



# Defense Health Agency

## PROCEDURAL INSTRUCTION

NUMBER 6025.16

September 2, 2021

Incorporating Change 1, Effective March 25, 2022

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DAD-MA

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 DHA procedures to describe standard processes and criteria for developing and sustaining comprehensive systems to provide, assess, and monitor standardized training for perinatal healthcare personnel providing services to patients/birth parents and their infants at military medical treatment facilities (MTFs).

2. APPLICABILITY. This DHA-PI applies to DHA, DHA components (activities under the authority, direction, and control [ADC] of DHA), Military Departments (MILDEPs), and all perinatal healthcare personnel to include: assigned, attached, or detailed Active Duty and Reserve Component members, federal civilians, contractors (when required by the terms of the applicable contract), and other perinatal healthcare personnel assigned temporary or permanent duties within DHA and DHA Components.

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

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

b. Establish standard procedures for implementing evidence-based training in accordance with nationally accredited organizations' standards for perinatal training to all perinatal healthcare personnel at every MTF. Standardization is expected to improve patient/birth parent and newborn patient care, quality, and safety outcomes, and support principles of a high reliability organization, in accordance with Reference (d). Accountability, tracking, and analysis of the required trainings will be completed at the MTF and any appropriate higher headquarters office(s) that need the training data, such as the Market, Small Market and Stand-Alone Medical Treatment Facility Organization (SSO), and/or Defense Health Agency Region (DHAR) and/or DHA.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. The goal of this instruction is to standardize processes, procedures, and reporting for training for perinatal healthcare personnel providing services to patients/birth parents and their infants at MTFs. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Medical Affairs (MA). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>

8. 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 Reference (c).

9. SUMMARY OF CHANGES. Change 1 incorporates compliance targets for training, outlines mitigation requirements for reporting, and includes minor administrative edits.

10. FORMS. DHA Form 209, Processes and Procedures for Implementation Of Standardized Perinatal Training Reporting Requirements is available at:  
[https://info.health.mil/cos/admin/DHA\\_Forms\\_Management/Lists/DHA%20Forms%20Management/AllItems.aspx](https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx). DHA Form 209 is to be utilized until centralized tracking functionality can be integrated within a learning management system (LMS) managed by DHA.

/S/  
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Director

Enclosures

1. References
  2. Responsibilities
  3. Procedures
- 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) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) United States Code, Title 10, Section 1073c
- (e) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (f) DoD Instruction 6025.20, “Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas,” April 9, 2013, as amended
- (g) DoD Instruction 1400.25, Volume 410, “DoD Civilian Personnel Management System: Training, Education, and Professional Development,” September 25, 2013
- (h) DoD Instruction 1322.24, “Medical Readiness Training,” March 16, 2018
- (i) DoD Directive 1322.18, “Military Training,” October 3, 2019
- (j) Office of the Chief of Naval Operations Instruction 6000.1D, “Navy Guidelines Concerning Pregnancy and Parenthood,” March 12, 2018
- (k) American Academy of Family Physicians, Advanced Life Support in Obstetrics (ALSO®)<sup>1</sup>
- (l) American Academy of Pediatrics, Neonatal Resuscitation Program<sup>2</sup>
- (m) American College of Obstetricians and Gynecologists: Emergencies in Clinical Obstetrics (ECO) Training<sup>3</sup>
- (n) Association of Women’s Health, Obstetric and Neonatal Nurses, Fetal Heart Monitoring Training<sup>4</sup>
- (o) The S.T.A.B.L.E. Program<sup>5</sup>
- (p) Final Report to the Secretary of Defense Military Health System Review, August 29, 2014

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

<sup>2</sup> This reference can be found at: <https://services.aap.org/en/learning/neonatal-resuscitation-program>

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

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

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

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the ADC of the Under Secretary of Defense for Personnel and Readiness through the ASD(HA), the Director, DHA will:
  - a. Assign responsibility for establishing processes to implement and monitor compliance with standardized perinatal training for all perinatal healthcare personnel (to include Physicians, Advance Practice Nurses, Registered Nurses [RNs], Licensed Vocational Nurses/Licensed Practical Nurses [LVNs/LPNs], and Unlicensed Personnel) providing health care to patients/birth parents and their infants in MTFs.
  - b. Provide leadership, guidance, and ensure DHA-PI implementation and compliance.
  - c. Provide the necessary resources to implement training requirements.
  
2. SECRETARIES OF MILDEPs. The Secretaries of the MILDEPs will:
  - a. Oversee compliance with this DHA-PI through the Surgeons General of the MILDEPs and MTF commanders by MTFs under their ADC.
  - b. When requested, the Service Medical Departments will provide Subject Matter Experts (SMEs) to support training, when available and to the extent it does not impact readiness.
  
3. DAD-MA. The DAD-MA will:
  - a. Oversee implementation and compliance with perinatal training standardization specified in this DHA-PI.
  - b. Monitor compliance with the guidance outlined in this DHA-PI through the Women's Health Clinical Management Team (WHCMT), Women and Infant Clinical Community (WICC), and Clinical Community Advisory Council.
  - c. Develop a process to update this DHA-PI as evidence, technology, and clinical knowledge evolve, or as recommended by the WICC and Clinical Community Advisory Council.
  
4. DAD, EDUCATION AND TRAINING (E&T). The DAD-E&T will:
  - a. Support development, acquisition, and/or tracking of the required training.

b. Provide consultation by E&T SMEs.

5. DIRECTORS, DHA MARKETS, SSOs, AND DHARs. The Directors, DHA Markets, SSOs, and DHARs will:

a. Ensure MTFs under their ADC develop guidance and procedures that follow this DHA-PI and that any modifications necessary due to capabilities of their facility(ies) are made with these procedures in mind.

b. Ensure all MTF directors and/or MILDEP commanders, administrative staff, and perinatal healthcare personnel are aware of and follow the guidance and procedures in this DHA-PI.

c. Report to DAD-MA, via the WHCMT, on completion compliance for standardized perinatal training at MTFs under ADC of the Market, SSO, or DHAR, semi-annually (no later than 30 March, for training completed 1 September through 28/29 February, and 30 September for training completed 1 March through 31 August), using DHA Form 209, Processes and Procedures for Implementation Of Standardized Perinatal Training Reporting. DHA Form 209 is to be utilized until functionality can be integrated within a LMS managed by DHA.

6. CHIEF, WHCMT. The Chief, WHCMT will collaborate with the Directors of DHA Markets, SSOs, and DHARs, to monitor adherence to training requirements specified in this DHA-PI.

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

a. Collaborate with the WHCMT lead to monitor performance, consult and inform regarding Continuous Process Improvement (CPI), and, if required, recommend updates to education requirements for perinatal healthcare personnel, as outlined in Enclosure 3.

b. Recommend additional perinatal training to DAD-MA in support of CPI and high reliability principles. Approved changes in training will be included in revisions to this DHA-PI.

8. DIRECTORS, MTF. The Directors, MTF will:

a. Implement a dissemination plan for this DHA-PI to all MTF providers and perinatal healthcare personnel. The plan will include, at a minimum, requirements to provide, assess, and monitor standardized perinatal training for perinatal healthcare personnel providing services to patients/birth parents and their infants at the MTF.

b. Monitor compliance, perform CPI, recommend additional training based on MTF clinical practices, and implement actions to ensure training is available to meet the needs of healthcare personnel.

c. Disseminate updates and ensure compliance to new standards, guidelines, or requirements in a timely manner as they become available to the MTFs.

ENCLOSURE 3

PROCEDURES

1. DISCLAIMER. The use of the name or mark of any specific private organization, manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the DHA or DoD.
  
2. OVERVIEW. This DHA-PI is revised on an ongoing basis to align with training organization adjustments in course eligibility based on scope of practice. It 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. This effort is in response to recommendations made in the August 2014 Final Report to the Secretary of Defense's Military Health System (MHS) 90-Day Review of patient safety, quality, and access to care (Reference (p)). Implementation of this DHA-PI is to support and codify perinatal standardized training requirements for all Direct Care inpatient perinatal healthcare personnel. Perinatal care; care of the patient/birth parent during pregnancy, delivery, and postpartum; with care of the patient/birth parent-baby couplet and family during the first year of life, accounts for the largest percentage of the inpatient Direct Care population served by the MHS.
  
3. BACKGROUND. Perinatal health impacts patient readiness as birth parents, spouses, and/or family guardians. Standardizing and aligning this training may improve the outcomes and quality of life for the Active Duty Member and their families by preserving optimal health and readiness. Suggested evidence-based training is based on a literature review and recommendations from nationally accredited organizations. The training composite provides a single training source in support of the MHS' goal to reduce clinical variation and improve outcomes.
  
4. REQUIRED PERINATAL TRAINING. This DHA-PI supports the most current educational intervals approved by the listed nationally accredited organizations. The granting of full credit for training is determined by the organization that developed the training. To be compliant, perinatal healthcare personnel must provide course completion and renewal of status documents in accordance with MTF policy. Required training is prepared by, and available through, specific organizations that offer training certification, including the Association of Women's Health, Obstetrics and Neonatal Nursing (AWHONN), American College of Obstetrics and Gynecology (ACOG), American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), S.T.A.B.L.E, or their designated suppliers. Training is available in multiple formats and choice of formats is defined by the MTF or decision is made by the individual with concurrence of the MTF. See Table 1 of this enclosure for required training and personnel type.



It is highly recommended that all perinatal healthcare personnel assigned to remote or Outside the Continental United States (OCONUS) locations obtain required training prior to reporting due to the limited availability of training opportunities. Required training includes:

a. Neonatal Resuscitation Program (NRP) Advanced. Developed and available in accordance with the guidelines of the AAP, with recommended renewal every 2 years (Reference (l)). In June 2021, the AAP will release the 8th Edition of the NRP. The NRP 8th edition materials may be used beginning in June 2021; however, NRP 7th edition materials may be used until December 31, 2021. NRP 8th edition materials must be implemented by January 1, 2022. For the purposes of this instruction, all healthcare personnel requiring NRP training (Table 1) utilizing 8th edition materials must take NRP Advanced.

b. Advanced Life Support in Obstetrics (ALSO). Developed and available in accordance with the guidelines of the AAFP, with recommended renewal every 3 years (Reference (k)). Note: ALSO or Emergencies in Clinical Obstetrics (ECO) may be accepted. Only one of two courses is required, as detailed in Table 1.

c. ECO. Developed and available in accordance with the guidelines of ACOG, with recommended renewal every 2 years (Reference (m)). Note: ALSO or ECO may be accepted, as detailed in Table 1.

d. Fetal Heart Monitoring (FHM). Developed by and available in accordance with the guidelines of AWHONN. AWHONN recommends ongoing education and periodic validation of knowledge and competence in FHM. Based on standard life support course renewal frequency, renewal is recommended every 2 years (Reference (n)), to include:

(1) Introduction to FHM or equivalent basic course offering continuing education (CE) credits;

(2) Intermediate FHM; and/or

(3) Advanced FHM (can replace Intermediate FHM requirement).

(4) The foundational recommendation is the AWHONN Intermediate or Advanced Fetal Monitoring course. However, when not feasible, FHM requirements can be met by proof of certification and/or renewal of Perinatal Quality Foundation's Fetal Monitoring Credentialing Exam or the National Certification Corporation's Electronic Fetal Monitoring Certification.

e. The Sugar, Temperature, Airway, Blood Pressure, Lab Work, and Emotional Support Program (S.T.A.B.L.E.). Developed by and available in accordance with the guidelines of the S.T.A.B.L.E. program recommends renewal of S.T.A.B.L.E. course completion every 2 years (Reference (o)). This high-level, practical, accessible, and effective education will meet the needs of healthcare providers who must provide the stabilization of the neonate. The training and education is critical to the mission to reduce infant mortality and morbidity and to improve the future health of children and their families help reduce infant morbidity and mortality,

improve neonatal outcomes, and, most importantly, improve the quality of life for infants and their families.

f. Simulation and Drills (S&Ds). S&D as part of clinical education and training are endorsed by ACOG the Institute for Healthcare Improvement, and the Agency for Healthcare Research and Quality, as a technique for perinatal healthcare personnel to improve response to emergent situations, thereby potentially maximizing patient outcomes. MTFs are encouraged to do monthly multidisciplinary drills.

(1) At a minimum, perinatal healthcare personnel providing care to patients/birth parents and their infants at MTFs are required to participate in at least two drills per year. Personnel are encouraged to participate in at least one drill every six months to meet this requirement.

(2) MTFs should simulate and drill high-risk, low-volume scenarios such as postpartum hemorrhage, shoulder dystocia, eclampsia, breech delivery, operative vaginal delivery, umbilical cord prolapse, and neonatal resuscitation, and document drills in the reporting template outlined in DHA Form 209. MTFs should individualize S&D, incorporating multiple scenarios in one drill, to meet the unique patient population and educational requirements of their personnel.

(3) NRP simulations should be integrated into monthly multi-disciplinary simulation whenever possible. This should include a pre-resuscitation huddle and supply/equipment checks, in accordance with NRP guidelines.

5. REPORTING REQUIREMENTS. The MTF Director or their designee will provide the MTF Report to the next higher authority at the Market, SSO, or DHAR, as appropriate, in accordance with DHA Form 209 until functionality can be integrated within a LMS managed by DHA. As healthcare personnel may leave and arrive in clinical areas on a frequent basis, MTFs will use the following criteria when developing denominators for their reports:

a. Use a single point in time to account for all staff for reporting purposes. For the 30 March reporting time period, account for all staff as of 28/29 February; for the 30 September reporting time period, account for all staff as of 31 August.

b. Use Table 1 (Training and Personnel Type) to identify perinatal healthcare personnel requiring training; and,

c. For personnel who perform multiple roles (e.g., a nurse who cares for antepartum, intrapartum, and postpartum patients), account for each individual only once in the role in which they spend a majority of their time.

d. In the event of natural disasters (e.g., global pandemics) that may prevent perinatal healthcare personnel from completing required in-person trainings, MTFs should direct personnel to opportunities for online training courses and/or educational materials for Continuing Education through external vendors, as appropriate. In these instances, MTFs should annotate

any extensions in individual personnel records, and develop plans for personnel to complete training at a later date.

e. In the event an MTF is a negative outlier, defined as less than 80 percent overall compliance for all staff and all courses, for a particular Semiannual Report, the MTF Director or their designee must:

(1) Identify one or more process improvement strategies to ensure compliance for future reports. Strategies may include, but are not limited to, review of outlier courses or personnel type (see Table 1) to assess for manning limitations, competing clinical responsibilities, financial restriction or other issues impacting access to classes and thereby presenting barriers to compliance.

(2) Provide a report on proposed strategies for improvement to their respective Market Director within 30 days of the release of the data (for the 30 March reporting time period, improvements should be reported by 30 April; for the 30 September reporting time period, improvements should be reported by 30 October).

Table 1: Training and Personnel Type

Role	Personnel Type	Minimum Required Training
Care for inpatient pregnant or postpartum patients/birth parents (regardless of the volume of deliveries)	<ul style="list-style-type: none"> <li>• Medical Doctor (MD)/Doctor of Osteopathic Medicine (DO) Staff/Attending</li> <li>• MD/DO Resident</li> <li>• Certified Nurse-Midwife</li> </ul>	<ul style="list-style-type: none"> <li>• NRP Advanced^</li> <li>• ALSO or ECO</li> <li>• Intermediate FHM or approved replacement</li> <li>• S&amp;D</li> </ul>
Care for neonates and/or newborns	<ul style="list-style-type: none"> <li>• MD/DO Staff/Attending</li> <li>• MD/DO Resident</li> <li>• Neonatal or Pediatric Nurse Practitioner</li> </ul>	<ul style="list-style-type: none"> <li>• NRP Advanced^</li> <li>• S.T.A.B.L.E.</li> <li>• S&amp;D</li> </ul>
Care for outpatient antepartum pregnant patients who require non-	<ul style="list-style-type: none"> <li>• MD/DO Staff/Attending</li> <li>• Certified Nurse-Midwife</li> <li>• RN</li> </ul>	<ul style="list-style-type: none"> <li>• Intermediate FHM or approved replacement</li> <li>• S&amp;D</li> </ul>

Role	Personnel Type	Minimum Required Training
stress tests/modified biophysical profiles	<i>Limited scope; in accordance with AWHONN Position Statements*</i> <ul style="list-style-type: none"> <li>• LPN/LVN</li> <li>• Unlicensed</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction to FHM or equivalent*</li> <li>• S&amp;D</li> </ul>
Care for inpatient antepartum pregnant patients	<ul style="list-style-type: none"> <li>• RN</li> </ul>	<ul style="list-style-type: none"> <li>• NRP Advanced^</li> <li>• ALSO or ECO</li> <li>• Intermediate FHM or approved replacement</li> <li>• S&amp;D</li> </ul>
	<i>Limited scope; in accordance with AWHONN Position Statements*</i> <ul style="list-style-type: none"> <li>• LPN/LVN</li> <li>• Unlicensed</li> </ul>	<ul style="list-style-type: none"> <li>• NRP Advanced^</li> <li>• Introduction to FHM or equivalent*</li> <li>• S&amp;D</li> </ul>
Care for intrapartum pregnant patients	<ul style="list-style-type: none"> <li>• RN</li> </ul>	<ul style="list-style-type: none"> <li>• NRP Advanced^</li> <li>• ALSO or ECO</li> <li>• Intermediate FHM or approved replacement</li> <li>• S.T.A.B.L.E.</li> <li>• S&amp;D</li> </ul>
	<i>Limited scope; in accordance with AWHONN Position Statements*</i> <ul style="list-style-type: none"> <li>• LPN/LVN</li> <li>• Unlicensed</li> </ul>	<ul style="list-style-type: none"> <li>• NRP Advanced^</li> <li>• S.T.A.B.L.E.</li> <li>• Introduction to FHM or equivalent*</li> <li>• S&amp;D</li> </ul>
Care for inpatient postpartum patients/ birth parents and/or newborns	<ul style="list-style-type: none"> <li>• RN</li> <li>• LPN/LVN</li> <li>• Unlicensed</li> </ul>	<ul style="list-style-type: none"> <li>• NRP Advanced^</li> <li>• S.T.A.B.L.E.</li> <li>• S&amp;D</li> </ul>

Role	Personnel Type	Minimum Required Training
Overflow care of inpatient postpartum patients/birth parents and/or newborns less than 28 days (i.e., non-obstetrical care units)	<ul style="list-style-type: none"> <li>• RN</li> <li>• LPN/LVN</li> <li>• Unlicensed</li> </ul> <p><i>Prioritization should be given to training in the initial recognition and emergency activation for obstetrical and neonatal emergencies.</i></p>	<ul style="list-style-type: none"> <li>• NRP Advanced^ (if caring for newborns)</li> <li>• S&amp;D</li> </ul>
Code Purple Clinical Responders not identified above	<ul style="list-style-type: none"> <li>• Core Team defined in DHA-PI 6025.30 (signed 09 DEC 19), Implementation of Code Purple for Obstetric Emergencies except Operating Room Team</li> </ul>	<ul style="list-style-type: none"> <li>• NRP Advanced^</li> </ul>

\* LPN/LVN and unlicensed personnel are to adhere to the scope of care guidelines from AWHONN and state licensing agencies related to their scope of practice, which includes the assessment and care of pregnant women and newborns, and the interpretation of fetal monitoring.

^ NRP 8th edition materials must be implemented by January 1, 2022. All personnel requiring NRP utilizing 8th edition materials are required to take the NRP Advanced course.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

AAP	American Academy of Pediatrics
AAFP	American Academy of Family Physicians
ACOG	American College of Obstetrics and Gynecology
ADC	authority, direction, and control
ALSO	Advanced Life Support in Obstetrics
AWHONN	Association of Women’s Health, Obstetric and Neonatal Nurses
CPI	Continuous Process Improvement
DAD	Deputy Assistant Director
DHA-PI	Defense Health Agency-Procedural Instruction
DHAR	Defense Health Agency Region
DO	Doctor of Osteopathic Medicine
ECO	Emergencies in Clinical Obstetrics
FHM	Fetal Heart Monitoring
FM	Family Medicine
LMS	learning management system
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
MA	Medical Affairs
MD	Medical Doctor
MHS	Military Health System
MILDEP	Military Department
MTF	military medical treatment facility
NRP	Neonatal Resuscitation Program
RN	Registered Nurse
S&D	Simulation and Drill
SSO	Small Market and Stand-Alone MTF Organization
S.T.A.B.L.E.	Sugar, Temperature, Airway, Blood Pressure, Lab Work, and Emotional Support
WICC	Women and Infant Clinical Community
WHCMT	Women’s Health Clinical Management Team