DEPARTMENT: Utilization Management	**DOCUMENT NAME** Elective Deliveries Before 39 Weeks Gestational Age
PAGE: 1 of 5	**REPLACES DOCUMENT:**
APPROVED DATE: 7/2015	**RETIRED:**
EFFECTIVE DATE: 7/2015	**REVIEWED/REVISED: 6/17, 3/18**
PRODUCT TYPE: All	**REFERENCE NUMBER:** WA.UM.17.01

Subject
Medical necessity determination for deliveries before 39 weeks gestational age.

Description
Multiple recent studies indicate that elective deliveries <39 weeks carry significant increased risk for the baby with no known benefit to the mother. The risk is highest for scheduled pre-labor cesarean sections at 37 weeks gestation, but is significant for all subgroups examined. Even babies delivered at 38 4/7 to 38 6/7 weeks have higher risk of complications than those delivered after 39 weeks:

- Increased NICU admissions
- Increased transient tachypnea of the newborn (TTN)
- Increased respiratory distress syndrome (RDS)
- Increased ventilator support
- Increased suspected or proven sepsis
- Increased newborn feeding problems and other transition issues

In addition, preliminary data indicate that these risks are not diminished despite amniocentesis documenting a mature lung profile. A mature lung profile does not necessarily lessen the risk of morbidity.

Policy/Criteria
It is the policy of Coordinated Care that delivery before 39 weeks gestational age **is medically necessary** when meeting one of the following criteria:

- Placental abruption, placenta previa, vasa previa, premature placental separation
- Antepartum hemorrhage with coagulation defects, other antepartum hemorrhage
- Fetal demise, fetal demise in prior pregnancy
- Rupture of membranes prior to labor- premature or prolonged
- Gestational hypertension, preeclampsia, eclampsia,
- Preexisting diabetes, gestational diabetes or abnormal glucose tolerance
- Renal disease
- Maternal coagulation defects in pregnancy (includes anti-phospholipid syndrome)
- Liver diseases (including cholestasis of pregnancy)
- Cardiovascular diseases (congenital and other)
- HIV infection
- IUGR, oligohydramnios, polyhydramnios, fetal distress, abnormal fetal heart rate

- Isoimmunization (Rh and other), fetal-maternal hemorrhage
- Fetal malformation, chromosomal abnormality, or suspected fetal injury
- Twins and other multiple gestation pregnancy
- Infection of amniotic cavity
- History of prior classical cesarean, prior myomectomy, prior uterine rupture, prior uterine surgery with perforation, prior uterine window
- Unstable lie
- Poor reproductive history with prior stillbirth
  List of the corresponding ICD-10 codes can be found in Appendix A.

Note: This list of indications does not set a standard of care for who should or should not be electively delivered prior to 39 weeks gestation. For example, women with diet-controlled gestational diabetes generally should not be induced prior to 39 or even 40 weeks unless complications are present. Likewise most centers recommend a scheduled cesarean delivery prior to 39 weeks for women with a prior vertical uterine incision.

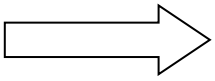
Note: This will not affect the payment of any professionals other than the delivering physician or any facility authorizations other than the delivering facility.

Authorization Protocols

Concurrent Review Nurse will identify, and report to the Medical Director, any cesarean section, labor induction or any delivery following labor induction from 36 to 38 6/7 weeks of gestation that does not meet the medical necessity criteria outlined above.

1. All early term deliveries following labor induction should be reviewed for medical necessity.
2. Once the PC claims the authorization from the queue or builds the authorization off of the census, if it is identified that the delivery occurred after 36 weeks and before 38 and 6/7 weeks, the authorization is assigned to a Concurrent Review (CCR) NICU Nurse and a review must be completed.
3. Upon receiving clinical information the CCR Nurse will identify if the delivery was an elective cesarean section or induction of labor and, the reason for the early term delivery.
4. A CCR Nurse can approve a scheduled delivery only if the delivery meets medical necessity criteria noted in policy section.

5. All deliveries that do not meet the above criteria will require a secondary medical necessity review by a Medical Director.
    a. The Medical Director review must contain the reason for the scheduled delivery and the gestational age of the infant.
    b. If the Medical Director denies the scheduled delivery, an adverse determination letter is processed for the delivery admission which contains information regarding the appeal of an adverse determination.



Any cesarean section, labor induction or any delivery following labor induction that is found to be non-medically necessary prior to 39 weeks of gestation will result in the denial or recoupment of payment from both the physician and the hospital for the delivery .

Scientific Background

According to ACOG, the indications for delivery prior to 39 weeks gestation are not absolute, but should take into account maternal and fetal conditions, gestational age, cervical status and other factors. Furthermore, "labor can be induced for logistical or psychosocial indications, but gestation should be ≥39 weeks or a mature fetal lung test should be established. A mature fetal lung test result before 39 weeks of gestation, in the absence of appropriate clinical circumstances, is not an indication for delivery" because a mature fetal lung test does not mean the baby will not experience breathing difficulties after birth.

The *Guidelines for Perinatal Care,* 7th Edition similarly advise against elective cesarean deliveries until 39 weeks.

Rates of labor induction have increased dramatically, from 9% in 1989 to 21.2% in 2004. Much of this rise has been attributed to an increase in elective inductions. Data from the Hospital Corporation of America showed that 44% of deliveries at term in 2007 were scheduled cesarean sections or inductions and that 71% of these were elective. Deliveries between 37 and 38 weeks gestation have increased dramatically in the period 1990 through 2006 and account for approximately 17.5% of live births in the United States.

The concomitant rise in deliveries between 37 and 39 weeks has been associated with an increase in obstetrical interventions such as induction of labor and cesarean sections.

The rise of induction of labor is present in all racial groups with the highest increase in Non-Hispanic whites. Most concerning is that a large proportion of these early term births, regardless of race/ethnicity, may be due to scheduled, non-medically indicated interventions.

Non-medically indicated (elective) deliveries described above are either induced and/or done by scheduled cesarean section and indicate that physician decisions may, in part, be driving higher rates of early elective deliveries. In addition, it has been suggested that women may not have an accurate perception of the benefits of carrying a baby to term.

Multiple recent studies indicate that elective deliveries <39 weeks carry significant increased risk for the baby. The risk is highest for scheduled pre-labor cesarean sections at 37 weeks gestation, but is significant for all subgroups examined. Even babies delivered at 38 4/7 to 38 6/7 weeks have higher risk of complications than those delivered after 39 weeks.

Appendix A
Conditions Justifying Delivery < 39 Weeks by Induction of Labor or Cesarean ICD-10 Code detail
http://waperinatal.org/wp-content/uploads/2014/06/Quick_Reference_Medical_Exclusions_List___ICD-9-CM.pdf

REFERENCES:

UM.01- UM Program Description
MCAH- Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks: Main E, Oshiro B, Chagolla B, Bingham D, Dang-Kilduff L, and Kowalewski L. Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age. (California Maternal Quality Care Collaborative Toolkit to Transform Maternity Care) Developed under contract #08-85012 with the California Department of Public Health; Maternal, Child and Adolescent Health Division; First edition published by March of Dimes, July 2010.

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Definitions:

Elective induction of labor: Induction of labor without an accepted medical or obstetrical indication *before* the spontaneous onset of labor or rupture of membranes.

Elective cesarean section: Scheduled primary or repeat cesarean section without an accepted medical or obstetrical indication *before* the spontaneous onset of labor or rupture of membranes.

Gestational age confirmation: Below are the ACOG criteria for determining term gestational age:

- "Ultrasound measurement at less than 20 weeks of gestation supports a gestational age of 39 weeks or greater."
- "Fetal heart tones have been documented as present for 30 weeks by Doppler ultrasonography."
- "It has been 36 weeks since a positive serum or urine human chorionic gonadotropin pregnancy test."

Gestational weeks are often grouped into categories:

- Late preterm is defined as the period from 34 0/7 to 36 6/7 weeks gestation.
- Early term is defined as the period from 37 0/7 to 38 6/7 weeks gestation.

Scheduled: A planned induction or cesarean section that is scheduled for either elective or non-elective/medically indicated reasons.

ATTACHMENT:

REVISION LOG:	**DATE**
PC Tasking Added	7/1/16
Clarified by changing 39 weeks to 38 and 6/7th weeks	6/9/17
Annual review. No substantive changes	3/17/18

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

VP MM Signature on file