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November 8, 2012

For Immediate Release

West Virginia Perinatal One Call System - 1-866-893-7266

Commissioner of Public Health, Dr. Marian Swinker announced the establishment of the WV State-wide perinatal One Call System for physicians and hospitals. The One Call System will allow for quick responses to find intensive care hospital beds for newborn infants or pregnant women needing immediate high risk care.

Perinatal providers have long seen a need for easy-to-get, current information about bed availability in West Virginia Neonatal Intensive Care Units (NICU) and maternal high-risk units. Hospitals with NICUs and High-risk Maternal Units are called Tertiary or Level III Perinatal Centers. There are three Tertiary or Level III Perinatal Centers in West Virginia: Charleston Area Medical Center Women and Children's Hospital, West Virginia University Hospital and Cabell Huntington Hospital. There are 25 non-tertiary hospitals that routinely provide care for mothers and babies. When these hospitals have high-risk mothers or newborn babies in distress they need to transport them to Charleston, Huntington or Morgantown.

The West Virginia Office of Emergency Medical Services has collaborated with the West Virginia Perinatal Partnership to make a hotline available. Perinatal providers can call if they are trying to locate an NICU bed for a baby in distress or an obstetric bed for a high risk expectant mother, thereby saving precious time. Callers to the hotline will not only find a bed, but also be connected with a specialist at the referral center for consultation.

The need for this service was recognized when the Perinatal Partnership surveyed all hospitals with birth services in 2007 and 2011. In both surveys 90 percent of the hospitals responded that making one call to a "Transport Call Center" would be desirable.

The EMS Medical Coordination Center (MCC) in Flatwoods will operate the hotline at 1-866-893-7266. The hotline will save providers time when they are busy taking care of their sick patients. The MCC will locate the nearest tertiary bed available and will "patch" the call through to the usual transport number at that center. Providers with strong relations to their referral center hospital may continue to call their usual referral centers directly.

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