PROVIDER BULLETIN

AETNA BETTER HEALTH® OF FLORIDA

261 N. University Drive
Plantation, FL 33324
www.AetnaBetterHealth.com/Florida

Date:	**August 19th, 2021**
Purpose:	**Provider Bulletin: Provide information regarding Maternity Health Program**
Subject:	**Maternity Health Program – Reducing C-Section Rates**
Products:	**Obstetrics and Gynecology**
From:	**Provider Relations**

Maternity Health Program – Reducing C-Section Rates

Dear Providers,

In the United States, there has been a tremendous surge in elective primary Cesarean section deliveries. Approximately one in three births happen by C-section, a rate that has risen dramatically over the past few decades. Aetna Better Health of Florida (ABHFL) encourages safe deliveries and seeks to reduce the number of unnecessary primary cesarean sections, thereby improving maternal and infant health outcomes.

How can cesarean delivery rates be reduced?
ABHFL understands a wide scope of evidence-based methods are necessary to reduce cesarean delivery rates. Rates can vary by hospital systems, hospitals, practices, and patient preference.

As an obstetrics provider, you should recognize the following as ways to reduce unnecessary Cesarean deliveries:

- Suspected fetal macrosomia is not an indication for cesarean delivery unless EFW is >5000gm in non-diabetics and 4500g in diabetics.
- Cervical-ripening methods should be used when inducing women with an unfavorable cervix.
- For a breech presenting fetus, offer external cephalic version whenever possible and appropriate.
- Before diagnosing a failed induction — when maternal/fetal status allows — consider a longer duration in the latent phase with augmentation
- Counsel women with vertex presenting twin to attempt vaginal delivery. Evidence shows when the first twin is cephalic presentation, outcomes are not improved by cesarean delivery.
- For women with a history of the herpes simplex virus, administer acyclovir at or beyond 36 weeks gestation for viral suppression, even in the absence of outbreak, to reduce cesarean delivery due to an active outbreak.
- Use of a C-section checklist to confirm all viable options to prevent Cesarean section have been considered prior to operating. (See attached)
- Before diagnosing arrest of labor, allow two hours of pushing in multiparous women and at least three hours in nulliparous women. A longer duration may be appropriate on an individual basis.
- Effective use of Doula's continuous one-on-one support during labor and delivery, is one of the most effective resources in reducing cesarean delivery rates.

- Ongoing education of the benefits of vaginal birth and risk of Cesarean section throughout pregnancy is key to reducing unwarranted C-section rates

More than half of cesarean deliveries are founded on abnormal labor and abnormal or indeterminate fetal heart rate (FHR) tracings. The variation in rates of nulliparous, term, singleton and vertex cesarean births suggest that clinical practice patterns influence the number of cesarean deliveries done.

Below are the most common indications in order of occurrence are:

- Labor dystocia
- Abnormal or indeterminate (formerly non-reassuring) FHR tracing
- Fetal malpresentation
- Multiple gestations
- Suspected fetal macrosomia

We recognize your importance in providing care for our members. For more information, please contact your provider representative at 844-528-5815 or via email at FLMedicaidProviderRelations@Aetna.com.

Additional Resources

- Publications and services of the American Congress of Obstetricians and Gynecologists (ACOG)
- American College of Obstetricians and Gynecologists. (2014). "Safe prevention of primary cesarean delivery."

We appreciate the excellent care you provide to our members. If you have any questions, please feel free to contact us via e-mail: FLMedicaidProviderRelations@Aetna.com. You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Sincerely,

Miguel Fernandez DO MHS FACOOG
Chief Medical Officer
Aetna Better Health of Florida

Pre-Cesarean Huddle Form

The intent of this form is to define criteria for arrest of dilatation, failed induction and interventions for NRFHT's as defined by the FPQC. It is also meant to explore safe options to prevent cesarean sections in an interdisciplinary setting on the OB unit.

Huddle should occur when a c/s is being considered due to arrest, failed IOL or NRFHT's. Huddles can occur for other reasons as deemed necessary by the providing team.

- **Date and time of huddle-** _____
- **G's and P's and Gestational age-** _____**Current room**_____
- **ROM time**_____ **Last Cervical Exam**_____
- **Attendees- list names**

  Attending physician*required_____

  Safety Nurse &/or Charge Nurse* 1 required_____

  Bedside provider (CNM/Resident) *1 required _____

  Primary RN (if available) _____

  Anesthesia (if available) _____

- **Reason for huddle- (circle all that apply)**

  C/S being considered ☐ NRFHT ☐ Arrest of Dilatation/Labor Dystocia ☐ Maternal Condition ☐ Failed IOL ☐
  Other_____

- **FHT agreed upon interpretation*at the time of huddle*-** Baseline_____ Variability_____

  Decels present (circle all that apply) - Early☐Variable☐Late☐Prolonged ☐

  Accels present- ☐Yes / No ☐ Category of tracing- 1☐2☐ 3☐

- **Interventions done thus far (circle all that apply)** - *Reposition☐*IVF bolus for hypotension☐*O2 ☐*Terbutaline ☐

  *Decrease Pitocin☐*Stop Pitocin☐*Amnioinfusion for variable decels☐*Remove Cervidil☐

  *Remove balloon/Cook☐*Vaginal exam/VAS to elicit fetal response for minimal variability☐

- **Birth Outcome:** _____

See back of page for Labor Dystocia, Failed IOL and Management of FHR Algorithm.

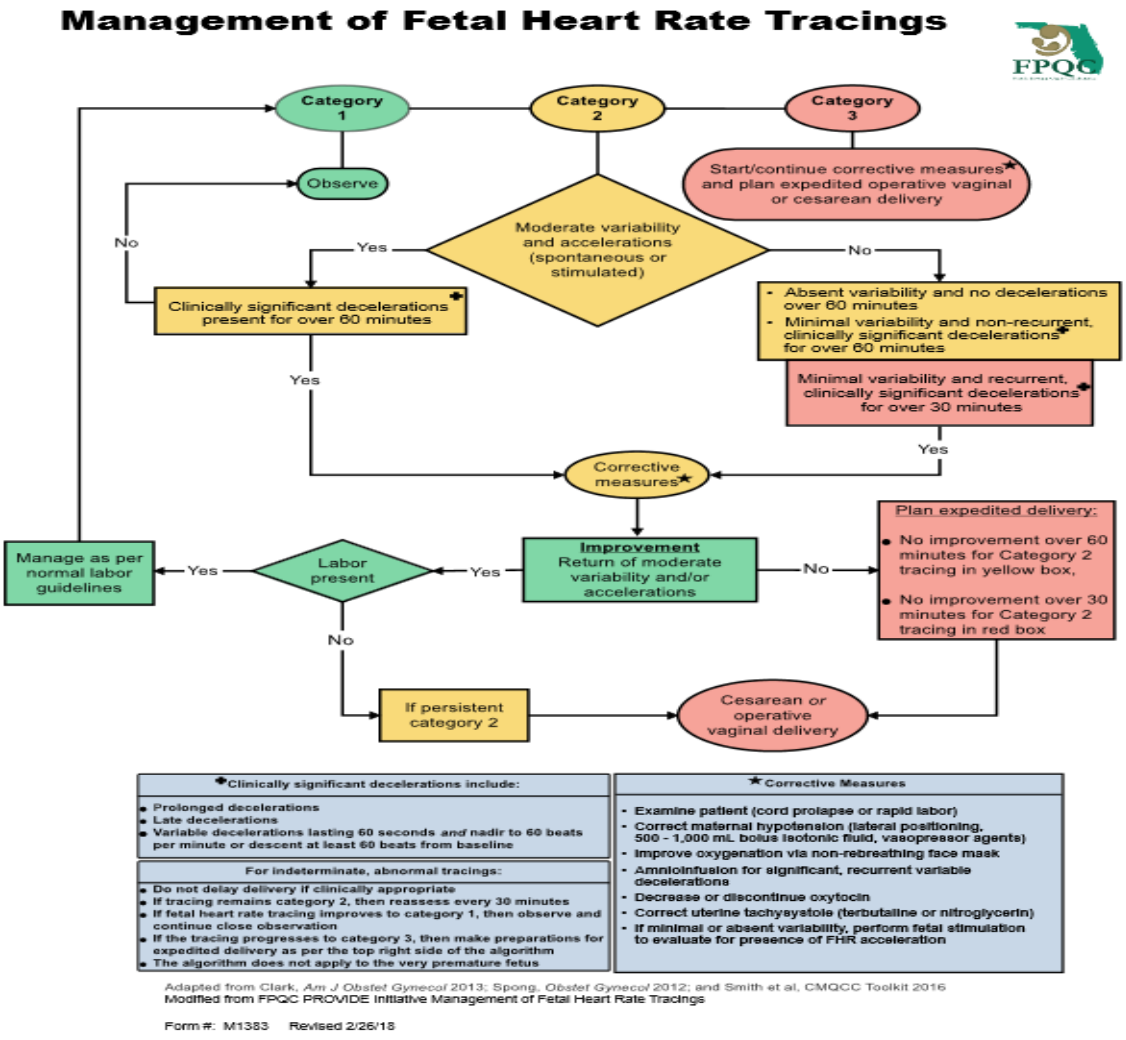
- **Labor Dystocia criteria-**

  - Less than 6cm – not in labor, does not meet these criteria (cannot call c/s due to Arrest if less than 6 cm, active labor has not been achieved, consider giving more time)

- 6 cm - 9.5 cm dilated- was there at least 4 hours with adequate uterine activity or at least 6 hours with inadequate uterine activity and with oxytocin? If no, does not meet criteria for arrest- consider giving more time.
- If 10cm- Primigravida- was there at least 3 hours or more in second stage- 4 hours with an epidural? If not, does not meet criteria for arrest, consider giving more time. Multiparous- was there at least 2 hours or more in the second stage (without an epidural)?

❖ **Failed IOL Criteria** –

- If <6cm dilated, were there at least 12 hours of oxytocin after rupture of membranes?
- If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin?
- If completely dilated, was there 3h or more of active pushing (4h with epidural)?



Reference:

Spong, C.Y., Berghella, V., Wenstrom, K.D., Mercer, B.M., and Saade, G.R. Preventing the First Cesarean Delivery: Summary of a Joint Eunice Kennedy Shriver National Institute of Child Health and Human Development, Society for Maternal-Fetal Medicine, and American College of Obstetricians and Gynecologists Workshop. Obstet Gynecol. 2012 November; 120 (5): 1181-1193.