MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 12-59

Distribution: Inpatient Hospitals, Physicians, Medical Clinics, Federally Qualified Health Centers, Rural Health Clinics

Issued: December 1, 2012

Subject: Elective, Non-Medically Indicated, Delivery Prior to 39 Weeks Completed Gestation

Effective: January 1, 2013

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS), Plan First!

Background

There has been growing public health awareness and concern regarding premature birth and its significant correlation with neonatal morbidity and mortality. Prematurity affects more than half a million births in the United States each year.[1]

There are situations in which an early delivery is medically indicated. The Michigan Department of Community Health (MDCH), along with the American Congress of Obstetricians and Gynecologists (ACOG), recognize that appropriately scheduled deliveries less than 39 weeks completed gestation are justified when maternal or fetal risk factors are present, and the risk of continuing the pregnancy exceeds the risk of delivery. Examples include, but are not limited to, abruptio placentae, gestational hypertension, non-reassuring fetal status, and preeclampsia or eclampsia. Social indications for scheduled deliveries (e.g., history of fast labor or social issues) are recognized as appropriate only when the gestational age is greater than 39 weeks completed gestation.[2]

In developed countries, induction of labor is conducted in over 20 percent of pregnancies.[3] Research indicates that when deliveries are induced or carried out electively, without a medical indication, and prior to 39 weeks completed gestation they are linked to an increased rate of poor health outcomes for both the mother and infant. Infants delivered prior to 39 weeks completed gestation have an increased rate of respiratory complications, sepsis, hypoglycemia and other morbidities, all of which are associated with an increased number of admissions to neonatal intensive care units (NICU).[4] Maternal concerns for elective cesarean-section deliveries include increased risk of infection, increased need for a blood transfusion, injury to pelvic organs and future reproductive problems.[5]

Objective

The intent of this policy is to reduce the rate of elective, non-medically indicated, delivery prior to 39 weeks completed gestation (referred to as "elective delivery prior to 39 weeks gestation" throughout the remainder of this

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1 Spong C, Mercer B, D'Alton M, et al. Timing of indicated late-preterm and early-term birth. *Obstetrics & Gynecology*. 2011 August; 118(2): 323-333.

2 The American College of Obstetricians and Gynecologists Practice Bulletin. Clinical management guidelines for obstetrician-gynecologists. 2009 August; 107: 1-12.

3 Stock S, Ferguson E, Duffy A, et al. Outcomes of elective induction of labor compared with expectant management: population based study. *British Medical Journal*. 2012 May; 344: 1-13.

4 Tita A, Landon M, Spong C, et al. Timing of elective repeat cesarean delivery at term and neonatal outcomes. *The New England Journal of Medicine*. 2009 January; 360(2): 111-120.

5 Ecker J, Frigoletto F. Cesarean delivery and the risk-benefit calculus. *The New England Journal of Medicine*. 2007 March; 356(9): 885-888.

bulletin) for Medicaid beneficiaries by ensuring that each Medicaid enrolled birthing hospital utilizes elective delivery evidence-based guidelines (EBGs).

Although it is the expectation of MDCH that each Medicaid enrolled birthing hospital utilizes elective delivery EBGs, MDCH will not be limiting reimbursement for elective delivery prior to 39 weeks gestation at this time. MDCH does, however, plan to assess how this policy impacts the rate of early deliveries and health outcomes of women and children in the state.

Elective, Non-Medically Indicated, Delivery Prior to 39 Weeks Completed Gestation: Policy

Effective January 1, 2013, MDCH will require all Medicaid enrolled birthing hospitals to utilize elective delivery EBGs.

The EBGs may include several of the following elements:

1. Medical indications for elective delivery prior to 39 weeks gestation are defined in hospital policy.

2. Hospital staff is not authorized to schedule an elective delivery prior to 39 weeks gestation.

3. Providers are required to obtain permission from physician leadership (e.g., the head of the obstetrics department) before performing an elective delivery prior to 39 weeks gestation.

4. Provider education materials are used to educate providers on the risks of elective delivery prior to 39 weeks gestation.

5. Patient education materials are used to educate patients on the risks of elective delivery prior to 39 weeks gestation.

6. Hospital involvement in an initiative that addresses elective delivery prior to 39 weeks gestation (e.g., Michigan Health & Hospital Association [MHA] Keystone Center's initiative in obstetrics, Trinity Health System's Perinatal Patient Safety Initiative [PPSI], Ascension Health System's Handling All Neonatal Deliveries Safely [HANDS]).

Each Medicaid enrolled birthing hospital is required to submit the "Medicaid Enrolled Birthing Hospital Agreement for Elective, Non-Medically Indicated, Delivery Prior to 39 Weeks Completed Gestation" form (MSA-1755) certifying that the hospital utilizes elective delivery EBGs for Medicaid beneficiaries. The form must be signed by the Chief Executive Officer (CEO) and the Chief Medical Officer (CMO) of the facility and be mailed or faxed to:

Attn: Inpatient Hospital Policy
Michigan Department of Community Health
Medical Services Administration, Program Policy Division
PO Box 30479
Lansing, Michigan 48909-7979
Fax: (517) 335-5136

The MSA-1755 must be submitted by March 1, 2013.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin or completion of form MSA-1755 should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

Stephen Fitton, Director
Medical Services Administration