

Induction of Labor

Clinical Considerations & Recommendations

This document provides information to assist providers in understanding the requirements for review of recipients requiring induction of labor. It also defines the clinical considerations & recommendations for induction of labor in accordance with the American College of Obstetrician & Gynecologist guidelines (ACOG).

INDICATIONS FOR INDUCTION OF LABOR

ACOG stipulates that unless a medical indication exists, labor induction or scheduled elective delivery should not be done before 39 weeks of pregnancy. Indications for induction of labor are **not absolute** but should take into account maternal and fetal conditions, gestational age, cervical status, and other factors. Following are examples of maternal or fetal conditions that may be indications for induction of labor (**ACOG Practice Bulletin Number 107, August 2009**)

- ▶ Abruptio placentae
- ▶ Chorioamnionitis
- ▶ Fetal demise
- ▶ Pregnancy-induced hypertension
- ▶ Premature rupture of membranes
- ▶ Post term pregnancy
- ▶ Maternal medical conditions (example: diabetes mellitus or gestational diabetes, renal disease, chronic pulmonary disease, chronic hypertension)
- ▶ Fetal compromise (example: severe fetal growth restrictions, isoimmunization)
- ▶ Preeclampsia, eclampsia

Labor also may be induced if the patient is at risk for very rapid labor, if she lives an unsafe distance from the hospital, or if she has serious mental health indications. Even in these circumstances, at least one of the established **gestational age criteria should be met**, or fetal lung maturity should be established. A mature fetal lung test before 39 weeks of gestation, in the absence of appropriate circumstances, is not an indication for delivery.

EQSUITE REVIEW PROCESS

- ▶ Providers are required to indicate date & time of delivery.
- ▶ Providers are required to indicate gestational age.
- ▶ Providers must select at least one of the maternal or fetal conditions listed under Indications for Induction of Labor section of this document.



Requests meeting one or more of the above maternal or fetal conditions listed under the indications for induction of labor section of this document.

When none of the available medical indications are applicable, providers are required to provide a narrative description of the reason(s) for induction

When the SmartReview rules are not satisfied the review is forwarded to the first level nurse reviewer who, using the information submitted by the provider, manually applies the SmartReview clinical indicators.

- ▶ If first level reviewer is able to approve care, he or she assigns the appropriate length of stay.
- ▶ If the first level reviewer cannot authorize care, the request is referred to a physician reviewer.
- ▶ Physician reviewers utilize clinical judgment, accepted standards of health care, and Medicaid policy requirements to render a decision.