2019.



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**RULES OF THE
DEPARTMENT OF PUBLIC HEALTH**

CHAPTER 511-5-13

Designation of Perinatal Centers

511-5-13-.01 Scope and Purpose

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Rule 511-5-13-.01 Scope and Purpose

- (1) These regulations are enacted pursuant to Sections 50 through -57 of Chapter 2A of Title 31 of the Official Code of Georgia Annotated to establish a program that encourages the improvement of quality of care to create better maternal and neonatal outcomes.
- (2) The purpose of these regulations is to establish separate criteria for three maternal and three neonatal levels of care and procedures by which a perinatal facility may request approval to be a designated facility which has achieved a particular DPH designated level of care.
- (3) These regulations are not intended to prevent any perinatal facility from providing medical services to a woman or infant.
- (4) No perinatal facility shall hold itself out as or advertise itself to the public as having achieved a DPH designated level of care as a maternal or neonatal center unless it has been so designated by the Department.

Authority: O.C.G.A. § 31-2A-50 through -57.

Rule 511-5-13-.02 Definitions

- (1) “Available to be onsite” means the person will be able to be physically present onsite within a timeframe that incorporates maternal and fetal risks and benefits with the provision of care, but does not have to be available 24 (twenty-four) hours a day, 7 (seven) days a week.
- (2) “Available to be onsite at all times” means the person will be available 24 (twenty-four) hours a day, 7 (seven) days a week to be physically present onsite within a timeframe that incorporates maternal and fetal risks and benefits with the provision of care.
- (3) “Designated facility” means a perinatal facility that has been inspected and approved by the Department pursuant to these regulations as meeting its established criteria for a particular maternal or neonatal level of care.
- (4) “Perinatal facility” means a hospital, clinic, or birthing center that provides maternal or neonatal health care services.

Authority: O.C.G.A. § 31-2A-50 through -57.

Rule 511-5-13-.03 Designation

- (1) A perinatal facility seeking designation as a maternal or neonatal center shall submit a written application to the Department through an application process to be determined by the Department, and shall provide upon request such additional information, documents, or inspections as the Department may deem necessary.
- (2) A perinatal facility may apply for designation or re-designation as a maternal and a neonatal center or may apply for designation or re-designation separately as a maternal center or a neonatal center.
- (3) Designation shall be for a period of three years.
- (4) A designated facility shall be subject to periodic review by the Department and shall permit on-site inspection and submit data to the Department as may be required by the Department to evaluate whether the designated center has maintained compliance with the requirements of these rules or applicable statutes.
- (5) The Department may suspend or revoke a designation, after notice and hearing, if the Department determines that the perinatal facility is not in compliance with the requirements of these rules or applicable statutes.
- (6) The Department shall use the following notice and hearing procedures:

1. The Department shall provide written notice to the perinatal facility of any suspension or revocation taken pursuant to this regulation.
2. All suspensions or revocations by the Department are effective twenty days after the perinatal facility's receipt of the Department's notice, unless the perinatal facility makes a timely request for a hearing. In the event a timely request for a hearing is received, the action shall become effective upon the Department's final decision.
3. The perinatal facility may submit a written request for an administrative hearing on the suspension or revocation within twenty days from the date the perinatal facility receives the notice of suspension or revocation.
4. The Department shall provide an administrative hearing on the suspension or revocation if the perinatal facility's written request is delivered to and received by the Department's Women's Health Program no later than twenty days from the date the perinatal facility receives the notice of suspension or revocation.

Authority: O.C.G.A. § 31-2A-50 through -57.

Rule 511-5-13-.04 Designation Criteria for Maternal Centers

- (1) Level I: A Level I maternal center must be able to provide care for uncomplicated pregnancies with the ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available, and must meet all other requirements of this section (1). Examples of appropriate patients are women with term twin gestation, trial of labor after cesarean, uncomplicated cesarean, or preeclampsia without severe features at term.
 - (a) A Level I maternal center must be able to do and provide documentation that it is able to do the following:
 1. Provide at least one caregiver to be present at every delivery whose primary responsibility is for the newborn infant, and a person who has successfully completed the Neonatal Resuscitation Program and can be immediately available to be onsite to perform neonatal resuscitation, including endotracheal intubation and administration of medications.
 2. Have written policies and procedures in place for the stabilization and resuscitation of the pregnant or postpartum patient in accordance with current standards of medical practice.

3. Have staff members onsite at all times who have completed Advanced Cardiac Life Support training and who have the skills to perform a complete resuscitation on the mother.
4. Have resuscitation equipment immediately available onsite at all times in the labor and delivery, antepartum, and postpartum areas, including difficult airway management equipment for pregnancy and postpartum patients.
5. Have written protocols in place for the early identification, early diagnosis, therapy, stabilization, and transfer of a pregnant or postpartum patient with conditions that place her at risk, and for preventative measures. Such protocols must address, at a minimum, the following:
 - (i) Treatment of a massive hemorrhage, transfusion of the patient in coordination with the blood bank, and management of unanticipated hemorrhage or coagulopathy.
 - (ii) Early diagnosis and treatment of hypertensive disorders, including eclampsia, to reduce morbidity and mortality.
 - (iii) Assessment of risk factors, early diagnosis, and treatment of venous thromboembolism in the pregnant and postpartum patient.
6. Provide access to an onsite laboratory at all times.
7. Have an onsite blood bank operating at all times with the capability to do the following:
 - (i) Provide ABO-Rh specific or O-Rh negative blood, fresh frozen plasma, and cryoprecipitate at all times.
 - (ii) Implement a massive transfusion protocol.
 - (iii) Implement guidelines for the emergency release of blood components.
 - (iv) Manage multiple component blood therapy.
8. Provide diagnostic support services onsite at all times, including x-ray and ultrasonography, with the ability to perform and interpret studies as needed for maternal and newborn care.

9. Have a written breastfeeding policy that is routinely communicated to all health care staff and train all health care staff in skills necessary to implement this policy.
 10. Provide emergency care and transport for unassigned patients.
 11. Provide perinatal education at frequent intervals concerning high-risk events to medical, nursing and ancillary staff, in order to prepare for such emergencies.
 12. Participate in the Georgia Perinatal Quality Collaborative or a comparable state, regional, or national quality improvement collaborative.
 13. Have guidelines and mechanisms in place for specialty consultations and have an agreement in place with a Regional Perinatal Center or a Level III receiving facility as designated by the Georgia Department of Community Health Certificate of Need program for the timely transport of patients who require a higher level of care.
- (b) A Level I maternal center must employ or have available the following personnel:
1. A director of obstetrical services on staff who is an obstetrician, or who is a board certified family practitioner with obstetrical privileges.
 2. A birth attendant, who may be an obstetrician, a physician with obstetrical privileges, or a certified nurse midwife who has been granted clinical privileges, to be present at the perinatal facility or available to be onsite at all times.
 3. An obstetric provider with privileges to perform emergency cesarean delivery, and who is available to be onsite at all times
 4. A perinatal nurse manager on staff who is a registered nurse with education in and demonstrated knowledge and experience in perinatal nursing, and preferably a Bachelor of Science in Nursing.
 5. A registered nurse onsite at all times to assist with each delivery.
 6. A Certified Registered Nurse Anesthetist available to be onsite to provide labor analgesia and surgical anesthesia.
- (2) Level II: A Level II maternal center must offer comprehensive care to women with the potential or likelihood for only certain pre-defined high-risk complications, such as preeclampsia or placenta previa with no prior uterine surgery, and meet all other requirements of this section (2).

- (a) A Level II maternal center must be able to do and provide documentation that it is able to do the following:
1. Provide at least one caregiver to be present at every delivery whose primary responsibility is for the newborn infant, and a person who has successfully completed the Neonatal Resuscitation Program and can be immediately available to be onsite to perform neonatal resuscitation, including endotracheal intubation and administration of medications.
 2. Have written policies and procedures in place for the stabilization and resuscitation of the pregnant or postpartum patient in accordance with current standards of medical practice.
 3. Have staff members onsite at all times who have completed Advanced Cardiac Life Support training and who have the skills to perform a complete resuscitation on the mother.
 4. Have resuscitation equipment immediately available onsite at all times in the labor and delivery, antepartum, and postpartum areas, including difficult airway management equipment for pregnancy and postpartum patients.
 5. Have written protocols in place for the early identification, early diagnosis, therapy, stabilization, and transfer of a pregnant or postpartum patient with conditions that place her at risk, and for preventative measures. Such protocols must address, at a minimum, the following:
 - (i) Treatment of a massive hemorrhage, transfusion of the patient in coordination with the blood bank, and management of unanticipated hemorrhage or coagulopathy.
 - (ii) Early diagnosis and treatment of hypertensive disorders, including eclampsia, to reduce morbidity and mortality.
 - (iii) Assessment of risk factors, early diagnosis, and treatment of venous thromboembolism in the pregnant and postpartum patient.
 6. Provide access to an onsite laboratory at all times.
 7. Have an onsite blood bank operating at all times with the capability to do the following:
 - (i) Provide ABO-Rh specific or O-Rh negative blood, fresh frozen plasma, and cryoprecipitate at all times.
 - (ii) Implement a massive transfusion protocol.

- (iii) Implement guidelines for the emergency release of blood components.
 - (iv) Manage multiple component blood therapy.
- 8. Provide labor analgesia and surgical anesthesia onsite at all times.
- 9. Provide special equipment needed to accommodate the care and services needed for obese women onsite at all times.
- 10. Provide basic ultrasonic imaging services onsite at all times for maternal and fetal assessment, with interpretation available either onsite or remotely at all times.
- 11. Provide computed tomography scanning and magnetic resonance imaging, if possible, onsite at all times with interpretation available either onsite or remotely at all times.
- 12. Have a written breastfeeding policy that is routinely communicated to all health care staff and train all health care staff in skills necessary to implement this policy.
- 13. Ensure lactation support services are available to be onsite.
- 14. Provide emergency care and transport for unassigned patients.
- 15. Provide perinatal education at frequent intervals concerning high-risk events to medical, nursing and ancillary staff, in order to prepare for such emergencies.
- 16. Participate in the Georgia Perinatal Quality Collaborative or a comparable state, regional, or national quality improvement collaborative.
- 17. Have guidelines and mechanisms in place for specialty consultations and have an agreement in place with a Regional Perinatal Center or a Level III receiving facility as designated by the Georgia Department of Community Health Certificate of Need program for the timely transport of patients who require a higher level of care.
- (b) A Level II maternal center must employ or have available the following personnel:
 - 1. A director of obstetric services on staff who is a board certified obstetrician.

2. An obstetrician-gynecologist who is available to be onsite at all times.
 3. A perinatal nurse manager on staff who is a registered nurse, preferably with a Bachelor of Science in Nursing, with training and demonstrated knowledge and experience in the care of high-risk maternal patients.
 4. A maternal-fetal medicine specialist who is available for consultation onsite, or by telephone or telemedicine.
 5. A medical or surgical consultant who is available for consultation onsite, or by telephone or telemedicine at all times, to stabilize obstetric patients who have been admitted to the facility or transferred from other facilities.
 6. An anesthesiologist who is available to be onsite at all times.
- (3) Level III: A Level III maternal center must be capable of providing care to patients with more complex maternal medical conditions, obstetric conditions, and fetal conditions, and meet all other requirements of this section (3).
- (a) A Level III maternal center must be able to do and provide documentation that it is able to do the following:
1. Provide at least one caregiver to be present at every delivery whose primary responsibility is for the newborn infant, and a person who has successfully completed the Neonatal Resuscitation Program and can be immediately available to be onsite to perform neonatal resuscitation, including endotracheal intubation and administration of medications.
 2. Have written policies and procedures in place for the stabilization and resuscitation of the pregnant or postpartum patient in accordance with current standards of medical practice.
 3. Have staff members onsite at all times who have completed Advanced Cardiac Life Support training and who have the skills to perform a complete resuscitation on the mother.
 4. Have resuscitation equipment immediately available onsite at all times in the labor and delivery, antepartum, and postpartum areas, including difficult airway management equipment for pregnancy and postpartum patients.
 5. Have written protocols in place for the early identification, early diagnosis, therapy, stabilization, and transfer of a pregnant or postpartum patient with conditions that place her at risk, and for preventative measures. Such protocols must address, at a minimum, the following:

- (i) Treatment of a massive hemorrhage, transfusion of the patient in coordination with the blood bank, and management of unanticipated hemorrhage or coagulopathy.
 - (ii) Early diagnosis and treatment of hypertensive disorders, including eclampsia, to reduce morbidity and mortality.
 - (iii) Assessment of risk factors, early diagnosis, and treatment of venous thromboembolism in the pregnant and postpartum patient.
- 6. Provide access to an onsite laboratory at all times.
- 7. Have an onsite blood bank operating at all times with the capability to do the following:
 - (i) Provide ABO-Rh specific or O-Rh negative blood, fresh frozen plasma, and cryoprecipitate at all times.
 - (ii) Implement a massive transfusion protocol.
 - (iii) Implement guidelines for the emergency release of blood components.
 - (iv) Manage multiple component blood therapy.
- 8. Provide labor analgesia and surgical anesthesia onsite at all times.
- 9. Provide special equipment needed to accommodate the care and services needed for obese women onsite at all times.
- 10. Provide medical and surgical intensive care units that accept pregnant women and have critical care providers onsite at all times to actively collaborate with maternal-fetal medicine specialists.
- 11. Have appropriate equipment and personnel onsite at all times to ventilate and monitor women in labor and delivery until they can be transferred safely to the intensive care unit.
- 12. Provide basic ultrasonic imaging services onsite at all times for maternal and fetal assessment, with interpretation available either onsite or remotely at all times.
- 13. Provide computed tomography scanning and magnetic resonance imaging, if possible, onsite at all times with interpretation available either onsite or remotely at all times.

14. Have advanced imaging services available either onsite at all times with interpretation available either onsite or remotely at all times.
 15. Have interventional radiological services available to be onsite at all times.
 16. Have perinatal pathology services available to be onsite.
 17. Provide a program for genetic diagnosis and counseling for genetic disorders or a policy and process for referral to an appropriate provider for genetic consultation.
 18. Have a written breastfeeding policy that is routinely communicated to all health care staff and train all health care staff in skills necessary to implement this policy.
 19. Ensure lactation support services are available to be onsite.
 20. Provide emergency care for unassigned patients.
 21. Provide perinatal education at frequent intervals concerning high-risk events to medical, nursing and ancillary staff, in order to prepare for such emergencies.
 22. Participate in the Georgia Perinatal Quality Collaborative or a comparable state, regional, or national quality improvement collaborative.
- (b) A Level III maternal center must employ or have available the following personnel:
1. A director of obstetric services on staff who is a board certified obstetrician.
 2. A board certified obstetrician who is onsite at all times.
 3. A perinatal nurse manager on staff who is a registered nurse with a Bachelor of Science in Nursing and a sufficient number of nursing leaders and registered nurses with competence and special training and experience in the management of women with complex maternal illnesses and obstetric complications.
 4. A maternal-fetal medicine specialist with inpatient privileges who is available for consultation onsite or by telephone or telemedicine at all times.

5. A cardiologist, hematologist, infectious disease specialist, nephrologist, critical care specialist, neurologist, and neonatologist who is available to be onsite.
6. A general surgeon available for obstetric patients who is available to be onsite.
7. An anesthesiologist who is available to be onsite at all times.
8. A board certified anesthesiologist on staff with special training or experience in obstetric anesthesia in charge of obstetric anesthesia services.
9. A pharmacist who is onsite at all times.
10. Laboratory personnel who are onsite at all times.

Authority: O.C.G.A. § 31-2A-50 through -57.

Rule 511-5-13-.05 Designation Criteria for Neonatal Centers

- (1) Level I: A Level I neonatal center must be able to provide comprehensive care for women with low-risk pregnancies, anticipated uncomplicated deliveries, and apparently normal fetuses; stabilize and provide care for infants who are at least 35 weeks gestation, greater than 2000 grams birthweight, and physiologically stable; and meet all other requirements of this subsection (1).
 - (a) A Level I neonatal center must be able to do and provide documentation that it is able to do the following:
 1. Provide at least one caregiver to be present at every delivery whose primary responsibility is for the newborn infant, and a person who has successfully completed the Neonatal Resuscitation Program and can be immediately available to be onsite to perform neonatal resuscitation, including endotracheal intubation and administration of medications.
 2. Have diagnostic support services available to be onsite, such as X-ray and ultrasound imaging, with the capability to perform studies as needed for maternal and newborn care.
 3. Provide anesthesia, laboratory services, and access to emergency drugs onsite at all times.
 4. Have social services available to be onsite.

5. Have a written breastfeeding policy that is routinely communicated to all health care staff, and train all health care staff in skills necessary to implement this policy.
 6. Provide perinatal education at frequent intervals concerning high-risk events to medical, nursing, and ancillary staff, in order to prepare for such emergencies.
 7. Participate in the Georgia Perinatal Quality Collaborative or a comparable state, regional, or national quality improvement collaborative.
 8. Have guidelines and mechanisms in place for specialty consultations and have an agreement in place with a Regional Perinatal Center or a Level III receiving facility as designated by the Georgia Department of Community Health Certificate of Need program for the timely transport of patients who require a higher level of care.
- (b) A Level I neonatal center must employ or have available the following personnel:
1. A director of neonatal services on staff who is a board certified family practitioner, a pediatrician, or a neonatologist.
 2. A perinatal nurse manager on staff who is a registered nurse with education in and demonstrated knowledge and experience in perinatal nursing, and preferably a Bachelor of Science in Nursing.
 3. A staff member trained in providing newborn services who shall be present in the newborn nursery when it is occupied by one or more newborns.
 4. A nurse available to provide routine newborn care in the newborn nursery when it is occupied by one or more newborns onsite at all times.
 5. Nurses on staff and assigned to newborn care who have completed the S.T.A.B.L.E. program or the Perinatal Continuing Education Program.
 6. A pharmacist with neonatal pharmacology resources must be available for consultation onsite, or by telephone or telemedicine.
 7. A respiratory therapist on staff who is trained in the Neonatal Resuscitation Program.
- (2) Level II: A Level II neonatal center must be able to provide care for infants of greater than 32 weeks gestation and weighing greater than 1500 grams who have physiologic immaturity, or who are moderately ill with problems that are expected to resolve rapidly and who are not expected to require subspecialty services; and must be able to stabilize

infants born before 32 weeks gestation and weighing less than 1500 grams until they can be transferred to a neonatal intensive care facility; and meet all other requirements of this subsection (2).

- (a) A Level II neonatal center must be able to do and provide documentation that it is able to do the following:
1. Provide at least one caregiver to be present at every delivery whose primary responsibility is for the newborn infant, and a person who has successfully completed the Neonatal Resuscitation Program and can be immediately available to be onsite to perform neonatal resuscitation, including endotracheal intubation and administration of medications.
 2. Provide conventional mechanical ventilation for up to 24 hours and have Continuous Positive Airway Pressure equipment readily available. Specialized personnel necessary to manage respiratory emergencies for an infant being maintained on a ventilator, such as a pediatrician, neonatologist, pediatric hospitalist, or neonatal nurse practitioner, must be available onsite at all times.
 3. Transfer an intubated infant as soon as possible if a neonatologist is not available, and contact a Level III facility as designated by the Georgia Department of Community Health Certificate of Need program if the length of intubation is approaching 24 hours and extubation is not anticipated.
 4. With respect to high-risk patients or neonates on mechanical ventilation, ensure that a respiratory therapist, certified lab technician or blood gas technician, and x-ray technician are onsite at all times and available to the maternal and newborn services area.
 5. Have diagnostic support services available to be onsite, such as X-ray and ultrasound imaging, with the capability to perform studies as needed for maternal and newborn care.
 6. Have anesthesia, laboratory services, and access to emergency drugs available onsite at all times.
 7. Have social services and pastoral care available to be onsite.
 8. Ensure follow-up care at discharge for infants who are at high risk for neurodevelopmental, medical, or psychosocial complications.
 9. Have a written breastfeeding policy that is routinely communicated to all health care staff, and train all health care staff in skills necessary to implement this policy.

10. Provide perinatal education at frequent intervals concerning high-risk events to medical, nursing, and ancillary staff, in order to prepare for such emergencies.
 11. Participate in the Georgia Perinatal Quality Collaborative or a comparable state, regional, or national quality improvement collaborative.
 12. Have guidelines and mechanisms in place for specialty consultations and have an agreement in place with a Regional Perinatal Center or a Level III receiving facility as designated by the Georgia Department of Community Health Certificate of Need program receiving hospital for the timely transport of patients who require a higher level of care.
- (b) A Level II neonatal center must employ or have available the following personnel:
1. A director of neonatal services on staff who is a pediatrician or neonatologist.
 2. A perinatal nurse manager on staff who is a registered nurse, preferably with a Bachelor of Science in Nursing, with training and demonstrated knowledge and experience in the care of high-risk and moderately ill newborns.
 3. A nurse educator on staff.
 4. Nurses on staff and assigned to newborn care who have completed the S.T.A.B.L.E. program or the Perinatal Continuing Education Program.
 5. A neonatologist who is available for consultation onsite or by telephone or telemedicine at all times.
 6. A pharmacist with neonatal pharmacology resources who is onsite or available for consultation by telephone at all times.
 7. If the facility offers care for newborns requiring parenteral support, then a dietitian and a pharmacist with parenteral experience shall be on staff.
 8. Respiratory therapists who are onsite at all times.
 9. A respiratory therapist on staff who is trained in the Neonatal Resuscitation Program.
 10. Radiology technicians who are onsite at all times to provide ongoing care and to address emergencies.

11. An International Board Certified Lactation Consultant who is available to be onsite to provide lactation support services.
- (3) Level III: A Level III neonatal center must be able to provide comprehensive care for infants born before 32 weeks gestation and weighing less than 1500 grams, and infants born at any age and birth weight who have a critical illness; and meet all other requirements of this subsection (3).
- (a) A Level III neonatal center must be able to do and provide documentation that it is able to do the following:
1. Provide at least one caregiver to be present at every delivery whose primary responsibility is for the newborn infant, and a person who has successfully completed the Neonatal Resuscitation Program and can be immediately available to be onsite to perform neonatal resuscitation, including endotracheal intubation and administration of medications.
 2. Provide a full range of respiratory support onsite at all times.
 3. Provide total parenteral nutrition onsite at all times.
 4. Provide a process for the monitoring, treatment, and follow-up of retinopathy of prematurity.
 5. Provide advanced imaging onsite at all times, with interpretation available onsite or remotely at all times, including computed tomography, magnetic resonance imaging, and echocardiography.
 6. Provide anesthesia, laboratory services, and access to emergency drugs onsite at all times.
 7. Ensure the availability of a blood bank capable of providing blood and blood component therapy, and neonatal blood gas monitoring onsite at all times.
 8. Have perinatal pathology services available to be onsite.
 9. Provide social work services with social workers assigned specifically to the neonatal units and have pastoral care readily available to be onsite.
 10. Have developmental follow-up care available to be onsite, or provide a referral to a facility that provides developmental follow-up care.

11. Have a written breastfeeding policy that is routinely communicated to all health care staff, and train all health care staff in skills necessary to implement this policy.
 12. Provide perinatal education at frequent intervals concerning high risk events to medical, nursing, and ancillary staff, in order to prepare for such emergencies.
 13. Participate in the Georgia Perinatal Quality Collaborative or a comparable state, regional, or national quality improvement collaborative.
 14. Enroll in and provide data to the Vermont Oxford Network.
 15. Provide a transport team, or have a prearranged agreement with another facility or provider for neonatal transports. If geographic constraints for land exist, the facility should ensure availability of rotor and fixed-wing transport services to quickly and safely transfer infants requiring subspecialty intervention.
- (b) A Level III neonatal center must employ or have available the following personnel:
1. A director of neonatal services on staff who is a neonatologist.
 2. A perinatal nurse manager on staff who is a registered nurse with a Bachelor of Science in Nursing and has demonstrated knowledge, training, and experience in neonatal intensive care nursing, and who has a dedicated assignment to the intensive care nursery.
 3. A nurse educator on staff.
 4. Nurses on staff and assigned to newborn care who have completed the S.T.A.B.L.E. program or the Perinatal Continuing Education Program.
 5. A neonatologist or neonatal nurse practitioner who is onsite at all times. If onsite coverage is provided by a neonatal nurse practitioner, then a neonatologist must be on call and available to be onsite at all times.
 6. Pediatric subspecialists must either be on staff or available for consultation onsite or by telephone or telemedicine at all times. The center must have access to a pediatric ophthalmologist and a pediatric cardiologist by telemedicine.
 7. If therapeutic hypothermia is provided onsite, then the center must have access to a pediatric neurologist by telephone or telemedicine.

8. If complex surgery is provided onsite, then a pediatric surgeon and a pediatric anesthesiologist must be available to be onsite. If complex surgery is not provided onsite, a pediatric surgeon must be available for consultation by telephone at all times.
9. A dietician with training and experience in neonatal nutrition who is on staff.
10. Pharmacology personnel on staff who are competent in perinatal pharmacology.
11. Respiratory therapists who are onsite at all times.
12. A respiratory therapist on staff who is trained in the Neonatal Resuscitation Program.
13. Radiology technicians who are onsite at all times to provide ongoing care and to address emergencies.
14. A physical therapist, or occupational therapist with training and experience in neonatal care, who is on staff and dedicated to the neonatal unit.
15. An occupational therapist or speech therapist on staff with experience in evaluation and support of oral feedings.
16. An International Board Certified Lactation Consultant on staff and dedicated to the neonatal unit.

Authority: O.C.G.A. § 31-2A-50 through -57.

Rule 511-5-13-.06 Confidentiality

The application, supporting documentation, information provided during a site visit, and all documents, reports, data, and information related to the designation process described by these rules shall be deemed confidential, except that the Department may in its sole discretion release such data or information, in de-identified form or for research purposes determined by the Department to have scientific merit. Under no circumstances may information provided during the designation process as described by this Rule be released in such a manner as to lead to the identification of any perinatal facility.

Authority: O.C.G.A. § 31-2A-50 through -57; O.C.G.A. § 31-5-5.