30 Weeks of Pregnancy
Every week counts

Provider Toolkit
# Table of Contents

Letter of Introduction ........................................................................................................... 3–4  
Provider Resources .............................................................................................................. 5  
Patient Resources ............................................................................................................... 13  
Managed Care Resources .................................................................................................. 18
February 21, 2012

Dear Obstetrical Provider:

We are pleased to invite you to participate in a new state-wide quality initiative called “40 Weeks of Pregnancy, Every Week Counts”. This initiative was created to address the concerning 41% increase in late preterm births in Indiana, due to elective inductions and cesarean sections over the past 16 years. \(^1\) “40 Weeks of Pregnancy” is supported and endorsed by:

- The Indiana Chapter of the American College of Obstetrics and Gynecology
- The Indiana Chapter of the Association of Family Physicians
- The Indiana Chapter of the American Academy of Pediatrics
- The Indiana University School of Medicine
- The Indiana Hospital Association
- The Indiana Perinatal Network
- The March of Dimes, Indiana Chapter
- The Indiana State Department of Health
- The Office of Medicaid Policy and Planning
- The Indiana Medicaid Hoosier Healthwise health plans (Anthem, MDwise, and Managed Health Services)

The goal of the quality initiative is to reduce the number of elective inductions and caesarean deliveries prior to 39 weeks of gestation. Elective deliveries prior to 39 weeks of gestation are associated with increased admission to the NICU and ventilator use. A retrospective analysis of 179,701 births showed that the incidence of severe respiratory distress syndrome was 22.5-fold higher for infants born at 37 weeks gestation and 7.5-fold higher for infants born at 38 weeks of gestation compared to those born at 39 to 41 weeks of gestation.\(^2\)


The Joint Commission has added early elective deliveries to its Core Measure set for maternity care, and the Leapfrog Group has adopted this measure as its primary measure of quality for maternity care. Many Indiana hospitals and their medical staffs have responded to these national initiatives by adopting policies that assure that early inductions and caesarean deliveries meet ACOG guidelines for medical necessity.

As a physician with privileges at Indiana hospitals, we know you are well aware of the national concern and of the local efforts to reduce the trend. We also know that as a physician on the front line, you are often put in the difficult position of communicating these risks to your patients. A recent survey by UnitedHealthcare of first-time mothers found more than half the respondents believe it is safe to deliver their baby before 37 weeks’ gestation even if not required because of a medical complication.  

In recognition of the critical role that physicians providing obstetric services play in communicating the risks of early induction or caesarean section, the Indiana Medicaid Hoosier Healthwise health plans have developed a 40 Weeks of Pregnancy toolkit for their participating providers. The toolkit includes both clinical resources including an early induction bibliography and compelling patient education resources for physicians to use in discussions with their patients. The Hoosier Healthwise Plans will also be providing their contracted providers with information on specific obstetric care management and health education services offered to their providers and members.

We hope that you will accept our invitation to participate in “40 Weeks of Pregnancy”. Your participation would include:

- Displaying the “Healthy Babies Are Worth the Wait” educational poster in your office waiting and/or exam rooms, and
- Sharing and discussing patient education materials with your patients.

The Hoosier Healthwise health plan representatives will be making personal visits to physician offices in the next few weeks to hand deliver the “40 Weeks of Pregnancy” toolkits and to discuss any additional needs that offices might have for improving birth outcomes.

We believe that by working together to impact patient understanding of healthy pregnancy, we can improve birth outcomes in our communities and our state. Thank you in advance for your participation and support of improved birth outcomes for Indiana’s babies.

Sincerely,

Patricia Casanova
Director of Medicaid

Provider Resources


Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age. Presentation for clinicians developed by the March of Dimes and the California Maternal Quality Care Collaborative. ........................................7–11

Bibliography for Elective Delivery Prior to 39 Weeks.
Compiled by the IU National Center of Excellence in Women’s Health Best Practices Committee ..........................12
Decreasing Elective Deliveries Before 39 Weeks of Gestation in an Integrated Health Care System

Oshiro, Bryan T. MD\textsuperscript{1,3}; Henry, Erick MPH\textsuperscript{1}; Wilson, Janie RN\textsuperscript{1}; Branch, D Ware MD\textsuperscript{1,2}; Varner, Michael W. MD\textsuperscript{1,2}; for the Women and Newborn Clinical Integration Program

Abstract

OBJECTIVE: The American College of Obstetricians and Gynecologists has recommended that elective deliveries not be performed before 39 weeks of gestation, to minimize prematurity-related neonatal complications. Because a worrisome number of elective deliveries were occurring before 39 weeks of gestation in our system, we developed and implemented a program to decrease the number of these early term elective deliveries. Secondary objectives were to monitor relevant clinical outcomes.

METHODS: The electronic medical records of an integrated health care system involving nine labor and delivery units in Utah were queried to establish the incidence of patients admitted for elective induction of labor or planned elective cesarean delivery. These facilities have open staff models with obstetricians, family practitioners, and certified nurse midwives. Guidelines were developed and implemented to discourage early term elective deliveries. The prevalence of early term elective deliveries was tracked and reported back regularly to the obstetric leadership and obstetric departments at each facility.

RESULTS: The baseline prevalence of early term elective deliveries was 28\% of all elective deliveries before the initiation of the program. Within 6 months of initiating the program, the incidence of near-term elective deliveries decreased to less than 10\% and after 6 years continues to be less than 3\%. A reduced length of stay in labor and delivery occurred with the introduction of the program, and there were no adverse effects on secondary clinical outcomes.

CONCLUSION: With institutional commitment, it is possible to substantially reduce and sustain a decline in the incidence of elective deliveries before 39 weeks of gestation.

LEVEL OF EVIDENCE: III

Link to full article

Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age

Funding for the development of this toolkit was provided by: Federal Title V block grant funding from the California Department of Public Health; Maternal, Child and Adolescent Health Division was used by the California Maternal Quality Care Collaborative to develop the toolkit; and March of Dimes.
This study by Goldenberg et al. addresses the potential impact of the patient on initiating the elective delivery process due to a lack of understanding of the risks of an early delivery. A national sample of 650 insured women was commissioned by a large health care insurance company. The purpose of the study was to understand women's beliefs related to the meaning of full term and the safety of delivery at various gestational ages. The study was anonymous and voluntary and included women who had given birth within the last 18 months; were first-time mothers of singleton infants; currently had health insurance coverage either through their employer or spouse's employer; had completed at least some high school education; and delivered their child at a hospital or medical facility. Those who had diabetes, hypertension/preeclampsia, or obesity or had any other medical condition that would put them at high risk for a cesarean delivery were excluded from the study. The online survey was conducted August 18-29, 2008, while the telephone portion of the survey was conducted August 18-29, 2008. 58% were white, 93% were married or partnered, and 77% had a yearly family income of at least $50,000. Nearly 50% were employed full-time and nearly 69% held a college degree.
When participants were asked “At what gestational age do you believe the baby is considered full term?” nearly 25% chose 34–36 weeks. Another 50% chose 37–38 weeks and only 25% chose 39–40 weeks.
When women were asked “What is the earliest point in the pregnancy that it is safe to deliver the baby, should there be no other medical complications requiring early delivery?” more than half of the mothers chose 34–36 weeks. Only 7.6% chose 39–40 weeks.
Timing of Fetal Brain Development

- Cortex volume increases by 50% between 34 and 40 weeks gestation. (Adams Chapman, 2008)
- Brain volume increases at rate of 15 mL/week between 29 and 41 weeks gestation.
- A 5-fold increase in myelinated white matter occurs between 35-41 wks gestation.
- Frontal lobes are the last to develop, therefore the most vulnerable. (Huttenloher, 1984; Yakavlev, Lecours, 1967; Schade, 1961; Volpe, 2001).
Evidence that “early term” delivery is associated with neonatal adverse effects


ACOG bulletins/committee opinions

1. Cesarean delivery on maternal request. ACOG Committee Opinion No. 394
2. Induction of labor. ACOG Practice Bulletin No. 107

General articles


March of Dimes Less Than 39 Weeks Toolkit

The March of Dimes, in collaboration with the California Maternal Quality Care Collaborative and the California Department of Health, Maternal Child and Adolescent Health Division, created a quality improvement toolkit.

“Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age” was developed to support hospitals and contains a step-by-step guide to assist hospital leaders with implementing policies and a guide for measuring quality improvement over time. The appendix includes educational tools for clinicians and staff and sample forms and hospital case studies. Download or purchase a copy at www.prematurityprevention.org.
Patient Resources

Provider Office Poster (English & Spanish) ................................................................. 14–15

What You Should Know About a Scheduled Delivery FAQs
(For use when counseling patients) ................................................................................ 16–17
To learn more about brain development, scan this code. marchofdimes.com / 39weeks

Babies aren’t fully developed until at least 39 weeks in the womb. Important development of their brains, lungs and eyes occurs in the last few weeks of pregnancy. If your pregnancy is healthy, wait for labor to begin on its own.
Los bebés no están desarrollados por completo hasta haber cumplido al menos 39 semanas en el vientre. El desarrollo importante del cerebro, los pulmones y los ojos ocurre en las últimas semanas del embarazo. Si su embarazo es sano, espere que el parto comience por sí solo.

nacersano.org/39semanas
What You Should Know About A Scheduled Delivery
Frequently Asked Questions

What is a scheduled delivery?
A scheduled delivery is when you and your healthcare provider pick the day to deliver, either by Cesarean delivery or by giving you medications to start your labor – a process called induction. Scheduled deliveries occur before you go into natural labor.

Why are deliveries scheduled?
Most of the time a scheduled delivery is due to a medical reason involving either the mother or the baby. Recently, more scheduled deliveries are occurring without a medical reason.

Why do women choose a scheduled delivery?
A scheduled delivery may appeal to both a woman and the healthcare provider because it helps them plan their schedules. Many women have backaches, swollen feet, are very tired and just want to have the baby.

Are there medical risks to my baby?
Babies born between 36 – 38 weeks are more likely to:
• Be admitted to the intensive care unit, not go home at the same time as their mothers and need IV and other needle sticks
• Have trouble breathing and be connected to a ventilator
• Have trouble keeping their body temperature at a healthy level and spend time in an incubator

Are there medical risks for me?
If labor is induced before your body is ready to deliver, there is an increased chance of having a Cesarean delivery.

What is a full term pregnancy?
In reality, a full term pregnancy is a range of time and only 4.5% of women go into labor on their actual due date.* Most women deliver up to a week before or after their due date.

37 Weeks
Baby will continue to grow about ½ ounce per day.**

38 Weeks
Baby’s lungs will continue to mature.**

39 Weeks
Baby’s brain development is rapid.**

40-42 Weeks
Your body continues to make antibodies to protect baby after birth.**

Sources: *www.familyresource.com  **www.whattoexpect.com
What do health care providers recommend?

- If there is no medical reason for you to be delivered before your due date, it’s best for you and your baby to wait for natural labor.
- The American College of Obstetricians and Gynecologists recommends that scheduled deliveries without a medical reason should not occur before 39 weeks of pregnancy.
- If you must schedule your delivery, talk with your health care provider and make sure you are at least 39 weeks into your pregnancy.
- If you are planning a vaginal delivery, make sure your cervix is beginning to open and ready for delivery.

![Image showing the difference in brain development at 35 weeks and 39 to 40 weeks](image-url)

Source: *March of Dimes; © Bonnie Hofkin, 2007*
Managed Care Resources
Resources & Important Information

MDwise Customer Service
1-800-356-1204 or 317-630-2831 in the Indianapolis area, MDwise.org

Member Programs and Resources

Transportation
Members call MDwise to arrange transportation to and from their medical appointments.

BLUEBELLEbeginnings (Pregnancy program for members)
BLUEBELLEbeginnings gives members important resources and information about pregnancy. The program provides case management services to coordinate medical and behavioral health, as well as special events in the community to promote prenatal care. Go to MDwise.org/wellness/bluebellebegin.html for more information.

MDwise Rewards (Incentive program for members)
With MDwise Rewards, members can earn points for making and keeping appointments for prenatal, postpartum, annual physicals and much more. Go to MDwise.org/rewards for more information.

NURSEon-call
MDwise members can ask a nurse questions about their health or need for emergency care 24 hours a day at 1-800-356-1204 or 317-630-2831 in the Indianapolis area. Choose option #4 for NURSEon-call. For more information go to MDwise.org/wellness/nurseoncall.html.

Emergency Room Education
Use the Emergency Room Wisely brochure for MDwise members: MDwise.org/hhw-hip/member-erbrochure.pdf
**Provider Tools and Resources**

**MDwise Contact Information**
See the Quick Contact Guide at [MDwise.org/docs/provider-quickcontact.pdf](http://MDwise.org/docs/provider-quickcontact.pdf) for contact information for:

- ✔ Provider relations
- ✔ Prior authorization
- ✔ Case management services
- ✔ Claims

**myMDwise Provider Portal**
View accurate eligibility for Hoosier Healthwise and Healthy Indiana Plan members. Go to [MDwise.org](http://MDwise.org) and click “myMDwise Login” in the upper left corner. Look for the link to myMDwise Provider Portal. Follow further instructions to log in. New users should click “Request New Account.”

**Additional resources such as clinical health guidelines, tobacco quitline information, disease management materials and continuing education opportunities can be found at [MDwise.org/hoosierhealthwise/providers/tools.html](http://MDwise.org/hoosierhealthwise/providers/tools.html).**

**To Submit a Care or Case Management Referral Online for a Patient**
Go to [https://cmreferral.mdwise.org/cmreferral.aspx](https://cmreferral.mdwise.org/cmreferral.aspx).

**Forms**
For forms you may need, such as Prior Authorization, IHCP forms and other MDwise forms, go to [MDwise.org/hoosierhealthwise/providers/forms.html](http://MDwise.org/hoosierhealthwise/providers/forms.html).