1. **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 chair or designee. Note: Amniocentesis and documentation of fetal lung maturity is not an indication for delivery <39 weeks.

1. **PURPOSE:**

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

1. **DEFINITIONS:**

Medical and obstretic indications for cesearen secsion or induction of labor that DO NOT require approval from the OB/GYN department chair or designee include:

**INDICATION**

**Obstetric and Medical Conditions** **(OK if <39 weeks) Scheduled Induction or C/S**

(The need to deliver <39 weeks is dependent on severity of condition) 41+0 weeks

Abruption Heart disease

Previa Liver disease **Scheduled C/S (39 wks)**

Preeclampsia (e.g. cholestasis of preg.) Prior cesarean section

Gestational HTN Chronic HTN Breech presentation

GDM with Insulin Diabetes (Type I or II) Other malpresentation

PROM Renal disease Patient choice

Fetal Demise (current) Coag/Thrombophilia Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Fetal Demise (prior) Pulmonary disease Twin w/o complication Oligohydramnios HIV infection (ok 38 wks)

Polyhydramnios Prior classical C/S

IUGR Prior myomectomy **Elective Induction (39 wks)**

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Perinatology consult obtained and agrees with plan:

­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(consultant name)

Non-reassuring fetal status Patient choice/social

Isoimmunization Macrosomia

Fetal malformation Distance

Multiples w/ complications Other: \_\_\_\_\_\_\_\_\_\_

1. **MONITORING :**

Data will be collected using the hospital Data Collection Form. These data will be aggregated and shared with the clinicians on a regular basis**.**

1. **PROCEDURES:**
2. **Confirmation of Gestational Age**

Gestational age needs to be confirmed using one of the ACOG criteria:

* “Ultrasound measurement at less 20 weeks of gestation supports a gestational age of 39 weeks or greater.” 11
* “Fetal heart tones have been documented as present for 30 weeks by Doppler ultrasonography.”11
* “It has been 36 weeks since a positive serum of urine human chorionic gonadotropin pregnancy test.”11

If the patient does ACOG’s criteria for confirmation of gestational age, an amniocentesis to confirm fetal lung maturity after 39 weeks of allowing the patient to go into labor should be considered.

1. **Scheduling**
2. Provider or designee contacts the L&D scheduler with the request to schedule the induction or cesarean. (This may be a phone call or the faxing of the scheduling form.)
3. The provider or designee provides the L&D scheduler with the women’s name and other patient identifiers as necessary, indication for the procedure, and the gestational age at the time of the scheduled cesarean section or induction. Note: All components of the hospital scheduling form must be communicated prior to the procedure being scheduled.
4. If the gestational age is <39 weeks, the L&D scheduler compares the information provided to them to the predetermined list of medical and obstetric indications for cesarean sections and induction of labor prior to 39 weeks. If the indication is on the list then the procedure is defined as medically indicated and gets scheduled.
5. If the indication provided does not appear on the approved list AND gestational age is <39 on the date the procedure is requested to be scheduled, the L&D scheduler will inform the provider. Note: of the provider requests that the non-medically indicated cesarean section or induction of labor be performed prior to 39 weeks, then the L&D scheduler will inform the provider that he is not authorized to schedule the procedure without documented permission from the OB/GYN department chair or designee.
6. Women who have medical indications for delivery have priority over women having elective cesarean sections and inductions of labor. These decisions are the discretion of the L&D unit charge nurse in consultation with the designated physician leader.

1. **Informed Consent**

All Patients with scheduled non-medically indicated (elective) delivery (either cesarean section or induction of labor) prior to 39 weeks will have an informed consent discussion.47 The informed consent discussion must be documented in the medical record. The informed consent discussion will include the usual discussion of risks and benefits of induction of labor or cesarean section and also include a discussion of the risk to the baby of being born electively prior to 39 weeks gestation. Note: Hospital leaders may choose to develop an informed consent form to be signed by the patient after her provider has discussed the treatment with her and before the procedure is performed.

1. **REFERENCES, CROSS REFRENCES OR REGULATORY INDEXING:**

*ACOG. (2009). Induction of Labor. American Congress of Obstetricians and ynecologist Practice Bulletin No. 107. Obstet Gynecol. 114 (2), pp.386-9*

*ACOG. (2004). Informed Consent. American Congress of Obstetricians and Gynecologist Committee Opinion Number 439. August 2004:1-8.*