Department of Veterans Affairs **VHA HANDBOOK 1330.03**
Veterans Health Administration **Transmittal Sheet**
Washington, DC 20420 **October 5, 2012**

MATERNITY HEALTH CARE AND COORDINATION

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook establishes procedures for providing and coordinating maternity care for pregnant women Veterans enrolled in the Department of Veterans Affairs (VA) health care system. ***Authority:*** *Title 38 United States Code §§1703, 1710, and 8153; and Title 38, Code of Federal Regulations §17.38.*

2. SUMMARY OF MAJOR CHANGES. This is a new Handbook defining maternity care and its coordination for pregnant women Veterans receiving their maternity care through VA.

3. RELATED ISSUES. VHA Directive 1330 (to be published).

4. RESPONSIBLE OFFICE. The Office of Women's Health Services (10P4W) is responsible for the contents of this VHA Handbook. Questions may be referred to the Director of Reproductive Health at (202) 461-1070.

5. RESCISSIONS. None.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before the last working day of October 2017.

Robert A. Petzel, M.D.
Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 10/10/2012

CONTENTS

MATERNITY HEALTH CARE AND COORDINATION

PARAGRAPH **PAGE**

MATERNITY HEALTH CARE AND COORDINATION

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes new VHA procedure for furnishing and coordinating the maternity care of eligible, enrolled, women Veterans. This includes women receiving their maternity care within the Department of Veterans Affairs (VA) or by a non-VA provider at VA expense through VA medical facilities. These procedures establish a VA-wide standard of practice for maternity care and its coordination.

2. AUTHORITY

a. **Maternity Care.** Under Title 38 Code of Federal Regulations (CFR) §17.38(b), VA may provide to enrolled Veterans "care that is determined by appropriate health care professionals to be needed to promote, preserve, or restore the health of the individual and to be in accord with generally-accepted standards of medical practice." "Pregnancy and delivery services, to the extent authorized by law" are specifically included in VA's medical benefits according to 38 CFR § 17.38(a) (1)(xiii). These services include prenatal, intra-partum, and postpartum care of the mother. Services may be delivered by VISN referrals, non-VA provider authorizations at VA expense, or by sharing agreements. There are some VA sites that deliver prenatal care and postpartum care on-site.

b. **Purchase of non-VA Maternity Care and Delivery Services.** VHA facilities may contract for maternity care pursuant to Title 38 United States Code (U.S.C.) § 8153, Sharing of health care resources. Where hospital care is necessary, VHA facilities invoke the authority in 38 U.S.C. § 1703, contracts for hospital care and medical services in non-VA facilities, to furnish the needed inpatient maternity care services. In addition, under 38 U.S.C. § 7302, VA has authority to enter into affiliation agreements for these services.

c. **Purchased Care.** Under the auspices of VHA's Chief Business Office (CBO) and its purchased care program, VHA facilities may contract for the provision of necessary maternity-related hospital care pursuant to 38 U.S.C. § 1703, for services required prior to the establishment of a sharing contract. This Section 1703 authority may be invoked only if the VHA facility cannot provide the required hospital care due to geographic inaccessibility or lack of capability (for more information see 38 U.S.C. §1703(a)(4), hospital care for women Veterans, 38 CFR §§17.52, permitting individual authorizations, 17.52(a)(4), 17.53, and 38 U.S.C. § 1703(a)(2)(B), for outpatient services needed to complete treatment.

(1) There may be occasions where the pregnant Veteran experiences a medical emergency either inside or outside the VA medical facility. When a pregnant Veteran receiving care in a VA facility experiences a medical emergency that poses a threat to the life or health of the Veteran or the pregnancy and VA is not capable of furnishing the required care, VA may contract with a non-VA facility to provide the required care until the point when the Veteran can be safely transferred back to VA (see 38 U.S.C. § 1703(a)(3); 38 CFR § 17.52(3) for more information).

(2) When a pregnant Veteran experiences a medical emergency while outside VA, charges from a non-VA provider for furnishing the necessary, unauthorized emergency treatment may be reimbursed or paid by VA, pursuant to the terms of 38 U.S.C. § 1725 (assuming all the administrative and medical eligibility criteria are met) and 38 CFR § 17.1000 et seq. Once the medical emergency is managed and stabilized, the non-VA facility must notify the local VA medical facility of the Veteran's admission, to obtain authorization for any non-emergent treatment still needed.

(3) The local VA facility is responsible for the payment arrangements described in subpar. 3c. VHA's Procurement and Logistics Office, Medical Sharing Office, is responsible for the purchase of maternity care services through sharing agreements under 38 U.S.C. § 8153.

d. Pursuant to 38 U.S.C. § 1786, VA may provide newborn health care services, for up to but not more than, date of birth and 7 calendar days after the birth of the child, all post-delivery care services, including routine health care services that a newborn child requires, if the woman Veteran delivered the child in a VA facility or in another facility pursuant to a VA contract relating to such delivery. These services are part of VA's medical benefits package. For more information see 38 CFR **§** 17.38 (a)(1) (xiv).

3. BACKGROUND

a. Because women Veterans are the fastest growing group of new users of VA health services, medical facilities are more likely to include pregnant Veterans among their patient populations. In Fiscal Year 2011 alone, over 90 percent of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn women Veterans were of childbearing age; thus, a significant potential for these Veterans to require maternity care exists.

b. Maternity benefits have been included in the VA medical benefits package since 1996. Generally speaking, these benefits begin with the confirmation of pregnancy, preferably in the first trimester, and continue through the postpartum visit, usually 6-8 weeks after delivery or when the Veteran is medically released from obstetric care. Maternity care is typically provided by non-VA providers in non-VA facilities, which are accredited to provide care to pregnant women and newborns. Women Veterans, however, continue to receive care through the VA health care system during their pregnancies, either for management of coexisting medical or mental health conditions or for acquiring laboratory tests or medications during their pregnancy. Coordination of care and information sharing between all providers, including non-VA and VA providers is critical to patient safety, particularly in the area of medication management and monitoring for medications that have teratogenic effects for a fetus in pregnant women Veterans with comorbid conditions.

4. DEFINITIONS

a. **Complicated (high risk) Pregnancies.** A complicated (high risk) pregnancy is defined as a pregnancy that requires specialized prenatal care due to the presence of identified risks or complications. Women with specific risk factors or who develop high-risk conditions during pregnancy may require additional surveillance and consultation with advanced prenatal care

providers such as Obstetrician and Gynecologist (Ob-Gyn) specialists, or Maternal Fetal Medicine (MFM) subspecialists.

b. **Ectopic Pregnancy.** An ectopic pregnancy is any pregnancy occurring outside the uterine cavity.

c. **Fetal Surgery.** Fetal surgery, also known as "in-utero surgery," involves a broad spectrum of surgical procedures used to treat abnormalities of the fetus which left untreated can lead to labor and delivery complications or significant disability or death of the newborn. The fetus is operated on while in the pregnant uterus. This procedure can be performed by opening the uterus or utilizing minimally invasive techniques with the fetoscope**.**

d. **MFM Specialist.** A MFM specialist is a physician who has completed 2 to 3 years of MFM fellowship training after completing a 4-year Ob-Gyn residency program. Fellowship training provides additional education and practical experience to gain special competence in managing various medical and surgical complications of pregnancy.

e. **Maternity.** Maternity is the state of being a mother; motherhood. This state includes the following stages: preconception, pregnancy, intrapartum, postpartum, and lactation.

f. **Maternity Services.** Maternity Services begin with the confirmation of pregnancy (clinically or with serum or urine testing) by a qualified provider and continue through the postpartum visit, usually 6-8 weeks after delivery, or when the Veteran is medically released from obstetric care. Benefits include: any monitoring procedures that are clinically appropriate and consistent with the recognized standard of care (i.e., ultrasound, laboratory tests, etc.); monthly visits beginning at, or before, 12 weeks and continuing to week 32; bi-monthly visits from 32-36 weeks; and weekly visits commencing at 36 weeks or additional visits as deemed necessary by the Maternity Care provider.

g. **Maternity Care Coordinator (MCC).** An MCC functions as a liaison between the patient, the non-VA provider, and the VA facility. This person is responsible for monitoring the delivery of care, coordinating such care, and tracking outcomes of services that have been furnished through maternity purchased care.

h. **Maternity Care Provider.** A routine prenatal or maternity care provider is an individual qualified to provide routine obstetric care. These individuals include Ob-Gyns, Family Medicine Physicians, or Advanced Practice Nurses (i.e., Women's Health Nurse Practitioners or Certified Nurse Midwives).

i. **Newborn Care.** Newborn care is defined as any care provided to the infant once the umbilical cord connecting it to its mother has been severed, and furnished consistent with the terms of 38 CFR **§** 17.38 (a)(1) (xiv).

j. **Obstetrical Emergency.** An obstetrical emergency is any condition requiring immediate or urgent care of a pregnant Veteran including, but not limited to:

(1) Labor (term or premature);

(2) Threatened spontaneous abortion, inevitable spontaneous abortion, or incomplete spontaneous abortion;

(3) Ectopic pregnancy;

(4) Abruptio placenta;

(5) Pregnancy induced hypertension, pre-eclampsia, and eclampsia;

(6) Placenta previa; and

(7) Obstetrical vaginal bleeding, etc.

k. **Qualified Provider.** For purposes of non-VA maternity care obtained under VA's Purchased Care Program, a qualified provider is defined as a licensed medical practitioner operating within the scope of their license and not identified on the List of Excluded Individuals and Entities by Health and Human Services.

l. **Spontaneous Abortion (also known as miscarriage).** A spontaneous abortion is the spontaneous loss of a fetus before the 20th week of pregnancy. Types of spontaneous abortions are:

(1) **Threatened.** Intrauterine pregnancy with bleeding and a closed cervix. Cramping pain may or may not be present.

(2) **Inevitable.** Intrauterine pregnancy with bleeding, cramping, and a dilated cervix.

(3) **Complete.** Spontaneous expulsion of all fetal and placental tissue before 20 weeks of gestation.

(4) **Incomplete.** Passage of some, but not all, of uterine contents before 20 weeks of gestation.

5. SCOPE

The requirements of this Handbook apply to all VA medical facilities and their outlying clinics that provide care, directly or indirectly, to pregnant women Veterans. Although many VA medical facilities may not provide direct obstetric or prenatal care to pregnant women Veterans, VA providers still come into contact with pregnant Veterans in the course of their work. For instance, many women Veterans receiving their routine or gender-specific care through VA may have their pregnancies diagnosed at a VA medical facility. Those VA providers need to be aware of the process required for obtaining and entering referrals for maternity care for their patients. Also, pregnant women may present to a VA facility (i.e., to an Emergency Department, Pharmacy, Outpatient Center, etc.) for medical issues not directly related to pregnancy. No matter how a pregnant Veteran presents for VA care, each VA facility shall ensure that eligible women Veterans have access to timely prenatal care. Additionally, each facility must ensure seamless coordination of non-VA maternity care with VA care,

especially in cases of women Veterans with co-morbid conditions who may require VA care during their pregnancy. All maternity care must follow accepted clinical evidence based standards.

6. RESPONSIBILITIES OF THE VISN DIRECTOR

The VISN Director is responsible for implementing a mechanism to track outcome information for women Veterans receiving any maternity care through VA facilities under their jurisdiction. Such outcomes must include cost and medical pregnancy outcomes through business and quality reporting for internal use and future referencing.

7. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The Facility Director is responsible for:

a. Ensuring pregnant women Veterans receiving VA maternity benefits receive high quality obstetric care;

b. Ensuring standard processes are in place to facilitate communication between non-VA maternity care providers and VA-based health care providers; and

c. Ensuring standardized criteria are in place for the efficient and timely approval of maternity care benefits. Such criteria consist generally of the recognized "Approved Maternity Services" as seen in paragraph 8 of this Handbook.

d. Ensuring that all VA clinical staff members are made aware of VA's responsibility for providing education and referral of pregnant Veterans for maternity related care.

e. Ensuring that local processes are developed to implement VA policy on Maternity Health Care and Care Coordination.

(1) Appropriate Decision Support System identifiers are used in the creation of VA outpatient clinics in which pregnant Veterans are provided treatment prior to and after childbirth (during pregnancy and immediate postpartum period).

f. Ensuring there is support for data analyses and care-tracking for women Veterans during pregnancy and tracking of key outcome measures after delivery.

g. Identifying someone in the medical center, i.e. within Health Information Management (HIM), who is responsible for working with the MCC or designee and the local Non-VA Care (Fee) Office to ensure that the health records associated with maternity care are obtained and scanned into VistA Imaging and Computerized Patient Record System (CPRS).

(1) Clinical documentation may be received by the Non-VA Care (Fee) Office, HIM, or clinical providers, so it is important that a shared process be developed to ensure that complete health records are obtained.

(2) External documentation may be received in a variety of ways (i.e. fax, hard copy, electronic) however; all documents must be authenticated by the originating non-VA provider prior to inclusion into the VHA health record.

(3) Authentication may include a written signature, written initials, or electronic signatures.

(4) Records at a minimum must include a summary of treatment, pregnancy outcome, complete hospital discharge summary, and any additional pertinent clinical information.

(5) The Facility Director must ensure that a designee obtains periodic updates from non-VA obstetric providers.

h. Working with HIM and Clinical Application Coordinators to adapt the non-VA Maternity Referral Template. This template is available at the National HIM Web site, link follows: http://vaww.vhaco.va.gov/him/natldoctemplates/NonVAReferralRequestMaternityCare.txml and the National Fee Program Office Web site at: http://vhahacnonva.vha.med.va.gov/policy-programs/tools.asp. ***NOTE:*** *This is an internal Web site and is not available to the public.* Instructions for the template are also available at: http://vaww.vhaco.va.gov/him/natldoctemplates/NtlNon-VARequestReferral-MaternityCare_TemplateInstructions.docx. *This is an internal Web site and is not available to the public.*

i. Care coordination needs to be done within a Patient Aligned Care Team as much as possible with close collaboration with the Women Veterans Program Manager (WVPM) or a MCC designee.

8. RESPONSIBILITIES OF THE CHIEF OF STAFF

The Chief of Staff is responsible for:

a. Ensuring the local facility has a Credentialing and Privileging system in place to authorize and enter provider information into VA's provider file, VetPro.

b. Designating an individual from credentialing and privileging or designee responsible for entering the chosen non-VA obstetric provider into the local facilities provider file to ensure prescriptions written by the VA-authorized contracted or Fee Basis provider of care can be filled at the VA Pharmacy. Provider information may include the dates of authorized contracted or Fee Basis care.

c. Ensuring that appropriate maternity care is provided for pregnant patients on inpatient psychiatric units or in residential care programs.

d. Ensuring the VA Provider is responsible for:

(1) Entering a non-VA Maternity Referral Consult request in CPRS which will be shared within the VA and electronically sent to offices affected by it. (see Sample Non-VA Maternity

Care Consult Template and Instructions at http://vhahacnonva.vha.med.va.gov/policy-programs/tools.asp.) ***NOTE:*** *This is an internal Web site and is not available to the public.*

(2) Ensuring that the consult includes a request for key services necessary in standard obstetric care.

(3) Ensuring that all pregnant women Veteran patients are screened for depression (see subpar. 12g for more information).

e. All VHA facilities must have written guidance in place to ensure that VA providers counsel women Veterans on the risks and benefits of high risk teratogenic medications (e.g., FDA class D or X) if those drugs are being considered for use and the Veteran has the potential to become pregnant. Such counseling must be documented in CPRS and must be accomplished personally by the prescriber prior to writing an outpatient prescription or inpatient doctor's order.

9. RESPONSIBILITIES OF THE NON-VA CARE (FEE) OFFICE

The Non-VA Care (Fee) Office is responsible for:

a. Taking appropriate and timely action once a non-VA Referral consult is received consistent with VHA consult policies.

b. Streamlining the process for non-VA obstetric care approval to allow payment for a list of standard obstetric services based on relevant Current Procedural Terminology codes. Diagnostic Related Group codes, or International Classification of Diseases (ICD-9) codes.

c. Provide payment based on current prescribed payment processes.

d. Ensuring that all purchased care authorizations or contracts include, as appropriate, the following:

(1) Tests and procedures within the standard of care in monitoring the pregnancy,

(2) Routine labor and delivery services, and

(3) Postpartum services, including home visitation, if needed.

e. Providing specific services included in the list of Approved Maternity Services are located at the following Web site at http://vhahacnonva.vha.med.va.gov/fbcs/docs/CBO-PC-Notice-003-2011-Maternity.pdf. ***NOTE:*** *This is an internal Web site and is not available to the public.*

f. Providing guidance regarding filling Fee Basis or Contract provider prescriptions.

g. Providing instructions regarding how Prosthetic services are ordered for all necessary maternity related items. ***NOTE:*** *Maternity belt, breast pumps and nursing bras may be obtained through a Prosthetics Consult at least 2 weeks in advance of the Veteran's estimated*

date of delivery. Related supplies, such as breast pads and nipple cream, may be obtained through the VA Pharmacy.

h. Providing the requirements for a non-VA provider to coordinate care and update the VA provider with any change in the Veteran's condition(s) that may require separate authorization for services.

i. Providing instructions for all non-VA providers to notify the VA Fee office of an emergency admission or transfer within 48 hours of the admission or transfer.

j. Providing payment process requirements, which include how:

(1) Appropriate billing form(s) are completed,

(2) Daily progress and physician notes are completed,

(3) Discharge Summary is completed,

(4) Admitting history and physical are completed,

(5) Operating reports are completed, if applicable, and

(6) Emergency room treatment notes are completed, if applicable.

k. Providing VA contact instructions for an amendment of the authorization for necessary medical care not otherwise specified.

l. Providing a letter to the Veteran and non-VA provider explaining Fee Basis authorizations. An example of the Veteran and provider authorization letters is located on the National Fee Program Office Web site at: http://vhahacnonva.vha.med.va.gov/fbcs/docs/CBO-PC-Notice-003-2011-Maternity.pdf. ***NOTE:*** *This is an internal Web site and is not available to the public.*

m. Ensuring that if the VA facility has a contract or sharing agreement with a specific non-VA maternity care provider, the Veteran is instructed to schedule care with this provider. If the contracted non-VA maternity care provider is not geographically accessible to the Veteran, or the Veteran's condition necessitates limited travel, the Veteran may identify a qualified provider who is geographically closer to the Veteran's residence. This medical necessity is determined by the VA provider.

n. Defining for the purposes of participating in VA's Purchased Care program for Maternity Care services, that the provider be a Qualified Provider under VA prescribed guidelines (see subpar. 4k).

10. RESPONSIBILITIES OF THE MATERNITY CARE COORDINATOR (MCC) OR DESIGNEE

The MCC or designee is responsible for ensuring that there is a mechanism in place that addresses the following elements:

a. Monitoring the delivery of services, coordination of care, and tracking of maternal and fetal outcomes. This includes ensuring coordination of non-VA maternity care with relevant VA providers, especially if the Veteran has pre-existing medical or mental health conditions.

b. Facilitate access to local and community resources (for example Women, Infants, and Children Program).

c. Ensuring the coordination of maternity care throughout the local health care system, including Community-based Outpatient Clinics and outpatient clinics that are distant from the main facility. This includes:

(1) Working with the local Medical Administration Service to collaborate on Fee Basis referrals and contracts that impact the delivery of maternity care.

(2) Ensuring that the pregnant woman Veteran receives a copy of the Patient Resource Manual ("Purple Book") entitled "Pregnancy and Childbirth: A Goal Oriented Guide to Prenatal Care." ***NOTE:*** *This is the patient toolkit for the VA and Department of Defense (DOD) Management of Pregnancy Evidence Based Clinical Practice Guidelines. A sample of this toolkit can be viewed at: https://www.qmo.amedd.army.mil/pregnancy/patient_binder.pdf.*

d. Informing the Veteran of VA authority for newborn care, and reviewing the need for other Non-VA payment options for possible continued care past the VA payment authority.

e. Ensuring that an electronic alert is added to the patient's computerized health record indicating that she is pregnant or lactating. This alert is activated by loading the pregnancy and lactation software in CPRS. The MCC, or designee, is responsible for removing the alert once the pregnancy and lactation period has been completed.

f. Maintaining a minimum of bi-monthly contact with the patient while she is in the care of the contractor or Fee Basis provider.

g. Documenting contact information in the electronic health record. To include progress notes containing the name and location of the contracted provider or facility and the name of the point of contact for the non-VA provider.

h. Functioning as a liaison between the patient, contracted provider, and the local VA medical facility (e.g., providers, Fee Office, Pharmacy).

i. Scheduling (entering a Recall Order) a Women's Clinic or VA Primary Care Provider postpartum appointment within 3 months, or earlier if indicated by the Veteran's co-morbid conditions.

j. Maintaining statistical data on maternity care including:

(1) Patient demographics;

(2) Number of patients being managed for maternity care;

(3) Pregnancy outcomes (maternal complications, neonatal complications, method of delivery and medications); and

(4) Lactation status.

k. Ensuring coordination of care with the relevant VA providers and the VA facility's WVPM, especially if the Veteran has pre-existing medical or mental health conditions.

l. Facilitating coordination of maternity care for pregnant patients on inpatient psychiatric units or in residential care programs.

11. REQUIRED COORDINATION OF MATERNITY CARE

a. **Outpatient Care.** Coordination of outpatient care includes:

(1) Referring the Veteran to a routine or high risk prenatal care provider as early as possible after a pregnancy is diagnosed.

(2) Performing a Preventative Medicine visit (to ensure vesting) whenever a Veteran presents to a VA facility for a confirmation of pregnancy.

(3) Ensuring the Veteran is up to date on relevant screenings and receives prenatal vitamin prescriptions and other needed prescriptions.

(4) Ensuring that as part of the initial preventative medicine visit, VA providers conduct a psychosocial-risk assessment to identify presence of a broad range of social, economic, psychological, and emotional problems. Screening includes, but is not limited to: an assessment of barriers to care, unstable housing, communication barriers, nutrition, tobacco use, substance use, depression or other psychiatric illness, employment or financial status, safety, domestic abuse, sexual abuse, and stress.

(5) Making appropriate referrals based on screening results.

(6) Ensuring the effective coordination of care between non-VA or VA maternity providers and all relevant non-VA or VA specialist providers treating the pregnant Veteran (i.e., endocrinology, cardiology, rheumatology, neurology, gynecology, mental health, etc.).

b. **Inpatient Care**

(1) Pregnant Veterans may require inpatient medical, surgical, psychiatric, or residential care services. Care must be coordinated with the Veteran's provider, including mental health providers, and the non-VA maternity care provider.

(2) Veterans need to be evaluated and a decision to refer or transfer the care of the patient from one inpatient setting to another needs to be made based on consideration of the following factors: the stage of pregnancy, the patient's health status, and the local resources available and needed to meet all of the patient's medical needs.

c. **Obstetrical Emergencies**

(1) The management of patients with obstetrical emergencies is normally directed toward the rapid evaluation, stabilization, and transfer of such Veterans to the nearest qualified facility. VA Emergency Departments need to have mechanisms or processes in place to initially triage obstetrics emergencies in the event this is necessary.

(a) Sites need to be able to perform timely (i.e., stat or point of care) testing to diagnose pregnancy, when necessary.

(b) A process must be in place to address the need for a sonogram in the case of an emergency. If this is not readily available, processes must be in place to ensure the Veteran has timely access to these services, especially if this impacts the triaging of their care.

(2) The Veteran must be provided information in advance about seeking emergency care at the closest Emergency Department or at the hospital the Veteran will be using for delivery.

(3) When a Veteran presents with a spontaneous abortion, the specialty provider may deem it medically necessary to provide care in the form of a procedure (i.e., dilation and curettage) or through medical management consistent with standard of care. Such medically necessary procedures for the management of spontaneous abortion are covered medical benefits.

d. **Pregnancy Tracking.** Regular contact by the VA medical facility MCC or designee is required bi-monthly and must be documented with a brief notation in CPRS or electronic record.

e. **Postpartum Care Follow-up**

(1) Postpartum visit with the non-VA or VA maternity care provider at approximately 6-8 weeks following delivery (or earlier if recommended by that provider).

(2) Follow-up in the VA medical facility after postpartum visit within 3 months (or earlier if co-morbid conditions, e.g., cardiovascular disease, Human immunodeficiency virus, Acquired immunodeficiency syndrome, mental health condition, etc.). A recall order may be placed at the initiation of maternity care.

12. APPROVED MATERNITY SERVICES

Approved maternity services include, but are not be limited to the following:

a. **Comprehensive Assessment.** An initial comprehensive assessment must be completed including history, review of systems, and physical examination.

b. **Standard and Special Laboratory Tests.** The *VA-DOD Management of Pregnancy Clinical Practice Guideline* (http://www.healthquality.va.gov/pregnancy.asp) recommends standard and special laboratory tests and procedures that must be performed at the appropriate gestational age. Some initial laboratory tests and screenings may be performed at VA facilities once the pregnancy has been diagnosed and the Veteran is waiting for Fee Basis or contract care appointments. However, certain laboratory tests ordered by the non-VA maternity care provider may be completed at the laboratory that the non-VA provider uses under the Fee Basis authorization. Bills for such laboratory studies must be sent to the Non-VA Care (Fee) Office.

c. **Maternity Prenatal Screening for Genetic Disorders**

(1) VA must cover genetic screenings as part of maternity care. Coverage includes identifying fetal abnormalities and genetic problems through screening consistent with the standard of care and as determined necessary by the prenatal care provider. This includes screening for genetic disorders based on racial and ethnic background, such as, hemoglobinopathies (sickle cell, α-thalassemia, β-thalassemia), Tay-Sachs disease, Canavans disease, familial dysautonomia, cystic fibrosis, and other genetic disorders based on personal and family history.

(2) Genetic counseling must be made available to the Veteran (pregnant or considering pregnancy), especially women of advanced maternal age or positive family history. Availability of genetic counseling is an important component of prenatal and preconception care.

(3) Male Veterans who are eligible and enrolled in VA services and who have a pregnant partner may need genetic screening depending on family history or their pregnant partners' screening results. If their pregnant partner has a positive abnormal genetic screening test that puts them in a higher risk category for a genetic abnormality, then the male Veteran must be provided access to genetic screening as recommended by the partner's prenatal care provider. This testing can be provided within VA, if available, or through Fee Basis care; however the testing must be completed in a timely fashion.

d. **Gestational Dating Ultrasounds.** Ultrasound for gestational dating is recommended, especially before 20 weeks, or when there is a size-date discrepancy or imprecise menstrual dates. Additional diagnostic studies determined by the provider to be medically necessary and consistent with standard of care, need to be approved.

e. **New Specialty Consultations.** New specialty consultations directly related to the pregnancy may be required. These consults (i.e., high-risk care) must be referred by the VA provider or routine prenatal care provider to community specialists with expertise in maternity care, such as Maternal-Fetal Medicine Specialists. Pre-authorization of this specialty care must

be made through the Non-VA Care (Fee) Office. The Veteran needs to be educated about this process by the WVPM or Maternity Coordinator and the Non-VA Care (Fee) Office.

(1) Consultations and ongoing specialty care needs not directly related to the pregnancy may be managed by the VA Primary Care referral processes (e.g., orthopedic needs, mental health appointments) unless it is deemed that a non-VA provider could better meet the medical needs of the Veteran.

(2) Consideration of fetal surgery that is not considered experimental, investigational, or unproven must involve a multidisciplinary approach and be consistent with standards of care.

f. **Co-morbid Conditions.** The Veteran already under the care of VA specialists (e.g., mental health providers) may continue to be treated for their medical and mental health condition. The MCC or designee, medical providers and prescribers must ensure pregnancy status or pregnancy intention is updated in the medical record so that appropriate consultations can be requested and the Veteran can be appropriately counseled on risks and benefits of medication therapy during pregnancy.

(1) The MCC or designee will assist the Veteran in informing their routine prenatal care provider that they are undergoing care with a VA provider and sharing information between providers (e.g. active medication lists).

(2) Coordination of services is facilitated by the MCC or designee. Care needs to be coordinated to ensure that relevant information is exchanged between the prenatal care provider and other non-VA or VA providers, health care case managers, or sites of care, including the anticipated delivery site.

g. **Depression.** Assessment, screening, counseling, and referral for care are important components of quality care. VA providers must screen all pregnant and postpartum women for depression utilizing an appropriate screening tool, and have a system to ensure that positive screening results are followed by accurate diagnosis, implementation of treatment, and follow-up either within the practice or through referral, i.e., to social work for a psychological assessment to determine stability of the Veteran's home setting, finances, etc.

h. **Postpartum Care.** A postpartum visit must be scheduled with the non-VA or VA provider within 6-8 weeks after delivery, earlier if necessary. Postpartum visits include a review of pregnancy outcome and complications and necessary follow-up and management regarding these complications, i.e., gestational diabetes, hypertension, lactation issues, depression, etc. Veterans must have a follow-up appointment scheduled with their VA provider within 3 months of giving birth, or earlier if the Veteran is being followed for a concomitant co-morbid condition at the VA.

i. **Postpartum Contraception**

(1) When requested by the Veteran, Maternity Authorization must include approval for postpartum tubal ligation immediately after delivery. Authorization needs to be granted in advance of delivery. The Veteran must be informed that tubal ligation at the time of delivery

during the same hospitalization (either during Cesarean Section or after a Vaginal Delivery) is a covered medical benefit.

(2) When the Veteran so chooses, a contraceptive method, such as a pill, patch, intrauterine device, injection, or other method is a covered medical benefit during the postpartum period and is to be made available through the Veteran's VA medical facility after the postpartum period, when medically appropriate.

j. **Newborn Care.** Upon notification of a Veteran requiring prenatal care, the Non-VA Care (Fee) Office must coordinate with the Enrollment Services staff and the WVPM to ensure the Veteran understands the newborn medical care process and the requirement to provide the full name and Social Security Number (SSN) of the newborn to the Non-VA Care (Fee) Office once the SSN is assigned by Social Security Administration. To avoid payment delay, a pseudo SSN may be used for interim registration when the VA medical facility is unable to obtain SSN within 30 calendar days of receipt of claim. The following conditions must be met for the newborn of a Veteran to receive VA Newborn Benefits:

(1) The Veteran (mother) must be enrolled in VA care and receiving VA maternity benefits.

(2) The care is medically necessary care and is furnished on the date of birth or within the subsequent 7 calendar days. All medically necessary and appropriate post-delivery services (including transfer) are included in this benefit.

k. **Pharmacy prescriptions during Pregnancy and Postpartum**

(1) VA pharmacies are authorized to fill prescriptions that are written by approved Fee Basis Providers in accordance with VHA Handbook 1108.05, Outpatient Pharmacy Services.

(2) VA pharmacies must be used to fill authorized Fee-Basis prescriptions consistent with the needs and in the best interests of the patient. When appropriate, arrangements may be made for emergency prescription services utilizing a community pharmacy. In these instances, the patient must not incur additional expense. These arrangements are to be made on a selective, individual patient basis, after careful determination of the type and recurring nature of the prescription. These prescriptions are limited to a 10-day supply with the remainder of the therapy to be dispensed by the Consolidated Mail Outpatient Pharmacy. In these instances the provider must write two prescriptions; one for the emergent supply of medications and the second, for any additional therapy.

l. **Onsite Prenatal Care.** VA Facilities that provide prenatal care onsite must ensure coordination of services and ensure adherence to The VA-DOD Management of Pregnancy Evidence Based Clinical Practice Guidelines, found at http://www.healthquality.va.gov/pregnancy.asp. Coordination of care with VA providers is also required in patients with co morbid conditions.

m. **Pregnancy-related Education.** Pregnancy-related education and tools as consistent with the community standard, must be provided such as:

(1) Childbirth preparation classes,

(2) Parenting classes,

(3) Nutrition counseling,

(4) Breastfeeding support and lactation classes, and

(5) Breast pumps.

NOTE: *Maternity belt, breast pumps and nursing bras may be obtained through a Prosthetics Consult at least 2 weeks in advance of the Veteran's estimated date of delivery. Related supplies, such as breast pads and nipple cream, may be obtained through the VA Pharmacy.*

n. **Non-Emergent Maternity-Related case.** Requests from Non-VA providers for non-emergent maternity-related services not included in the Fee authorization must be submitted to the VA clinician overseeing the Veteran's care for review. When additional services have been approved the Non-VA Care (Fee) Office issues a new or amended authorization for the approved services.

o. **Standard of Care.** All Maternity services, including prenatal diagnostic and treatment services, provided to pregnant women and postpartum women, must meet generally-accepted standards of care as described by the 2009 Evidence Based Department of Veterans Affairs and Department of Defense Clinical Practice Guidelines for the Management of Pregnancy found at: http://www.healthquality.va.gov/pregnancy.asp or most up to date clinical standard s of care.

13. NON-APPROVED MATERNITY CARE

Non-approved Maternity care includes:

a. Home deliveries,

b. Deliveries by direct-entry midwives (also known as lay midwives or Certified Professional Midwives), and

c. Experimental procedures and medical procedures not consistent with the standard of care.

14. REFERENCES

a. Title 38 U.S.C. §§1703, 1710, 1725, 1786, 7302, 8153.

b. Title 38 CFR §§17.38, 17.52, 17.53,17.1000.

c. Section 206(a) of Public Law 111-163 (May 5, 2010) The "Caregivers and Veterans Omnibus Health Care Services Act."

d. Centers for Disease Control and Prevention: Reproductive Health http://www.cdc.gov/reproductivehealth/index.htm.

e. VA-DOD Management of Pregnancy Evidence based Clinical Practice Guidelines 2009. http://www.healthquality.va.gov/up/mpg_v2_1_sumc.pdf.

f. VHA Handbook 1108.05, Outpatient Pharmacy Services.

g. VHA Handbook 1330.01, Health Care Services for Women Veterans.

h. VHA Handbook 1330.02, WVPM Position.