



COMPASSIONATE CARE *for Women*

Humana – CareSource® Maternal Programs
and Prenatal/Postpartum Guidelines

Humana.


CareSource®

Humana – CareSource takes a population-based approach to achieve the best possible health outcomes for expecting mothers. We work to remove barriers to deliver positive clinical outcomes through self-care resources, mobile engagement solutions, incentive programs and relationship-driven support.



Member-facing programs

We provide programs and resources that maximize the quality of life and health outcomes of mothers, infants, children and their families.

Program objectives include:

- Improve pregnancy planning/spacing and prevent unintended pregnancy
- Reduce the risk of maternal and infant mortality and pregnancy-related complications

Populations served:

- Pregnant women up to a year following delivery
- Women of childbearing age (14 to 45 years)

Prenatal case management

We offer a collaborative set of interventions and activities that address the health care and preventive service needs of pregnant and postpartum women through communication and available resources.

Activities and interventions include:

BABY BASICS

A month-by-month, comprehensive pregnancy guide that promotes self-care for a healthy pregnancy.

BABIES FIRST

A financial incentive program that rewards pregnant and new mothers for health habits such as attending prenatal, postpartum and well-baby checkups.

QUIT FOR TWO

A maternal-specific tobacco cessation program.

Innovative Strategies

OTHER RESOURCES AND BENEFITS

- Nonemergency transportation to medical visits and Centering® classes
- Prenatal, childbirth and parenting education
- No prior authorizations for progesterone therapy to prevent preterm labor





Prenatal and Postpartum Guidelines

Agency for Healthcare Research and Quality

Prenatal care

CLINICAL HIGHLIGHTS

- Identify patients with greater potential for high-risk pregnancy and provide appropriate preconception counseling.
- Provide a comprehensive risk assessment and appropriate risk-related interventions.
- Ensure each pregnant patient receives visit-specific screening tests, education, immunizations and chemoprophylaxis.
- Counsel patients on the limitations and benefits of each aneuploidy test and offer screening and diagnostic tests.

- Educate patients with previous cesarean section of risks and benefits associated with vaginal birth after cesarean (VBAC).
- Encourage delivery after 39 weeks, unless medically indicated.

INTERVENTION AND PRACTICE

Immunization and chemoprophylaxis:

- Vaccinations: varicella, rubella (measles/mumps/rubella [MMR]), hepatitis B, tetanus-diphtheria (Td) booster (or Tdap) and influenza
- RhoGAM – D immunoglobulin
- Hepatitis B immunoglobulin
- Progesterone for women at high-risk for preterm delivery (Please note: Humana – CareSource **does not** require preauthorization)
- Treatment of human immunodeficiency virus (HIV)
- Intrapartum antibiotic prophylaxis for group B strep (GBS) culture
- Folic acid and other nutritional supplements, if indicated

Screenings include:

- Risk profiles, including preconception risk assessment, preterm labor risks, workplace/lifestyle hazards assessment, infectious disease risks, genetic risk and risks associated with VBAC
- Physical examination, including height, weight, blood pressure and medical history
- Rubella/rubeola and varicella status

- Depression and domestic violence
- Cervix assessment
- Laboratory studies, including:
 - Cervical cancer screening
 - ABO/Rh/antibodies
 - Syphilis
 - Urine culture
 - Complete blood count (CBC)
 - Fetal aneuploidy screening
 - Viral hepatitis
 - HIV
 - Lead screening
 - Gonorrhea/chlamydia
 - Group B strep (GBS) infection screening
 - Gestational diabetes
- Fetal heart tones, fetal position, fundal height and optional obstetric ultrasound

Counseling, education and intervention strategies include:

- Preterm labor education and prevention
- Complete medication inventory
- Recording menstrual dates
- Counseling on risks and benefits of VBAC
- Prenatal and lifestyle education
- Smoking cessation program assessment prior to enrollment, utilizing the “Five As:”
 1. **Ask:** Ask every patient if she smokes or uses tobacco.
 2. **Advise:** Give clear advice about quitting.
 3. **Assess:** Assess patient’s willingness to quit in next 30 days.
 4. **Assist:** Help patient develop a quit plan or refer to tobacco cessation program.
 5. **Arrange:** Follow up with patient at future visits.

Postpartum care items to keep in mind:

- Humana – CareSource recommends that all women are offered long-acting reversible contraceptives (LARC) prior to leaving the hospital.
- To optimize postpartum care, anticipatory guidance should begin during pregnancy.
- Early postpartum follow-up is recommended for women with hypertensive disorders of pregnancy.
- Women should undergo a comprehensive postpartum visit within the first six weeks after birth.
- Screen for signs and symptoms or risk factors for postpartum depression.
- Encourage discussion of reproductive life planning and promote effective contraceptive management.

METRIC INFORMATION

Our patient demographic includes pregnant women. To be considered compliant with guidelines, a pregnant woman must receive the following care:

- Prenatal care beginning within the first 13 weeks of pregnancy
- Ongoing prenatal visits for duration of pregnancy
- Postpartum visit between three weeks and two months after birth

As many as 40 percent of women do not attend a postpartum visit. Preventive medicine is fundamental to prenatal care, identifying maternal risk factors and promoting healthy behaviors early in a pregnancy in order to have optimal outcomes.

ONLINE RESOURCES

Sources used in the production of this flyer include the following:

- Agency for Healthcare Research and Quality's Routine Prenatal Care Guideline: www.guideline.gov/summaries/summary/38256?search=prenatal%20care
- The American College of Obstetricians and Gynecologists' Committee Opinion: Optimizing Postpartum Care: www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care

USE OF PROGESTERONE

Humana – CareSource supports the current recommendations set by the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal and Fetal Medicine (SMFM) regarding the use of progesterone for the prevention of preterm birth. All women with a prior spontaneous preterm birth (PTB) of a singleton pregnancy should be offered 17-alpha hydroxyprogesterone caproate (17OHP-C) therapy in a subsequent pregnancy with a singleton gestation. Women with a singleton gestation and a history of prior spontaneous PTB between 20 and 36 6/7 weeks of gestation should receive 17OHP-C at 250 mg intramuscularly weekly, starting at 16 – 20 weeks of gestation until 36 weeks of gestation or delivery. Vaginal progesterone should not be considered a substitute for 17OHP-C. Humana – CareSource demonstrates a commitment to healthy babies by removing prior authorization requirements on progesterone for most members.

Manage your patients easily with online tools from Humana – CareSource

Humana – CareSource offers its physicians a comprehensive suite of online tools that help increase efficiency and improve patient outcomes. Our online Provider Portal allows you to easily and securely access critical information 24/7. Some of these tools include:

CLINICAL PRACTICE REGISTRY —

This online tool emphasizes preventive care by identifying and prioritizing health care screenings and tests. The primary benefit of the registry is population management. You can quickly sort your Humana – CareSource membership into actionable groups.

MEMBER PROFILE — With its comprehensive view of patient medical and pharmacy data, the patient profile can help you determine a diagnosis and reduce duplicate services, as well as unnecessary diagnostic tests.

Provider portal access

<https://providerportal.caresource.com/>

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