Earlier this year, Gov. Eric Holcomb signed SB 360, making Indiana the third Midwestern state to enshrine in state law a perinatal “levels of care” rating system for hospitals and birthing centers.

SB 360 requires the Department of Health to create a program to certify levels-of-care designations for obstetrics and neonatal care for hospitals and facilities that provide birthing services. They will be measured in six categories ranging from organization to obstetric capabilities, personnel, equipment and medications.

A 2012 paper from the American Academy of Pediatrics shows that states with levels-of-care programs have lower infant mortality rates, lower health care costs and better outcomes.

Preparation of a ratings system began several years ago in anticipation of SB 360’s passage, says Martha Allen, director of the department’s Maternal & Child Health Division. In June 2015, Indiana adopted revised standards for perinatal hospitals (based on guidelines from both the AAP and American College of Obstetricians and Gynecologists).

The department then surveyed 89 hospitals and other facilities to identify gaps between their then-levels of service and the levels to which they aspired once SB 360 became law. That survey was completed in June 2017; the department is now drafting rules to implement SB 360 and hopes to post them for public comment in the next few months, Allen says.

All facilities should be rated by the end of 2019; ratings will be posted in the facilities and online, and will be promoted through news media, she adds.

“The goal is that families can go online and determine, based on their location and circumstances, ‘What is the best hospital for my delivery?’ ” Allen says. “The goal being to place the mother at the best possible place for her and her baby.”

Indiana has been trying to reduce infant mortality for years, says Sen. Ed Charbonneau, who sponsored SB 360 in his chamber. (The bill cleared both houses unanimously.) It became one of Gov. Holcomb’s signature measures for the 2018 session after his State of the State address, in which he set a goal for Indiana of having the best (lowest) infant mortality rate in the country by 2024.

“Despite focusing on it, our death rate is still an appalling 7.5 out of every 1,000 births,” Charbonneau says, adding the state’s response “has to be a multi-faceted approach. It can’t be just one thing, but this one thing will help.”

Elsewhere in the Midwest, according to Jamila Vernon, media relations manager for the American College of Obstetrics and Gynecological Care, Illinois is rewriting its rules to reflect the AAP’s 2012 neonatal guidelines, while Iowa just rewrote its rules to include levels of maternity care.

Kansas, Michigan, Minnesota, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin either don’t have levels-of-care laws at all or only focus on neonatal levels of care, Vernon says.