

POLICY & PROCEDURE

Utilization Management

Policy Title: Well Mother and Baby Program: Post-Partum

Policy No: 70.2.27A

Original Date: 1/03

Effective Date: 12/18

Revision Date: 12/18

Revision No: 1

Department Head:

Date:

Medical Services/P&T Committee:

Date:

P&P Committee:

Date:

Scope of Coverage:
UM

PURPOSE:

To provide a process for Carelsta Health Plan's Utilization Management department and to fully comply with the requirements of state and federal law concerning minimum hospital length of stay following vaginal and cesarean delivery, when complications are not present, and the conditions under which a member may participate in an early discharge program.

POLICY:

It shall be the policy of Blue Shield Promise Health Plan to provide and/or to arrange for the provision of quality post-partum care for both mothers and newborns in accordance with state and federal law *including AB 38*, the guidelines of the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP) guidelines established. The Plan and its physicians shall not provide monetary or other incentives to encourage either the mother to accept less than the minimum coverage requirements, nor shall Blue Shield Promise give or offer monetary incentives or impose penalties upon any physician to induce the physician to provide care inconsistent with the law.

PROCEDURE:

A. Provision of Written Notice Regarding Hospital Length of Stay and Early Discharge

- 1) It is the responsibility of each physician providing prenatal care to distribute the "Facts for Prenatal Patients About "Mother Newborn Stays" notice to each pregnant patient. The patient shall receive the notice no later than the 30th week of pregnancy.
- 2) The Mother-Newborn notice consists of a two-part form. The physician will review and discuss maternity benefits listed on the form with the patient. Both the patient and physician will sign the form in the space provided to acknowledge receipt. The

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top copy of the two-part notice is given to the patient. The second copy is retained in the patient's medical record.

NOTE: If patient presents to the hospital and has not received a copy of the notice, arrangements to obtain and distribute such notice will be made in collaboration with the Hospital Utilization Management Department and the Health Plan IPA's Utilization Management Department.

B. Minimum Length of Stay Requirements

1. Time Criteria:

- a) Normal Vaginal Delivery: Following the vaginal delivery of an infant, mothers and newborns shall remain in the hospital for a minimum of 48 hours unless the attending physician in consultation with the mother determine that mother and newborn can be discharged earlier. The physician may prescribe a follow-up visit for the mother and newborn within 48 hours of discharge; If the physician determines that medical complications are present, hospitalization may be continued.
- b) Normal Cesarean Section Delivery: Following the cesarean section delivery of an infant, mothers and newborns shall remain in the hospital for a minimum of 96 hours both the attending physician in consultation with the mother determine that the mother and newborn can be discharged earlier. The physician may prescribe a follow-up visit for the mother and newborn within 48 hours of discharge if the physician determines that medical complications are present, hospitalization may be continued.

2) No Preauthorization Requirement

- a) Prior authorization from the Plan or IPA is not required in order for the mother and newborn to remain in the hospital for the minimum length of stay.
- b) The attending provider shall notify the Plan's Utilization Management department of the patient's admission, for the purpose of maintaining continuity of care and Plan assignment of a hospital liaison nurse.

3) Assessment Categories and Criteria:

Table 1

| ASSESSMENT CATEGORY | CRITERIA |
|----------------------------|--|
| a) Maternal Health | 1. Antepartum, intrapartum and postpartum courses uncomplicated |
| b) Newborn Health | 1. Single birth at 38-42 weeks gestation. 2. Vital signs normal and stable 3. Newborn urinating and stooling successfully. 4. At least two successful feedings documented. 5. No abnormalities that require additional 6. hospitalization 7. No excessive bleeding at circumcision site for at |

| | <p>least 2 hours.</p> <p>8. No significant jaundice in the first 24 hours of life.</p> |
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| ASSESSMENT CATEGORY | CRITERIA |
| c) Maternal and Family | <ol style="list-style-type: none"> 1. Demonstrated knowledge of breast or bottle 2. Education feeding and or cord, skin and infant genital care. 3. Ability to recognize signs of illness and common infant problems, particular jaundice and dehydration. 4. Proper infant safety, for example, car seat use, positioning for sleep. 5. Family or other support persons available who are familiar with lactation and newborn care and illnesses. |
| d) Immunization Screening | <ol style="list-style-type: none"> 1. Maternal syphilis and hepatitis B surface and tests antigen status. 2. Cord or infant blood type and direct. 3. Coombs test results as clinically indicated. 4. State regulated screening tests if performed before 24 hours of milk feeding, a system for repeating test must be ensured during the follow up. 5. Hepatitis B vaccine administered or an appointment made within the first week of life for its administration. |
| e) Outpatient Care | <ol style="list-style-type: none"> 1. Identified physician-direct source of continuing medical care for both mother and baby. 2. If discharged less than 48 hours after birth, definitive appointment made for the baby to be examined within 48 hours of discharge; follow up to take place in home or clinic as long as the person is competent in newborn assessment and the results are reported to the infant's physician on day of visit. 3. Evaluation should include general health, hydration feeding pattern and technique, stool and urine patterns, maternal/infant interaction, review of laboratory test results or screening tests performed. |
| f) Family Environmental | <ol style="list-style-type: none"> 1. Untreated parental substance abuse and social risk factors. 2. History of child abuse, neglect or parental mental illness. 3. Lack of social support, particularly for single, first-time mothers. 4. No fixed address |

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| | 5. Teen mother |
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C. Early Discharge

- 1) The patient may be discharged earlier when both the attending physician in consultation with the mother determine that the mother and newborn can be discharged earlier. The physician may prescribe a follow-up visit for the mother and newborn within 48 hours of discharge.
- 2) The treating physician must disclose to the mother the availability of the post-discharge visit, including an in-home visit, physician office visit or Plan facility visit. The physician must document the discussion with the mother in the medical record.
- 3) The treating physician, in consultation with the mother, shall determine whether the post-discharge visit shall occur at home, the Plan's medical group facility or physician's office after assessment of certain factors, i.e., transportation needs, environmental and social risks. The attending provider will document the discussion with the mother in the medical record, as well as the criteria used to determine early discharge.
- 4) The attending physician may order the follow-up visit after consultation with the mother. The physician must document his/her consultation with the mother and may prescribe a follow-up visit for both the mother and newborn within 48 hours of their discharge. The Plan's Hospital Liaison Nurse Discharge coordinates activities between the hospital discharge planning department and the Plan's or IPA utilization management staff.
- 5) The Plan's Hospital Liaison Nurse will contact the patient to arrange the follow-up visit at the patient's home, medical group facility or physician's office prescribed by the treating physician. The visit shall be performed by a licensed health care provider whose scope of practice includes postpartum care and newborn care.
- 6) If the visit is performed in the patient's home, the following shall be included in the visit and the results given to the physician the same day the visit is performed:

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Table 2 – Protocol for Home Visit Following Early Discharge

| ASSESSMENT CATEGORY | CRITERIA |
|----------------------------|---|
| a) Maternal Assessment | <ol style="list-style-type: none"> 1. Health History; allergies, prenatal vitamins, cirth history, postpartum course. 2. Physical Examination: Vital signs, uterine exam; incision healing; breast changes; signs of post-partum complication. 3. Maternal adaptation: activity level; maternal-infant attachment; post partum depression; social support; parenting issues, environmental risks. |
| b) Newborn Physical Exam | <ol style="list-style-type: none"> 1. Vital signs; cardiac; respiratory; circulatory; Neurological 2. Skin integrity 3. Head circumference 4. Abdomen 5. Nutrition: weight; feeding; elimination pattern; 6. sleep/wake cycle; circumcision; 7. Collection of lab specimens (PKU, metabolic screen bilirubin) 8. Vital signs; cardiac; respiratory; circulatory; Neurological |
| c) Parent and Family | <ol style="list-style-type: none"> 1. Maternal postpartum self-care education. 2. Newborn care and safety. 3. Newborn feeding. 4. Normal newborn behavior and capabilities 5. Developmental stimulation 6. Consoling techniques 7. Family adaptation 8. Primary Health Care for mother newborn 9. Immunization 10. Well Child Care |
| d) Follow Up Communication | <ol style="list-style-type: none"> 1. Primary Care Providers appointment for referrals, postpartum and family planning appointment for pediatric visit. 2. Referral to other healthcare professionals, as indicated: lactation consultant; social services and |

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| | parent support resources. 3. Home Visit report sent to appropriate primary care provider. |
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- 7) If the visit is performed in the physician's office or medical group facility, the criteria listed in Table II shall be included in the visit and documented in the medical record of both the mother and the newborn.

D. Facts for Prenatal Patients about Mother-Newborn Hospital Stays

- 1) All IPA network and contracting network providers must provide this form to their patients. The form must be signed by the patient and provider. A copy shall be kept in the medical record and a copy given to the patient no later than the 30th week of pregnancy.

DEFINITIONS:

48 Hour Stay

Following the vaginal delivery of an infant, mothers and newborns shall remain in the hospital for a minimum of 48 hours unless the Attending Physician, in consultation with the mother, determine that the mother and newborn can be discharged earlier. The physician may prescribe a follow-up visit for the mother and newborn within 48 hours of discharge, if medically necessary. If the physician determines that medical complications are present and require continued hospitalization, length of stay may be extended.

96 Hour Stay

Following the cesarean section delivery of an infant, mother and newborns shall remain in the hospital for a minimum of 96 hours unless the Attending Physician, in consult with the mother, determines that the mother and newborn can be discharged earlier. The physician may prescribe a follow-up visit for the mother and newborn within 48 hours of discharge if-medically necessary. If the physician determines that medical complications are present and require continued hospitalization, length of stay may be extended.

Follow-Up Discharge Visit:

Mothers and newborns discharged from the hospital before 48/96 hours shall be given a follow-up visit within 48 hours of their discharge. The mother and physician shall determine if this visit occurs

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at home, the Plan's medical group facility or physician's office on the basis of certain factors that shall include, but not be limited to, the transportation needs of the family and environmental and social risks. The visit shall include, at a minimum, parent education, assistance and training in breast and/or bottle feeding, and performance of any necessary maternal or newborn physical assessments.

Written Notice:

This notice complies with state law and outlines the member's maternity benefits regarding hospital length of stay and early discharge. All prenatal patients shall be given, by the physician providing such care, the written notice prepared by the Plan: "Facts for Prenatal Patients about Mother-Newborn Hospital Stays". This notice shall be given to all prenatal patients during such care but not later than the 30th week of pregnancy. Such notice shall be given in both English and Spanish if necessary.

REFERENCES/AUTHORITIES:

- Health and Safety Code 1367.62;
- Newborn's and Mothers' Health Protection Act of 1995