

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Elective Deliveries Before 39 Weeks Gestational Age	<b>POLICY ID:</b> FL.UM.03
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 09/2015	<b>PRODUCT(S):</b> Managed Medical Assistance (MMA), Child Welfare (CW), and Ambetter (AMB)
<b>REVIEWED/REVISED DATE:</b> 09/2016, 10/2017, 07/2018, 02/2019, 05/2020, 07/2021, 07/2022, 07/2023	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> 08/2015	

### POLICY STATEMENT:

Medical necessity determination for deliveries before 39 weeks gestational age.

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this clinical policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this clinical policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This clinical policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members.

### PURPOSE:

To support the lack of evidence for elective deliveries before 39 weeks gestational age.

### SCOPE:

Sunshine Health Utilization Management Department.

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

### DEFINITIONS:

**Early term deliveries:** The delivery of infants who are born between 37 0/7 through 38 6/7 weeks gestation.

**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

**Late preterm-** the period from 34 0/7 to 36 6/7 weeks gestation

**Scheduled-** a planned induction or cesarean section that is scheduled for either elective or non-elective/medically indicated reasons

### POLICY:

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
- Increased sick visits/ER and readmissions
- Increased length of stay (LOS)

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 Sunshine Health that delivery before 39 weeks gestational age **is medically necessary** when meeting one of the following criteria:

- Placental abruption, placenta previa, unspecified antenatal hemorrhage
- Fetal demise, fetal demise in prior pregnancy
- Rupture of membranes prior to labor (term or preterm)
- Gestational hypertension, preeclampsia, eclampsia, chronic hypertension
- Preexisting diabetes, gestational diabetes (uncontrolled)
- Renal disease
- Maternal coagulation defects in pregnancy (includes anti-phospholipid syndrome)
- Liver diseases (including cholestasis of pregnancy)
- Cardiovascular diseases (congenital and other)
- HIV infection (if viral load  $\geq 71,000$  copies/mL)
- IUGR, oligohydramnios, polyhydramnios, fetal distress, abnormal fetal heart rate
- Isoimmunization (Rh and other), fetal-maternal hemorrhage
- Fetal malformation, chromosomal abnormality, or suspected fetal injury
- Multiple gestations
- Growth Restriction

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.

"Also there remain several conditions for which data to guide timing of delivery is unavailable. Delivery timing in these circumstances should be individualized" (e.g., uterine dehiscence and chronic placental abruption)

It is also the policy of Sunshine Health Plan that any authorizations at the delivering facility for the mother and baby will be denied, if medical necessity is not met for the elective delivery, including any NICU admission. In addition, the professional fees for the delivering physician will be denied as well.

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

### **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  $\geq 39$  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.

In 2013, ACOG stated that for certain medical conditions, available data and expert opinion support optimal timing of delivery in the late-preterm or early-term period for improved neonatal and infant outcomes. However, for nonmedically indicated early-term deliveries such an improvement has not been demonstrated. Morbidity and mortality rates are greater among neonates and infants delivered during the early-term period compared with those delivered between 39 weeks and 40 weeks

of gestation. Nevertheless, the rate of nonmedically indicated early-term deliveries continues to increase in the United States. Implementation of a policy to decrease the rate of nonmedically indicated deliveries before 39 weeks of gestation has been found to both decrease the number of these deliveries and improve neonatal outcomes; however, more research is necessary to further characterize pregnancies at risk for in utero morbidity or mortality.

The *Guidelines for Perinatal Care*, 8th Edition similarly advise against elective cesarean deliveries until 39 weeks.

1. All early term (prior to 39 weeks gestation) deliveries prior to labor induction should be reviewed for medical necessity.
  - a. The admission for an OB Member is submitted via fax, or phone, to the Sunshine Health Prior Authorization unit.
  - b. The Prior Authorization (PA) staff creates/enters the authorization for the delivery and transfers the case to the Concurrent Review (CR) Nurse.
  - c. If the admission is designated for a Member under NICU status, the CR, or designee, will follow the process for creating a NICU authorization using the Birth Event in the Mother’s admission record. (FL.UM.02.03)
2. Upon receiving clinical information the CR Nurse will identify if the delivery was an elective cesarean section or induction of labor and, the reason for the early term delivery.
3. A UM Nurse can approve a scheduled delivery only if the delivery meets medical necessity criteria noted in policy section.
4. All deliveries that do not meet the above criteria will require a medical necessity review by the Sunshine Health Medical Director. (FL.UM.02.01)
5. A UM Nurse will create a Medical Director Review in TruCare.
  - a. The Sunshine Health Medical Director review must contain the reason for the scheduled delivery, Once the decision is made, the authorization process (FL.UM.05.00) is followed.
  - b. If Sunshine Health Medical Director denies the scheduled delivery, an adverse determination letter is processed for the delivery admission per Sunshine Health policy (FL.UM.05.00), which contains information regarding the appeal of an adverse determination.
6. If the CR Nurse assigned to a NICU admission identifies that the delivery was the result of an elective labor induction/cesarean section and the gestational age of the infants is from 37 to 38 6/7wks, the CR nurse should enter a note in TruCare stating the condition of the delivery and, send a referral to the Case Management OB queue for assignment to the moms authorization in TruCare. (Follow sections 3-5)

**PROCEDURE:**

The procedure provides the prescribed method to follow. It includes who, what, when, where, and how steps are to be completed.

- Make the procedure here includes the above

**REFERENCES:**

FL.UM.01- UM Program Description  
 FL.UM.05.00- Timeliness of UM Decision and Notifications  
 FL.UM.02.01- Medical Necessity Review  
 FL.UM.02.03- Nursery Leveling  
 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 2011.  
<https://www.leapfroggroup.org/sites/default/files/Files/LessThan39WeeksToolkit.pdf>  
[ACOG committee opinion “medically indicated late-preterm and early- term deliveries”](#)

**ATTACHMENTS:** N/A

**ROLES & RESPONSIBILITIES:** Utilization Management

**REGULATORY REPORTING REQUIREMENTS:** N/A

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy created	08/2015

Annual Review	Reviewed with no changes	09/2016
Annual Review	<p>Annual review:</p> <ul style="list-style-type: none"> <li>Added updated literature from ACOG and American Journal of OB/GYN <ul style="list-style-type: none"> <li>Added to complications of increased sick/emergency visits and readmissions and increased LOS</li> <li>Added Concurrent Review Nurse will send to Medical Director, any cesarean section, labor induction or any delivery following labor induction prior to 39 weeks that result in a NICU admission except when there is a diagnosis of pre-eclampsia, non-reassuring fetal heart tones, maternal cardiopulmonary instability or collapse, sepsis, or hemorrhage.</li> </ul> </li> </ul> <p>Also added all early term (prior to 39 weeks gestation) deliveries prior to labor induction should be reviewed for medical necessity.</p>	10/2017
Policy Update	Policy Number Change- no approval needed	07/2018
Archer Upload	No revision or review conducted	02/2019
Annual Review	<p>Fixed policy number, deleted Healthy Kids and changed approver 3 to VP Medical Affairs</p> <p>Added criteria and removed post-term pregnancy</p> <p>Added excerpt from ACOG regarding conditions of timing</p>	05/2020
Annual Review	No changes needed	07/2021
Annual Review	No changes needed	07/2022
Annual Review	<p>Updated Policy ID</p> <p>Updated dates to the correct format</p> <p>Removed signature lines</p> <p>Added policy name to "Footer"</p>	07/2023

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.