



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.16

April 30, 2019

Medical Affairs

SUBJECT: Processes and Procedures for Implementation of Standardized Perinatal Training

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (p), establishes the Defense Health Agency's (DHA) procedures to describe standard processes and criteria for developing and sustaining comprehensive systems to provide, assess, and monitor standardized perinatal training for military medical personnel providing services to mothers and infants.

2. APPLICABILITY. This DHA-PI applies to DHA, Services, Military medical treatment facilities, Markets, all other organizational entities within the DHA Components, and assigned, attached, or detailed Service members, federal civilians, and other personnel assigned temporary or permanent duties at DHA.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (j), to:

a. Establish standardized processes, procedures, and reporting structure for perinatal interval training.

b. Establish standard procedures for implementing evidence-based training based on nationally accredited organizations' standards for perinatal training to all perinatal healthcare personnel at each military medical treatment facility (MTF) to improve maternal and newborn patient care, quality, and safety outcomes and support principles of a high reliability organization, in accordance with Reference (c), and in support of high reliability organization principles and the uniform business rules in this DHA-PI. Accountability, tracking, and analysis of the required trainings will be completed at the appropriate higher headquarters office(s) that need the training data such as the Region, Market, and Military Health System (MHS) levels.


4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

7. EFFECTIVE DATE. This DHA-PI:
 - a. Is effective upon signature.

 - b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with DHA-PI 5025.01 (Reference (o)).



R. C. BONO
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Director

Enclosures

1. References
2. Responsibilities
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Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) National Defense Authorization Act for Fiscal Year 2017
- (d) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (e) DoD Instruction 6025.20, “Medical Management (Mm) Programs in the Direct Care System (DCS) and Remote Areas,” April 9, 2013, as amended
- (f) DoD Instruction 1400.25, Volume 410, “DoD Civilian Personnel Management System: Training, Education, and Professional Development,” September 25, 2013
- (g) DoD Instruction 1322.24, “Medical Readiness Training,” March 16, 2018
- (h) DoD Directive 1322.18, “Military Training,” January 13, 2009, as amended
- (i) Office of the Chief of Naval Operations Instruction 6000.1C, “Navy Guidelines Concerning Pregnancy and Parenthood,” June 14, 2007
- (j) American Academy of Family Physicians, Advanced Life Support in Obstetrics (ALSO®)¹
- (k) American Academy of Pediatrics Neonatal Resuscitation Program²
- (l) American College of Obstetricians and Gynecologists: Emergencies in Clinical Obstetrics (ECO) Training³
- (m) Association of Women’s Health, Obstetric and Neonatal Nurses, Fetal Heart Monitoring Training⁴
- (n) The S.T.A.B.L.E. Program⁵
- (o) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (p) Final Report to the Secretary of Defense Military Health System Review, August 29, 2014

¹This reference can be found at: <http://www.aafp.org/cme/programs/also.html>.

²This reference can be found at: <https://www.aap.org/en-us/continuing-medical-education/life-support/NRP/Pages/NRP.aspx>.

³This reference can be found at: <https://www.acog.org/Education-and-Events/ECO-Course>.

⁴This reference can be found at: <http://www.ahonn.org/>.

⁵This reference can be found at: <http://www.stableprogram.org/>.

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness through the Assistant Secretary of Defense for Health Affairs, the Director, DHA, will:

a. Assign responsibility for tracking compliance with the standardized perinatal training guidelines outlined in this DHA-PI to the Deputy Assistant Director (DAD), Medical Affairs.

b. Support the Military Medical Departments by ensuring standardized perinatal trainings are in accordance with this DHA-PI.

c. Exercise authority, as outlined in Reference (c).

2. DAD, MEDICAL AFFAIRS. The DAD, Medical Affairs, will:

a. Oversee and direct compliance to the standardization of perinatal training implementation specified in this DHA-PI.

b. Monitor compliance with the guidance outlined in this DHA-PI through the Women and Infant Clinical Community (WICC), Clinical Community Advisory Council, Deputy Medical Operations Group, and Enterprise Solutions Board.

c. Review perinatal training annually (June 30th) to track completion compliance for standardized perinatal training across MTFs.

d. Update this DHA-PI as evidence, technology, and clinical knowledge evolves, or as recommended by the WICC and Clinical Community Advisory Council.

e. Incorporate references to the procedures outlined in this DHA-PI in updates or revisions to associated DoD, DHA, or TRICARE policy guidance or procedures as required.

3. CHAIR, WICC. The Chair, WICC, will:

a. Monitor compliance, perform continuous process improvement, and implement corrective actions or recommend additional training if required to update perinatal education.

b. Support the Military Medical Departments by ensuring standardized perinatal training is in accordance with this DHA-PI.

ENCLOSURE 3

PROCEDURES

1. DISCLAIMER: The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply indorsement by the DHA or DoD.

2. OVERVIEW. This DHA-PI supplements and establishes standard accountability and business rules for perinatal interval training across inpatient MTFs commanded by the appropriate higher headquarters office(s) that need training data such as the Regions, Markets, and transitional Intermediary Management Organization. This effort is in response to recommendations made in the August 2014 Final Report to the Secretary of Defense's, MHS 90-Day Review of patient safety, quality, and access to care (Reference (p)). Perinatal Advisory Working Group Service Leaders scoped recommendations resulting from the 2014 MHS 90-Day Review in 2016; the initiative was implemented in 2017, pending internal document preparation for this DHA-PI to follow. In 2017, WICC assumed responsibility for all Perinatal Advisory Working Group initiatives. WICC provides leadership to the patient-centered, clinician-led, women and infant networks that span all MTFs with obstetrical services. Service components are required to comply with this DHA-PI aim to ensure improved patient care, quality, safety outcomes, and readiness for the Service members; inclusive of global humanitarian efforts. WICC prioritized implementation of a DHA-PI to support and codify perinatal standardized training requirements for all direct care inpatient perinatal staff members. Perinatal care, care of the mother during pregnancy, delivery, and postpartum, with care of the mother-baby couplet and family during the first year of life accounts for the largest percentage of the inpatient direct care population served by the DoD MHS. Perinatal care can be both high-risk and high-volume. Outcomes for mothers, infants, and families are lifelong. Familial health impacts military readiness of Service members, as mother, spouse, guardian, or family member.

Suggested evidence-based trainings are based on a review of the literature and recommendations from nationally accredited organizations. The training composite provides a single training source in support of the MHS's goal to reduce unnecessary variation. Each MTF with obstetrical services is required to provide compliance data on perinatal training requirements for their staff to their respective Region. WICC will conduct semi-annual compliance during September and March of each calendar year.

3. REQUIRED PERINATAL TRAINING. This DHA-PI supports the most current educational intervals approved by the above listed partnering nationally accredited organizations. The granting of full credit for training is determined by the organization that developed the training. To be compliant, healthcare personnel must provide course completion and renewal of status documents. See Table 1 of this enclosure for required training and personnel type.

- a. Neonatal Resuscitation Program (NRP): Developed by the American Academy of Pediatrics recommended renewal of course completion every 2 years (Reference (k)).

b. Advanced Life Support in Obstetrics (ALSO): Developed by The American Academy of Family Physicians recommend renewal every 2 years.

c. Emergencies in Clinical Obstetrics (ECO): Developed by The American College of Obstetricians and Gynecologists recommend renewal every 2 years.

d. Fetal Heart Monitoring (FHM). Developed by The Association of Women's Health, Obstetric and Neonatal Nurses recommends renewal every 2 years.

(a) Basic Fetal Heart Monitoring

(b) Intermediate Fetal Heart Monitoring

(c) Advanced Fetal Heart Monitoring (can replace Intermediate FHM requirement)

e. The Sugar, Temperature, Airway, Blood Pressure, Lab Work, and Emotional Support Program (S.T.A.B.L.E.): Recommends renewal of S.T.A.B.L.E. certificate every 2 years.

f. Simulation and Drills (S&Ds): Endorsed by American College of Obstetricians and Gynecologists, Institute for Healthcare Improvement, and Agency for Healthcare Research and Quality as a technique for healthcare personnel improved response to emergent situations, thereby potentially maximizing patient outcomes. Recommend monthly completion of multi-disciplinary drills.

4. REPORTING REQUIREMENTS. To be in compliance with this DHA-PI, MTF and Service-level reports will be submitted to WICC at the end of March and September of each year with an annual summary submitted to Service leadership and MHS governance. First report was submitted March 2017.

5. GOVERNANCE

a. WICC will monitor the implementation and compliance of standardized perinatal training outlined below.

b. WICC will recommend additional perinatal training to the DAD, Medical Affairs, in support of continuous improvement and high reliability principles. Approved changes in training will be included in revisions to this DHA-PI.

Table 1: Training and Personnel Type

Role	Personnel Type	Required Training
Obstetrical	Medical Doctor (MD) Doctor of Osteopathic Medicine (DO) Advanced Practice Nurse (APN) Certified Nurse-Midwife	NRP ALSO, or ECO Intermediate FHM S&D
Cares for pregnant patients in Obstetrical Units: Labor and Delivery Obstetrical Antepartum/ Testing Obstetrical Triage	Registered Nurse (RN) Licensed Practical Nurse (LPN) Licensed Vocational Nurse (LVN)	NRP ALSO, or ECO Intermediate FHM S.T.A.B.L.E. S&D
Cares for pregnant patients in Obstetrical Units: Labor and Delivery/ Antepartum Testing/ Obstetrical Triage	Unlicensed	NRP Basic FHM S&D
Obstetrical Postpartum (that cares for postpartum mothers and newborns)	RN LPN/LVN	NRP ALSO, or ECO S.T.A.B.L.E. S&D
Multiservice Unit (that cares for postpartum mothers and/or newborns)	RN LPN/LVN	NRP ALSO, or ECO S.T.A.B.L.E. S&D
Multiservice Unit (that cares for postpartum mothers and/or newborns)	Licensed	NRP S.T.A.B.L.E. S&D
Postpartum & Baby Unit (that cares for mothers and/or newborns)	Unlicensed	NRP S&D
Family Practice Providers (that supervise the care of pregnant/postpartum mothers and/or newborns)	MD/DO APN	NRP ALSO, or ECO Intermediate FHM S.T.A.B.L.E., S&D
Pediatrics or Family Practice (that supervise the care of neonates and/or newborns)	MD/DO APN Pediatric (Neonatal & Pediatric Nurse Practitioner)	NRP S.T.A.B.L.E S&D

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ALSO	Advanced Life Support in Obstetrics
APN	Advanced Practice Nurse
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DO	Doctor of Osteopathic Medicine
ECO	Emergencies in Clinical Obstetrics
FHM	Fetal Heart Monitoring
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
MD	Medical Doctor
MHS	Military Health System
MTF	medical treatment facility
NRP	Neonatal Resuscitation Program
RN	Registered Nurse
S&D	Simulation and Drill
S.T.A.B.L.E.	Sugar, Temperature, Airway, Blood Pressure, Lab Work, and Emotional Support Program
WICC	Women and Infant Clinical Community