Medical Policy

Induction of Labor

<table>
<thead>
<tr>
<th>Type:</th>
<th>Medical Necessity/Not Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Specific Section:</td>
<td>Medicine</td>
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<table>
<thead>
<tr>
<th>Original Policy Date:</th>
<th>March 29, 2013</th>
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</thead>
<tbody>
<tr>
<td>Effective Date:</td>
<td>March 29, 2013</td>
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</table>

Definitions of Decision Determinations

**Medically Necessary:** A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

**Investigational/Experimental:** A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

**Split Evaluation:** Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

For more than three decades the American College of Obstetricians and Gynecologists (ACOG) publications (1979, 1999, 2009) have advised restriction of elective term delivery to women with a confirmed gestational age of at least 39 weeks. The ACOG guidelines further recommend that an elective delivery with no medical indication in the gestational period of 37 completed weeks
to 39 completed weeks is not acceptable practice. More recently, investigations have revealed that early elective delivery at 37 to 39 completed weeks’ gestation without medical or obstetrical indications is linked to significant neonatal morbidities without benefit to the mother or infant.

This medical policy supports the medical indications consistent with ACOG and other evidence-based sources regarding early induction of labor before 39 weeks gestation and focuses on reducing non-medically indicated elective labor inductions. In addition, the focus on less than (<) 39-week non-medically indicated elective deliveries is not meant to imply that elective deliveries after 39 weeks have been proven to be without risks for mothers and infants.

Policy

The following policy statements are based on the American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin, Clinical Management Guidelines for Obstetrician-Gynecologists, Number 107, (August, 2009). ACOG advises that their guidelines “should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutions or type of practice.”

Induction of Labor

Indications for induction of labor are not absolute, but should take into account maternal and fetal conditions, gestational age, cervical status, and other factors. Any of the following examples of maternal or fetal conditions may be considered medically necessary indications for induction of labor:

- Abruptio placenta
- Chorioamnionitis
- Fetal demise
- Gestational hypertension
- Preeclampsia, eclampsia
- Premature rupture of membranes
- Maternal medical conditions (e.g., diabetes mellitus, renal disease, chronic pulmonary disease, chronic hypertension, antiphospholipid syndrome)
- Fetal compromise (e.g., severe fetal growth restriction, isoimmunization, oligohydramnios)

Induction of labor may be considered medically necessary for logistic reasons (e.g., risk of rapid labor, distance from the hospital, psychosocial indications, or a gestational age of > 39 weeks/0 days with a Bishop score of 7 or greater) when either of the following criteria is met:

- One of the following gestational age criteria:
  - Ultrasound measurement at less than 20 weeks of gestation supports gestational age of 39 weeks gestation 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 result

- Fetal lung maturity is established (See Policy Guideline)

A mature fetal lung test result before 39 weeks of gestation, in the absence of appropriate clinical circumstances, is not considered an indication for delivery and is therefore considered not medically necessary.

Induction of labor for all other indications, not listed above, will be reviewed on a case-by-case basis to determine medical necessity.

**Contraindications to Induction of Labor**

The individual patient and clinical situation should be considered in determining when induction of labor is contraindicated. According to ACOG (2009), in general, the contraindications to labor induction are the same as those for spontaneous labor and vaginal delivery. They include, but are not limited to, the following situations:

- Vasa previa or complete placenta previa
- Transverse fetal lie
- Umbilical cord prolapse
- Previous classical cesarean delivery
- Active genital herpes infection
- Previous myomectomy entering the endometrial cavity

**Policy Guideline**

**Bishop Score**

The modified Bishop score is the system most commonly used in clinical practice in the United States to predict a successful labor induction (Bishop, 1964). The system tabulates a score based on the station of the presenting part and four characteristics of the cervix: dilatation, effacement, consistency, and position.

<table>
<thead>
<tr>
<th>Score</th>
<th>Dilation (cm)</th>
<th>Position of cervix</th>
<th>Effacement (percent)</th>
<th>Station*</th>
<th>Cervical consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Closed</td>
<td>Posterior</td>
<td>0-30</td>
<td>-3</td>
<td>Firm</td>
</tr>
<tr>
<td>1</td>
<td>1-2</td>
<td>Midposition</td>
<td>40-50</td>
<td>-2</td>
<td>Medium</td>
</tr>
<tr>
<td>2</td>
<td>3-4</td>
<td>Anterior</td>
<td>60-70</td>
<td>-1, 0</td>
<td>Soft</td>
</tr>
<tr>
<td>3</td>
<td>5-6</td>
<td>----</td>
<td>80</td>
<td>+1, +2</td>
<td>----</td>
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</table>

*Station reflects a -3 to +3 scale.
Note: If the Bishop score is high, the likelihood of vaginal delivery is similar whether labor is spontaneous or induced. A low Bishop score increases the likelihood that induction will fail to result in vaginal delivery (Vrouenraets et al., 2005).

**Fetal Lung Maturity**

Several lab tests are available for assessing fetal lung (pulmonary) maturity. All involve testing amniotic fluid, which is an indirect assessment of the likelihood of lung maturity. These tests may be useful in timing of semi-elective medically indicated preterm birth or pregnancies less than 32 weeks gestation when lung immaturity is likely. These tests may be performed as single tests or a combination of tests and include:

- Lecithin sphingomyelin ratio (most commonly used)
- Phosphatidylglycerol
- FLM-TDx II
- Lamellar body count

### Documentation Required for Clinical Review

- Pertinent prenatal history and/or progress notes including:
  - Bishop score when gestational age > 39 weeks/0 days
  - Confirmation of gestational age of 39 weeks/0 days or older (e.g., ultrasound, fetal heart tones, HCG results and date)
  - Documentation of patient counseling about risks, benefits and alternatives to induction of labor
  - Estimated date of delivery
  - Fetal lung maturity results (if applicable)
  - Proposed induction date
  - Reason for induction including: medical or obstetric complications/conditions or non-medically indicated circumstances

**Post Service**

- Ultrasound/doppler ultrasonography and/or amniocentesis results

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.