

Oregon Health Plan Prioritized List changes

Planned Out-of-Hospital Birth

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on November 12, 2015, based on the approved coverage guidance, “Planned Out-of-Hospital Birth.” The changes will take effect on the Prioritized list of Health Services for the Oregon Health Plan on January 1, 2016.

New guideline note:

Guideline Note XXX PLANNED OUT-OF-HOSPITAL BIRTH

Lines 1, 2

Planned out-of-hospital birth is included on these lines when appropriate risk assessments are performed, and the consultation and transfer criteria are followed, and no high risk coverage exclusion criteria exist. Risk assessment should be done initially when planning the location of birth, and updated throughout pregnancy, labor, and delivery to determine if out-of-hospital birth is still appropriate.

The clinical and/or diagnostic assessment of each criterion, with the exception of those marked with an asterisk, is necessary for planned out-of-hospital birth to be included on these lines. (Criteria marked with an asterisks may not be known or not be pertinent if there is no clinical indication for concern and additional diagnostic testing is not indicated.)

An ultrasound is required to rule out certain risk criteria (e.g. multiple gestation, placenta previa, and life threatening congenital anomalies). Certain risk criteria require serial measurements such as fundal height and blood pressure.

If a woman refuses a required clinical or diagnostic assessment, then ascertainment of her risk status is unknowable and she does not meet criteria for coverage for an out-of-hospital birth.

Documentation of continuing appropriate risk assessment and routine prenatal care is required.

High-risk coverage exclusion criteria:

Complications in a previous pregnancy:

Maternal surgical history

- Cesarean section or other hysterotomy
- Uterine rupture
- Retained placenta requiring surgical removal
- Fourth-degree laceration without satisfactory functional recovery

Maternal medical history

- Pre-eclampsia requiring preterm birth
- Eclampsia
- HELLP syndrome

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Fetal and placental

- Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty
- Baby with neonatal encephalopathy
- Placental abruption with adverse outcome

Complications of current pregnancy:

Maternal

- Induction of labor
- Prelabor rupture of membranes > 24 hours
- Pre-existing chronic hypertension; Pregnancy-induced hypertension with diastolic blood pressure greater than or equal to 90 mmHg or systolic blood pressure greater than or equal to 140 mmHg on two consecutive readings taken at least 30 minutes apart
- Unknown group B strep carrier state
- Lack of informed consent on group B strep prophylaxis, if mother is Group B strep positive.
- Eclampsia or pre-eclampsia
- Anemia – hemoglobin less than 8.5 g/dL
- Thrombocytopenia (platelets <100,000)
- Thrombosis/thromboembolism or other maternal bleeding disorder*
- Maternal mental illness requiring inpatient care*
- Drug or alcohol use with high risk for adverse effects to fetal or maternal health
- Unknown, or positive, syphilis, HIV, or Hepatitis B status
- Current active infection of varicella at the time of labor; rubella infection anytime during pregnancy; active infection (outbreak) of genital herpes at the time of labor*
- Refractory hyperemesis gravidarum*
- Diabetes, type I or II, uncontrolled gestational diabetes, or gestational diabetes controlled with medication

Placental

- Low lying placenta within 2 cm or less of cervical os at term; placenta previa, vasa previa
- Placental abruption/abnormal bleeding
- Recurrent antepartum hemorrhage
- Uteroplacental insufficiency*

Fetal

- Gestational age - preterm or postdates (defined as gestational age < 37 weeks + 0 days or > 41 weeks + 6 days)
- Multiple gestation
- Non-cephalic fetal presentation
- IUGR (defined as fetal weight less than fifth percentile using ethnically-appropriate growth tables, or concerning reduced growth velocity on ultrasound)*

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- Oligohydramnios or polyhydramnios*
- Abnormal fetal heart rate/Doppler/surveillance studies
- Blood group incompatibility with atypical antibodies, or Rh sensitization
- Molar pregnancy

Transfer criteria:

If out-of-hospital birth is planned, certain intrapartum and postpartum complications may necessitate transfer to a hospital to meet coverage criteria. For these indications, an attempt should be made to transfer the mother and/or her newborn; however, imminent fetal delivery may delay or preclude actual transfer prior to birth.

Maternal

- Temperature ≥ 38.0 C
- Maternal infection requiring hospital treatment (e.g. endometritis or wound infection)
- Hemorrhage (hypovolemia, shock, need for transfusion)
- Retained placenta > 60 minutes
- Laceration requiring hospital repair (e.g., extensive vaginal, cervical or third- or fourth-degree trauma)
- Enlarging hematoma
- Bladder or rectal dysfunction

Fetal and uterine

- Repetitive or persistent abnormal fetal heart rate pattern
- Thick meconium staining of amniotic fluid
- Prolapsed umbilical cord
- Failure to progress (as defined by the American Congress of Obstetricians and Gynecologists, March 2014, found at <http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery>)/failure of head to engage in active labor
- Chorioamnionitis or other serious infection (including toxoplasmosis, rubella, CMV, HIV, etc.)
- Uterine rupture, inversion or prolapse

If the infant is delivered out-of-hospital, the following complications require transfer to a hospital for the out-of-hospital birth to meet coverage criteria:

- Low Apgar score (< 5 at 5 minutes, < 7 at 10 minutes)
- Weight less than 5th percentile for gestational age
- Unexpected significant or life-threatening congenital anomalies
- Respiratory or cardiac irregularities, cyanosis, pallor
- Temperature instability, fever, suspected infection or dehydration
- Hyperglycemia/hypoglycemia unresponsive to treatment
- Hypotonia, tremors, seizures, hyperirritability
- Excessive bruising, enlarging cephalohematoma, significant birth trauma

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- Vomiting/diarrhea

Consultation criteria:

Certain high risk conditions require consultation (by a provider of maternity care who is credentialed to admit and manage pregnancies in a hospital) for coverage of a planned out-of-hospital birth to be recommended. These complications include (but are not limited to) patients with:

Complications in a previous pregnancy:

Maternal

- More than three first trimester spontaneous abortions, or more than one second trimester spontaneous abortion
- More than one preterm birth, or preterm birth less than 34 weeks 0 days in most recent pregnancy
- Pre-eclampsia, not requiring preterm birth
- Cervical insufficiency/prior cerclage
- Third degree laceration; fourth-degree laceration with satisfactory functional recovery
- Life-threatening congenital anomalies (unless fatal anomalies with nonresuscitation planned)
- Postpartum hemorrhage requiring additional pharmacologic treatment or blood transfusion
- Retained placenta requiring manual removal

Fetal

- Child with congenital and/or hereditary disorder
- Baby > 4.5 kg or 9 lbs 14 oz
- Shoulder dystocia, with or without fetal clavicular fracture
- Unexplained stillbirth/neonatal death or previous death unrelated to intrapartum difficulty
- Unresolved intrauterine growth restriction (IUGR) or small for gestational age (defined as fetal or birth weight less than fifth percentile using ethnically-appropriate growth tables)
- Blood group incompatibility, and/or Rh sensitization

Complications of current pregnancy:

Maternal

- Inadequate prenatal care (defined as less than five prenatal visits or care began in the third trimester)
- Body mass index at first prenatal visit of greater than 35 kg/m²
- History of maternal seizure disorder (excluding eclampsia)
- Gestational diabetes, diet-controlled

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- Maternal mental illness with suspicion for psychosis or potential harm to self or infant under outpatient psychiatric care
- Maternal anemia with hemoglobin < 10.5 g/dL, unresponsive to treatment
- Third-degree laceration not requiring hospital repair
- Laparotomy during pregnancy

Fetal

- Fetal macrosomia (estimated weight >4.5 kg or 9 lbs 14 oz)
- Confirmed intrauterine death
- Family history of genetic/heritable disorders that would impact labor, delivery or newborn care