ELECTIVE CESAREAN DELIVERY / INDUCTION POLICY

General Considerations
Elective inductions of labor and elective cesarean section deliveries <39 weeks are increasing despite the ACOG guidelines outlining criteria for medically indicated births <39 weeks. In order to decrease the risk of iatrogenic late preterm births, all “elective” inductions (any elective delivery prior to 39 weeks of gestational age) will not be allowed (hard stop) unless there is approval by the Director of MFM, the Chairman of the department or their designee.

Potential Risks of Late Preterm Delivery for Neonate:
• NICU admission
• Transient tachypnea of the newborn
• RDS
• Need for ventilatory support
• Risk of sepsis
• Newborn Feeding Issues

Approach:
1. Reduce demand by providers and patients
   • Emphasis on better outcomes needs to be stressed to patients
2. Elective Delivery Policy
   • Not scheduled if clinical criteria are not met
   • Physician Leadership enforced policy
     a. Approved exceptions

Cesarean Section/Induction of Labor Scheduling Policy

Purpose:
The purpose of this policy is to eliminate non-medically indicated (elective) deliveries prior to 39 weeks.

Policy Statement:
Non-medically indicated cesarean section or induction of labor prior to 39 completed weeks gestation requires approval of the Obstetrics and Gynecology department Division of MFM Director, Chair or designee. Note: Amniocentesis and documentation of fetal lung maturity is not an indication for delivery <39 weeks.
Definitions:
Both ACOG and The Joint Commission: National Quality Core Measure PC-01 — Specifications for “Conditions justifying delivery <39weeks” have cited potentially acceptable criteria for medically indicated delivery. Medical and obstetric indications for cesarean section or induction of labor that DO NOT require approval from the OB/GYN department chair or designee include:

- Fetal demise, fetal demise in prior pregnancy
- Premature rupture of membranes
- Gestational hypertension, preeclampsia, eclampsia, chronic hypertension
- Maternal medical conditions,
  - e.g., diabetes, renal disease, chronic pulmonary disease, maternal coagulation defects in pregnancy (includes antiphospholipid syndrome), liver disease, cardiovascular diseases
- Fetal compromise,
  - e.g., severe intrauterine growth restriction (IUGR), oligohydramnios, polyhydramnios, abnormal fetal heart rate tracing
- Placental abruption, placenta previa, unspecified antenatal hemorrhage
- Cholestasis of pregnancy
- Isoimmunization, suspected fetal to maternal hemorrhage
- Fetal malformations
Maine Medical Center - Labor Induction Booking Form

Patient Name:________________________________________  DOB:___________   Home Phone:____________________
Cell Phone:__________________________  Gravida:_____ Para:_______  GA:_____ LMP:_______ EDC:_______________
Primary Obstetrician:__________________________  Covering Obstetrician: ____________________________

Method of Induction:  □ AROM        □ Oxytocin       □ Misoprostol        □ Cervidil            □ Cook

Requested Induction Date:______________  Time:______________

**For all patients < 39 weeks, please call the Labor & Delivery Unit Coordinator at 662-0056 and follow Labor Induction Booking Process Algorithm**

Medical Necessity Reason:

- □ Abruptio Placenta
- □ Polyhyramnios: AFI: ______
- □ Oligohyramnios: AFI: ______
- □ Chorioamnionitis (Intra Amniotic Infection)
- □ Advanced Maternal Age
- □ Hx of Fetal Demise @ ___Gestational Age
- □ Fetal Compromise (IUGR, Elevated Dopplers, Isoimmunization)
- □ Maternal Medical Condition (Cardiac, Diabetes Mellitus, Renal, Chronic Pulmonary. Cholestasis of Pregnancy)
- □ Multifetal Pregnancy
- □ Premature Rupture of Membranes
- □ Post-Term Pregnancy (≥41 weeks)
- □ Gestational Hypertension new onset B/P ≥ 140 systolic but <160 systolic or ≥90 diastolic but < 110 diastolic, ≥20 weeks, absence of proteinuria, absence of systemic findings. Delivery at 37 weeks -to- 38+6 weeks.
- □ Chronic Hypertension (B/P≥ 140 systolic or ≥ 90 diastolic, present prior to pregnancy or < 20 weeks).
  - Delivery at 38 -to- 39 weeks if no medication, or 37-39 weeks on medication.
    - ▶ CHTN with superimposed preeclampsia without severe features.
    - ▶ CHTN with superimposed preeclampsia with severe features.
- □ Preeclampsia & Eclampsia: (B/P≥ 140 systolic or ≥ 90 diastolic on two occasions at least four hours apart, ≥ 20 weeks gestation, prior normal B/P, and has proteinuria or evidence of systemic disease). Eclampsia: occurrence of one or generalized convulsions in the setting of preeclampsia in the absence of other neurologic conditions.
- □ Preeclampsia without Severe Features (B/P≥ 140 systolic or ≥ 90 diastolic four hours apart and Proteinuria).
  - Delivery after 37 weeks with diagnosis
- □ Preeclampsia with Severe Features (B/P≥ 160 systolic or ≥ 110 diastolic four hours apart on bedrest, thrombocytopenia, impaired liver function, progressive renal insufficiency, pulmonary edema, new-onset cerebral visual disturbances). Delivery at 34 weeks with diagnosis.
- □ OTHER: _______________________________________________________________________________________

Name of Provider Requesting Induction (PRINT):______________________________Callback #:______________________________
Faxed this Induction Form & Documents to support Medical Necessity to MFM: □ YES □ NO
Date | Time of Fax:______________________________________________

Maternal-Fetal Medicine Office Section Only:

MFM Reviewed (Print Name) ______________________________________ Approved: □ YES □ NO
If APPROVED, MFM RN Call LDR Unit Coordinator (662-0056) & Fax Signed Induction Form (662-6000): □ YES □ NO
If NOT APPROVED, MFM to call Requesting Provider to notify & Call LDR UC (662-0056) to open slot: □ YES □ NO
Maine Medical Center – Labor Induction Booking Process

Request for Induction is called in to the LDR Unit Coordinator (UC) at 662-0056 by the Provider Office.

Is the Patient ≥ 39 Weeks Gestation at time of requested Induction?

NO

Unit Coordinator evaluates the indication for Induction to ensure its Medical Necessity by using the "INDUCTION BOOKING FORM".

Does the information from the offices fully support the Medical Necessity for this Induction?

YES

Induction Booking is completed via Phone with the Unit Coordinator – slot given.

NO

Pertinent information missing to verify Medical Necessity, so office needs to fill out the "INDUCTION BOOKING FORM" and fax (771-7834) with supportive documents to Maternal Fetal Medicine (MFM Practice) for approval. Induction slot will be tentatively held for this patient pending MFM Review.

Induction Approved by MFM?

NO

MFM Calls OB Provider to review why the induction was not approved. MFM will then notify LDR UC to release the booking slot Confirm.

YES

MFM Nurse Calls LDR UC at 662-0056 to confirm Induction Booking and faxes back the signed "INDUCTION BOOKING FORM" to 662-6000. LDR UC then Calls patient’s OB Provider to CONFIRM Induction slot.