



Policy and Procedure No: UM 54.4		Revision No: 4
Division: Care Management		
Department: Utilization Management		
Title: PHC-CA Provision of Services for Pregnant Women		
Effective Date: 1/1/2018		
Supersedes Policy No: UM 54.0, UM 54.1, UM 54.2, UM 54.3		
Reviewed/Revised by: Karen Haughey		Review/Revision Date: 3/21/2025
Approving Committee: Utilization Management Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To describe the process to provide risk-appropriate care for the Health Plan’s pregnant enrollees with the goals of reducing infant mortality, reducing the number of low-birth-weight babies, improving health and developmental outcomes.

Policy:

1. The Health Plan shall cover the provision of all medically necessary services for pregnant enrollees, including prenatal care from network providers specializing in high-risk obstetrics.
2. The Health Plan shall ensure that all pregnant enrollees are counseled about and offered the latest antiretroviral regimen recommended by the U.S. Department of Health & Human Services (DHHS).
3. The Health Plan’s network providers shall use the guidelines of the American College of Obstetricians and Gynecologists (ACOG) to inform the provision of perinatal services.
4. The Health Plan shall provide a comprehensive risk assessment encompassing medical/obstetrical, nutritional, psychosocial, and health education needs.
5. In addition to covering the services of obstetricians specializing in high-risk patients, the Health Plan shall cover other specialist services for pregnant enrollees, including perinatologists, genetic screening services, and doulas.
6. The Health Plan’s provider network shall include hospitals with high-risk pregnancy services. The Health Plan shall cover enrollees’ pregnancy-related hospital visits and services.
7. Due to the risks associated with the population served by the Health Plan, the Plan shall reserve the right to process prior authorizations on requests for birthing centers, home birthing services, the services of certified nurse midwives and licensed midwives, or any other labor and delivery services that take place outside of an acute care hospital setting.
8. Lactation – Human Milk
 - a. Since breast milk is a high-risk mode of HIV transmission, the Plan does not authorize lactation consultant services.
 - b. Medically necessary pasteurized donor human milk obtained from a tissue bank licensed pursuant to Chapter 4.1 (commencing with Section 1635) is a basic health care service, as

defined in subdivision (b) of Section 1345 and any regulations adopted thereunder (H&S Section 1367.624).

9. The Health Plan provides a maternal mental health program that consists of at least one maternal mental health screening to be conducted during pregnancy, at least one additional screening to be conducted during the first six weeks of the postpartum period, and additional postpartum screenings, if determined to be medically necessary and clinically appropriate in the judgment of the treating provider.

Procedure:

1. Primary Care Providers (PCPs), upon verifying a Member's pregnancy, are responsible for referring the Member to a specialist in High-Risk Obstetrics via the Plan's specialty referral process.
2. PCPs are responsible for counseling pregnant Members about the latest antiretroviral regimen recommended by the U.S. DHHS and providing appropriate prescriptions. While under the care of a specialist obstetrician, Members continue visits to their PCP for management of HIV. The Registered Nurse Care Team Manager is responsible for managing the coordination of care between PCPs and specialists.
3. Members' obstetricians (OBs) are responsible for conducting at least one maternal mental health screening during pregnancy. OBs and/or PCPs are responsible for at least one additional screening during the first six weeks of the postpartum period and additional screenings if determined to be medically necessary and clinically appropriate in the judgment of the treating provider. If indicated by screening, OBs and PCPs are responsible for referring Members to in-network licensed mental health providers for non-specialty mental health services (NSMHS) or the Los Angeles County Department of Mental Health for specialty mental health services (SMHS) as appropriate.
4. Specialist Providers screen all pregnant enrollees receiving prenatal care for the Hepatitis B surface antigen (HBsAg) during the first prenatal visit.
 - a. Providers perform a second HBsAg test between twenty-eight (28) and thirty-two (32) weeks of pregnancy for all pregnant Members who tested negative at the first (1st) prenatal visit and are considered high-risk for Hepatitis B infection. This test shall be performed at the same time other routine prenatal screenings are ordered.
5. The Plan ensures that the general standards of prenatal/perinatal care are met, informed by the guidelines of the ACOG. In addition, the Plan has developed specific interventions to enhance adherence and promote positive outcomes. These include:
 - a. Enrollment into Intensive Case Management through the gestational period, with weekly updates and review by the Plan's Medical Director.
 - b. Assistance with scheduling and coordination of prenatal visits at least every four (4) weeks until week thirty-two (32), every two (2) weeks until week thirty-six (36), and every week thereafter until delivery, unless the Member's condition requires more frequent visits.
 - c. Outreach to those Members who fail to keep their prenatal appointments as soon as possible.

- d. Assistance to Members in making delivery arrangements and selecting a PCP for the newborn, if necessary.
 - e. Screening of all pregnant Members for tobacco use and coverage of smoking cessation counseling and treatment.
 - f. Referrals for nutritional assessment/counseling. PHC ensures that its Providers supply nutritional assessment and counseling to all pregnant Members. This includes:
 - i. Reinforcing that breast feeding is contraindicated in this population; however, prescribed breast milk substitutes may be used.
 - ii. Offering a mid-level nutrition assessment.
 - iii. Providing individualized diet counseling and a nutrition care plan by a public health nutritionist, a nurse or physician following the nutrition assessment.
 - iv. Documentation of the nutrition care plan in the Medical Record by the person providing counseling.
6. The Plan develops and uses generally accepted and approved protocols for high-risk deliveries.
- a. The Plan requires Providers to document preterm delivery risk assessments in the enrollee's medical record by week twenty-eight (28).
 - b. Since the Member's pregnancy is high risk, the Plan ensures that the Provider's obstetrical care during labor and delivery includes preparation by all attendants for symptomatic evaluation as the Member progresses through the final stages of labor and immediate postpartum care.
7. The Plan ensures that infants born to HBsAg-positive Members receive Hepatitis B Immune Globulin (HBIG) and the Hepatitis B vaccine once they are physiologically stable, preferably within twelve (12) hours of birth, and complete the Hepatitis B vaccine series according to the recommended vaccine schedule established by the Recommended Childhood Immunization Schedule for the U.S.
8. Specialist providers are responsible for Members' postpartum care, including:
- a. Postpartum examination for the Member within six (6) weeks after delivery.
 - b. Voluntary family planning, including a discussion of all methods of contraception, as appropriate.

Monitoring:

The Utilization Department reviews, updates as needed and seeks approval from the Utilization Management Committee annually.

Definitions:

- 1. "Donor" means an individual, living or deceased, from whom tissue is removed.



2. “Tissue” means a human cell, group of cells, including the cornea, sclera, or vitreous humor and other segments of, or the whole eye, bones, skin, arteries, sperm, oocytes, embryos, blood, other fluids, and any other portion of a human body, but shall not include an organ when recovered for transplantation or research purposes.
3. “Tissue bank” means a place, establishment, or institution that collects, processes, stores, or distributes tissue for transplantation into human beings.

References:

1. U.S. Department of Health & Human Services, Public Health Service Task Force Report entitled Recommendations for the Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States.
2. ACOG Women & HIV
3. ACOG Guidelines for Perinatal Care, Seventh Edition – Chapter 10. HIV Infection in Pregnancy
4. ACOG FAQ113 Pregnancy
5. DHCS OR Contract #23-30211, Exhibit A, Attachment III, Section 5.3.6, Pregnant and Postpartum Members
6. DHCS APL 18-022, Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services
7. DMHC APL 24-023, Newly Enacted Statutes Impact Health Plans (2024 Legislative Session), published December 20, 2024.
8. California Health and Safety Code Section 1367.24 and 1367.625
9. California Health and Safety Code Section 1635
10. PHC-CA Policy and Procedure CM 42, Mental Health Services.

Regulatory Agency Approval(s):

Date	Version	Agency/Purpose	Purpose	Response
10/18/2023	54.3	Department of Health Care Services (DHCS)	2024 Operational Readiness R.0201	Approved
TBD	54.4	Department of Managed Health Care (DMHC)	Filing No. 20251258 (APL 24-023)	Pending
12/18/2025	54.4	DHCS	MCOD Portal Item D.0330.23 AIR1	Approved

