## GUIDELINE NOTE 153, PLANNED OUT-OF-HOSPITAL BIRTH

*Lines 1,2*

Planned out-of-hospital birth is included on this line for pregnant women who are at low risk for adverse obstetric or birth outcomes. The high-risk conditions outlined below would either preclude coverage of planned out-of-hospital birth, necessitate a consultation, or require transfer of the mother or infant to a hospital setting. When a condition requiring transfer arises during labor, an attempt should be made to transfer the mother and/or her newborn; however, imminent fetal delivery may delay or preclude actual transfer prior to birth.

Coverage of prenatal, intrapartum, and postpartum care is recommended with the performance of appropriate risk assessments (at initiation of care and throughout pregnancy and delivery) and the out-of-hospital birth attendant's adherence to the consultation and transfer criteria as outlined below.

When a high-risk condition develops that requires transfer or planned hospital birth, coverage is recommended when appropriate care is provided until the point the high-risk condition is identified. For women who have a high-risk condition requiring consultation, ongoing coverage of planned out-of-hospital birth care is recommended as long as the consulting provider's recommendations are then appropriately managed by the out-of-hospital birth attendant in a planned out-of-hospital birth setting.

### HIGH-RISK CONDITIONS

Conditions in the red (darker) boxes indicate high-risk conditions that require planned hospital birth (when present on intake) or transfer of the mother or infant to hospital-based care (when condition develops).

Conditions in the yellow (lighter) boxes indicate potentially risky conditions that require consultation. Consultations may be with 1) a provider (MD/DO or CNM) who has active admitting privileges to manage pregnancy in a hospital and/or 2) appropriate specialty consultation (e.g., maternal-fetal medicine, hepatologist, hematologist, psychiatrist).

This list of high-risk conditions is not exhaustive, and other, physical health, behavioral health, obstetric, or fetal high-risk conditions may arise that require consultation and/or transfer to hospital-based care. Having multiple risk conditions requiring consultation may increase the risk sufficiently to indicate the need for transfer of care.

| **MEDICAL HISTORY OR OBSTETRIC HISTORY**<br>**^ indicates transfer; ~ indicates consultation** | |
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| Cancer | • Active gynecologic cancer^ |
| Cardiovascular Disease | • Cardiovascular disease causing functional impairment^ |
| Connective Tissue Disorders | • Systemic lupus erythematous~<br>• Scleroderma~ |

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| | • Rheumatoid arthritis~<br>• Any collagen-vascular disease~ |
| Delivery History | • Prior cesarean section^ |
| Diabetes Mellitus | • Type 1 diabetes^<br>• Type 2 diabetes^ |
| Endocrine Conditions | • Significant endocrine conditions other than diabetes (e.g. hyperthyroidism)~ |
| Fetal Demise or Stillbirth | • Prior stillbirth/neonatal death~ |
| Hematologic Disorders | • Maternal bleeding disorder^ |
| | • Hemoglobinopathies~<br>• History of thrombosis or thromboembolism~<br>• History of postpartum hemorrhage requiring transfusion or other advanced treatment (e.g. Bakri balloon)~ |
| Hypertensive Disorders | • Eclampsia^<br>• Pre-eclampsia requiring preterm birth^<br>• HELLP syndrome (hemolysis, elevated liver enzymes, low platelets)^<br>• Pre-existing or chronic hypertension^ |
| Infectious Diseases | • HIV positive^ |
| Isoimmunization | • Blood group incompatibility and/or Rh sensitization in a prior pregnancy~ |
| Neonatal Encephalopathy in prior pregnancy | • Neonatal encephalopathy in prior pregnancy~ |
| Neurological disorders | • Neurological disorders or active seizure disorders that would impact maternal or neonatal health (e.g. epilepsy, myasthenia gravis, previous cerebrovascular accident)^ |
| Placental Conditions | • History of retained placenta requiring surgical removal^ |
| Psychiatric Conditions | • History of postpartum mood disorder with high risk to the infant (e.g. psychosis)~<br>• Schizophrenia, other psychotic disorders, bipolar I disorder or schizotypal disorders~ |
| Pulmonary Disease | • Chronic pulmonary disease (e.g. cystic fibrosis)~ |
| Renal Disease | • Renal disease requiring supervision by a renal specialist^<br>• Renal failure^<br>*(Preeclampsia and related conditions are listed separately)* |
| Shoulder Dystocia | • History of, with or without fetal clavicular fracture~ |
| Uterine Conditions | • Prior myomectomy~ |
| | • Prior hysterotomy^ |

| CONDITIONS OF CURRENT PREGNANCY | |
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| Abnormal Bleeding in pregnancy | • Antepartum hemorrhage, recurrent^<br>• Hemorrhage (hypovolemia, shock, need for transfusion, vital sign instability)^ |
| Amniotic Membrane Rupture | • Before 37 weeks 0 days^ |
| | • Pre-labor rupture > 24 hours~ |
| Congenital or Hereditary Anomaly of the fetus | • Evidence of congenital anomalies requiring immediate assessment and/or management by a neonatal specialist~ |
| Diabetes, Gestational | • Requiring medication or uncontrolled^ |
| Fetal Growth | • Uteroplacental insufficiency^<br>• IUGR (defined as fetal weight less than fifth percentile using ethnically-appropriate growth tables, or concerning reduced growth velocity on ultrasound)^ |
| | • Inappropriate uterine growth (size-date discrepancy). (An ultrasound read by a qualified physician constitutes a consultation)~ |
| Fetal presentation | • Breech or noncephalic presentation^ |
| Gestational age | • < 37 weeks 0 days^<br>• ≥42 weeks 0 days (unless already in active labor at 41 weeks 6 days)^ |
| | • Expected date of delivery (EDD) uncertain~ |
| Hematologic conditions | • Anemia with hemoglobin < 8.5 g/dL (current pregnancy)^<br>• Suspected or diagnosed thrombosis or thromboembolism^<br>• Thrombocytopenia (platelets < 100,000)^ |
| | • Hemoglobin < 10 g/dL, unresponsive to treatment~ |
| Hepatic disorders | • Disorders including uncontrolled intrahepatic cholestasis of pregnancy and/or abnormal liver function tests~ |

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| Hyperemesis gravidarum | • Refractory~ |
| Hypertensive disorders | • Elevated blood pressure on two occasions 30 minutes apart (e.g. gestational hypertension or pregnancy-induced hypertension)^<br>  ○ Systolic ≥ 140 or diastolic ≥ 90<br>• Elevated blood pressure on one occasion^<br>  ○ Systolic ≥ 160 or diastolic ≥ 110, or<br>  ○ Systolic ≥ 140 or diastolic ≥ 90, with severe pre-eclampsia features<br>• Pre-eclampsia^<br>• Eclampsia^<br>• HELLP syndrome^ |
| Infectious conditions | • HIV, Hepatitis B or syphilis positive^<br>• Chorioamnionitis^<br>• Maternal temperature ≥ 38.0 C in labor/postpartum<br>• Genital herpes at time of labor^<br>• Maternal infection postpartum (e.g., endometritis, sepsis, wound) requiring hospital treatment^<br>• Rubella^<br>• Tuberculosis (other than latent)^<br>• Toxoplasmosis^<br>• Varicella (active at labor)^ |
| Isoimmunization | • Blood group incompatibility and/or Rh sensitization in current pregnancy^ |
| Labor management | • Induction^<br>• Failure to progress/failure of head to engage in active labor^<br>• Lack of adequate progress in 2nd stage with cephalic presentation^ |
| Miscarriage/non-viable pregnancy | • Molar^ |
| Multiple gestations | • Multiple gestations^ |
| Oligohydramnios or polyhydramnios | • Oligohydramnios^<br>• Polyhydramnios^ |
| Perineal laceration or obstetric anal sphincter injury | • 3rd degree requiring hospital repair or beyond expertise of attendant^<br>• 4th degree^<br>• Enlarging hematoma^ |
| Placental conditions | • Low lying placenta within 2 cm or less of cervical os at 38 weeks 0 days or later^<br>• Placenta previa^ |

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| | • Vasa previa^<br>• Abruption^<br>• Retained placenta > 60 minutes^ |
| Psychiatric conditions | • Maternal mental illness requiring psychological or psychiatric intervention~<br>• Patient currently taking psychotropic medications~ |
| Renal | • Acute pyelonephritis~ |
| Substance Use | • Drug or alcohol misuse with high risk for adverse effects to fetal or maternal health^ |
| Umbilical cord | • Prolapse^ |
| Uterine condition | • Anatomic anomaly (e.g. bicornuate, large fibroid impacting delivery)~<br>• Uterine prolapse~ |
| | • Uterine rupture, inversion^ |

The development of this guideline note was informed by a HERC Coverage Guidance. See https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx