

Applies To: All HSC Hospitals Responsible Department: Revised:

Title: Delivery prior to 39 weeks 0 days gestation		Policy			
Patient Age Group:	<input type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input checked="" type="checkbox"/> Adult

POLICY STATEMENT

Elective deliveries will not be done in the facility at less than 39 weeks 0 days gestational age unless the patient exhibits one or more medical indications as listed below. Non-medically indicated cesarean section or induction of labor prior to 39 completed weeks gestation requires approval of the MOD Review Board prior to scheduling these procedures.

*Note: Amniocentesis and documentation of lung maturity is not an indication for delivery < 39 weeks.

PURPOSE:

To decrease the mortality and morbidity associated with early term delivery by eliminating non-medically indicated (elective) deliveries prior to 39 weeks.

APPLICABILITY

This policy applies only to pregnancies with a live fetus.

POLICY AUTHORITY

- School of Medicine Department of OB/ GYN
- MOD Review Board, consisting of a panel of providers from the OB/GYN Department, Maternal Child Health, and one ad hoc member.

INDICATIONS

1. Conditions justifying delivery <39 weeks gestation:
 - a. Placental abruption, placenta previa, unspecified antenatal hemorrhage
 - b. Fetal demise in prior pregnancy
 - c. Gestational hypertension, preeclampsia, eclampsia, chronic hypertension
 - d. Rupture of membranes prior to labor (term or preterm)
 - e. Diabetes requiring medication
 - f. Renal disease
 - g. Maternal coagulation defects in pregnancy (includes anti-phospholipid syndrome)
 - h. Liver diseases (including cholestasis of pregnancy)
 - i. Cardiovascular diseases (congenital and other)
 - j. HIV infection
 - k. Intrauterine Growth Restriction (IUGR), oligohydramnios, polyhydramnios, fetal distress, abnormal fetal heart rate
 - l. Isoimmunization (Rh and other), fetal-maternal hemorrhage
 - m. Fetal malformation, chromosomal abnormality, or suspected fetal injury
 - n. Multiple gestation
 - o. Three or more prior cesareans
 - p. Unstable lie or transverse presentation
 - q. Pulmonary disease
 - r. Morbid obesity w/ BMI over 50

PROCEDURE

1. Confirmation of Gestational Age

Gestational age needs to be confirmed using one of the ACOG criteria:

- 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.

If the patient does not meet ACOG's criteria for confirmation of gestational age, an amniocentesis to confirm fetal lung maturity after 39 weeks or allowing the patient to go into labor should be considered.

2. Scheduling

a) Provider or designee contacts the L&D unit with the request to schedule the induction or cesarean section. (This may be a phone call or the faxing of the scheduling form.)

b) The provider or designee provides the L&D scheduler with the patient's name, medical record number, EDC, gravida, parity, indication for the procedure, provider's name and contact number (pager or cell #), and clinical service (OB, MCH, MFM, etc).

Note: All components of the hospital scheduling form must be communicated so the procedure can be scheduled.

c) All scheduled procedures will be reviewed by the MOD Review Board in the scheduling system. If the Review Board member does not concur with scheduling the patient, they will contact the provider for further information and decide at that time whether or not the scheduled procedure will remain scheduled.

1. If the Review Board member determines the procedure will no longer be scheduled, the patient's clinical service will notify the patient and the procedure will be removed from the computer schedule by L&D staff.

d) If the decision is made by the Review Board to "unschedule" the procedure, the provider may appeal this decision.

e) Women who have medical indications for delivery have priority over women having elective cesarean sections and inductions of labor. These decisions are the discretion of the MOD Review Board in consultation with the L&D RN Supervisor.

3. Appeal Process

a) A member of the MFM Division will review the patient's OB case and make the final decision about scheduling the procedure before the baby is 39 weeks gestation.

4. Informed Consent

a) All patients with a scheduled non-medically indicated (elective) delivery (either cesarean section or induction of labor) prior to 39 weeks will have an informed consent discussion. The informed consent discussion must be documented in the medical record.

b) The informed consent discussion will include the usual discussion of risks and benefits of induction of labor or cesarean section and also include a discussion and documentation of the risks to the baby of being born electively prior to 39 weeks gestation.

REFERENCES

- California Maternal Quality Care Collaborative. (2011). *Elimination of Non-Medically Indicate (Elective) Deliveries Before 39 weeks Gestational Age*. California Department of Public Health, March of Dimes, and California Maternal Quality Care Collaborative.
- National Quality Forum: Elective Delivery Prior to 39 Weeks Gestation
- ACOG. (2009). Induction of labor. American Congress of Obstetricians and Gynecologist Practice Bulletin No. 107. Obstet Gynecol. 114(2),pp. 386-97.
- ACOG Technical Bulletin, Number 97, Fetal Lung Maturity. August 2008.
- ACOG. (2004). Informed Consent. American Congress of Obstetricians and Gynecologist Committee Opinion Number 439. August 2004:1-8.
- ACOG Technical Bulletin, Number 10, Induction of Labor. November 1999
- TJC elective perinatal core measures

DEFINITIONS

1. Elective induction of labor: Induction of labor without an accepted medical or obstetrical indication before the spontaneous onset of labor or rupture of membranes.
2. 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

SUMMARY OF CHANGES

None, this is a new policy.

RESOURCES/TRAINING

Resource/Dept	Contact Information
Department of OB/GYN	Sharon Phelan, MD Vice Chair Dept of OB/GYN
Department of Family & Community Medicine	Lawrence Leeman, MD Maternal Child Health Division Chief

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	L&D Nursing Unit		
Consultant(s)	[Name, Title]		
Committee(s)	MOD 39+ Weeks quality Improvement Initiative		Y
Nursing Officer	Sheena Ferguson, Chief Nursing Officer		Y
Medical Director/Officer	Sharon Phelan, MD Medical Director for L&D		Y
Official Approver	[Name, Title, Area]		Y
Official Signature		[Day/Mo/Year]	
2nd Approver (Optional)			
Signature		[Day/Mo/Year]	
Effective Date		[Day/Mo/Year]	
Origination Date		November 2012	
Issue Date	Clinical Operations Policy Coordinator		

ATTACHMENTS: Scheduling form

Title:
 Owner:
 Effective Date:
 Doc. #

Patient Name: _____ Patient Phone: _____
 OB Provider: _____ Provider Contact #: _____ Service: _____
 G: ____ P: ____ Type of Delivery Planned: Induction C/S
 Desired Date: _____ Time: _____

DATING

EDC: _____ Gestational Age at Desired Date of Induction or C/S: _____
Month/Day/Year Weeks Days
 EDC Based on: US <20 weeks Doppler FHT+ for 30 weeks +hCG for 36 weeks
 Other dating criteria: _____

*By ACOG Guidelines, women should be 39 wks or greater before initiating an elective (non-medically indicated) delivery.
 ACOG also states that a mature fetal lung test in the absence of clinical indication is not considered an indication for delivery.*

INDICATION

Obstetric and Medical Conditions (OK if <39 weeks)

(The need to deliver <39 weeks is dependent on severity of condition)

- Abruptio
- Previa
- Preeclampsia
- Gestational HTN
- Chronic HTN
- Diabetes requiring meds
- Fetal Demise (current)
- Fetal Demise (prior)
- Oligohydramnios
- Polyhydramnios
- IUGR
- Isoimmunization
- Fetal malformation
- Multiple gestation
- Non-reassuring fetal status

- Heart disease
- Coag/Thrombophilia
- Renal disease
- PROM
- Liver disease
(e.g. cholestasis of preg.)
- Pulmonary disease
- HIV infection
- Prior classical C/S
- Prior myomectomy
- Morbid obesity
w/BMI over 50

Other: _____

 Perinatology consult obtained and agrees with plan

 (consultant name)

Scheduled Induction or C/S

≥41+0 weeks

- Scheduled C/S (≥39 wks)**
- Prior cesarean section
 - Breech presentation
 - Other malpresentation
 - Patient choice
 - Other: _____
 - Twin w/o complication
(ok ≥38 wks)
- Elective Induction (≥39 wks)**
- Patient choice/social*
 - Macrosomia
 - Distance
 - Other: _____

*Psycho/Social considerations: _____

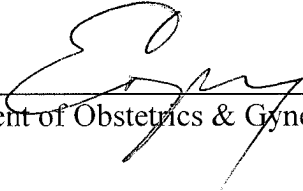
If no patient label available:
 Pt. DOB: _____
 Prenatal Care Clinic: _____

Patient Label

APPROVAL

Prepared by: Sharon Phelan, MD

Approved by: Eve Espey, MD, MPH

Approval: 
Chair, Department of Obstetrics & Gynecology

7/1/15
Date

SOP # / Version #	Effective Date	Supersedes	Review Date	Summary of Change(s)

Title:
Owner:
Effective Date:
Doc. #