

Pregnancy Hot Topics and Resources



Thank you for being a valued provider for members in one or more of our health plans: Health Partners Plans Medicaid, Health Partners Plans CHIP, Jefferson Health Plans Medicare Advantage, and/or Jefferson Health Plans Individual and Family Plans.

Through our Baby Partners program, we provide support for your patients throughout pregnancy and postpartum. Our care coordination team is here to support your patient's health care needs by helping them manage their care. Encourage members to visit HPPlans.com/BabyPartners to learn more.

This guide offers additional information and resources that may be helpful in supporting your patients, our members, in achieving a healthy pregnancy, delivery and postpartum care.



Prenatal and Delivery Care

Hepatitis C Screening in Pregnancy

The Centers for Disease Control and Prevention (CDC) recommends that prenatal care providers test all pregnant patients for hepatitis C during each pregnancy in the first trimester. Identifying hepatitis C in pregnant people allows them to access treatment and identifies at-risk infants in need of testing and ongoing monitoring, as needed.

Rates of Hepatitis C Virus (HCV) infection nearly doubled during 2009–2014 among people with live births. HCV positive mothers transmit their infection to their baby in 5.8% of pregnancies; the risk of transmission is higher if the mother is also HIV positive.

HCV-infected pregnant persons should be linked to care so that antiviral treatment can be initiated at the appropriate time. Over 90 percent of people infected with HCV can be cured with 8-12 weeks of oral therapy. Without treatment, approximately 15-20% of people living with chronic HCV infection will develop progressive liver fibrosis and cirrhosis.

Hepatitis C curative treatment is not currently approved for use during pregnancy; however, once the mother has given birth and completed breastfeeding, it is safe to begin this treatment.

Children born to HCV-infected mothers should be tested for HCV; HCV RNA testing can occur as early as 2 months of age, whereas testing for HCV antibodies (anti-HCV) should not occur before 18 months of age because antibodies to HCV from the mother might last until this age. Furthermore, treatment is approved for children beginning at 3 years of age.

Some helpful references are linked below:

https://archive.cdc.gov/www_cdc_gov/knowmorehepatitis/hcp/Test-For-HepC-During-Pregnancy.htm#:~:text=Identifying%20hepatitis%20C%20in%20pregnant,and%20ongoing%20monitoring%2C%20as%20needed.

<https://www.hcvguidelines.org/unique-populations/pregnancy>

<https://www.acog.org/news/news-articles/2023/08/call-to-action-routine-hepatitis-c-screening-in-pregnancy>.

Monitoring for Gestational Hypertension

Blood pressure cuffs can be sent to members when ordered by their OB Provider. The purpose is to encourage the use of self-monitoring for blood pressure in conjunction with outpatient and/or telehealth visits.

Please note, any pregnant member is eligible to receive blood pressure equipment when ordered by a provider. Members who develop gestational hypertension may receive blood pressure equipment before they are discharged from their inpatient stay. No authorization is required.

The Blood Pressure Cuff Referral Form can be found at [HPPlans.com/forms](https://www.hpplans.com/forms).

Racial Disparities in Gestational Hypertension

Racial disparities contribute to maternal morbidity in the United States. Pregnant US women from minority groups have higher stroke risk during delivery admissions, compared with non-Hispanic whites. The effect of race/ethnicity is greater in women with chronic hypertension or pregnancy-induced hypertension. Targeting blood pressure management in pregnancy may help reduce maternal stroke risk in minority populations.¹

¹ "Maternity Race/Ethnicity, Hypertension, and Risk for Stroke During Delivery Admission," *Journal of the American Heart Association*, January 24, 2020, <https://www.ahajournals.org/doi/10.1161/JAHA.119.014775>.

Smoking During Pregnancy

Smoking during pregnancy increases the risk for pregnancy complications and tobacco smoke harms babies before and after they are born. The PA Quitline's Pregnancy and Postpartum Program can help pregnant women quit smoking. Patients receive coaching during and after their pregnancy. Encourage patients to call **1-800-784-8669** to learn more.

PA Free Quitline: 1-800-QUIT-NOW (784-8669) or 1-855-DÉJELO-YA (335-3569)

Substance Use Disorder (SUD)/Opioid Use Disorder (OUD)

Pregnancy can be a powerful motivator for women with SUD/OUD to consider entering a recovery program. ACOG recommends that all pregnant women be screened for SUD/ OUD during pregnancy. Pennsylvania has a strong network of OUD Centers of Excellence (COEs)

to which women can be referred for treatment. Baby Partners can help you in the referral process. Call Baby Partners at **215-967-4690** or call the Baby Partners care coordinator assigned to the member. The care coordinator's contact information appears on the letter sent when the member enrolls in Baby Partners.

Comprehensive Doula Support Services

We offer professional doula support to pregnant individuals, their partners, and families during pregnancy, labor, delivery, and postpartum recovery. A doula is a trained professional providing non-clinical emotional, physical, and educational support tailored to each stage of the journey.

Doula-supported births have been shown to enhance overall satisfaction with the birth experience and lead to better health outcomes, including higher rates of vaginal births, reduced use of pain medication, shorter labor, increased breastfeeding success, and lower risk of perinatal mood and anxiety disorders.

Doulas are certified through the state and adapt their roles to meet individual needs. They may assist with birth preparation, provide emotional and physical comfort during labor, or support families in the postpartum period with baby care and household tasks. Some doulas may also specialize in antepartum care for high-risk pregnancies or assist unique family needs.

The doula referral process is simple. Your patient's Baby Partners care coordinator can make the connection. You can email us at BabyPartners@hpplans.com, call **215-967-4690**, or reach out directly to the Baby Partners care coordinator assigned to the member.

Preventive Medicine Counseling (CPTCode 99401-FP)

CPT 99401 reported by family planning providers with the FP modifier (service provided as part of a family planning program) for genetic risk assessment counseling is payable **ONCE per lifetime**, which mirrors DHS guidelines. Counseling for contraceptive use and STD education should be included in the Evaluation and Management (E&M) code for a family planning office visit.

Perinatal Quality Collaborative

The Pennsylvania Perinatal Quality Collaborative (PA PQC) launched in April 2019, as an action arm of the Maternal Mortality Review Committee (MMRC) to address causes of pregnancy-associated deaths in Pennsylvania. Over 60 birth sites and NICUs and over 10 health plans across the Commonwealth are actively identifying perinatal processes that need to be improved and are quickly adopting best practices to achieve the common aims. The focus areas include maternal Opioid Use Disorder (OUD), Neonatal Abstinence Syndrome (NAS), contraceptive care, maternal depression and severe hypertension. See their website: <https://www.whamglobal.org/papqc> for more details.

Postpartum

Maternity Home Visiting

We offer all new mothers and their families the option to enroll in an evidence-based/informed home visiting program. These home visits are conducted by Community Based Organization (CBO) staff with a focus on child development, parenting skills and the family's connection to resources. The visits are scheduled at the member's convenience and their preferred method with face-to-face strongly recommended.

Any pregnant or postpartum member and their newborn, up to age 18 months, may participate in the program. Some programs may provide services beyond 18 months of age. First-time parents, parents of NICU graduates, and families living with substance use, tobacco use, intimate partner violence, or serious mental illness are especially encouraged to participate.

The program is individualized, strengths-based and family-focused. Members are given information about the program during their care coordination calls with Baby Partners and are urged to enroll. Health Partners Plans partners with several programs to share data for referrals and program participation. Providers are encouraged to refer their members by contacting BabyPartners@HPPlans.com.

Breast Pumps

All members who wish to breastfeed their newborns may receive an electric breast pump starting in the third trimester. Visit HPPlans.com/breastpump for more information. The pump may be supplied by any network DME provider.

You can find an updated list of DME providers at HPPlans.com/directory. The pump may be ordered by any provider in the member's care—hospitalist, obstetrician, pediatrician, PCP etc. Remember that DHS requires that the prescription for the equipment be signed by a provider.

For information about WIC services for breastfeeding and non-breastfeeding mothers: <https://www.fns.usda.gov/wic>.



Food Resources:

Medically Tailored Meals

In partnership with MANNA, Health Partners Plans Medicaid members are offered medically tailored meal deliveries for up to 12 weeks with the option to renew for another 6 weeks based on your patient's needs.

If you have high-risk pregnant patients with any of these diagnoses: hyperemesis gravidarum, gestational diabetes, preeclampsia or gestational hypertension, submit a referral for MANNA to our Baby Partners team. MANNA will ensure that the family is taken care of as well.

To refer a Health Partners Plans Medicaid member into this program, please access our MANNA referral form at HPPlans.com/MANNA. Complete the form and email it to clinicalconnections@hpplans.com. We will assign the member for case management in our Baby Partners program

and send the referral form to MANNA for meal services. We will also provide you with an acknowledgement letter about the referral and the assigned case manager. If there is a specific patient you would like to discuss, please contact our Clinical Programs team at **215-845-4797**.

Food Insecurity Needs

As a reminder, if you have any patients experiencing food insecurity, we are also partnered with Find Help, an online directory of local resources and support organizations to help connect members with resources they need including housing, food, transportation and more. Visit hpp.findhelp.com to search for free and reduced-cost services, including local emergency food, food delivery, food pantries, meals, government food benefits and nutrition education.

Additional Resources

Postpartum Depression and Perinatal Mood And Anxiety Disorders

The Centers for Disease Control and Prevention (CDC) estimates that about one in eight women experience symptoms of postpartum depression.² ACOG recommends that all pregnant women be screened at least once during the pregnancy and again postpartum.

To support your efforts, the Baby Partners team will refer to behavioral health treatment, the OB or community resources if the member identifies as positive for depression during our member interactions. Providers should report their screening and referral efforts on the ONAF.

² "Depression During and After Pregnancy", *Centers for Disease Control and Prevention*, April 29, 2022, <https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html>.

What Are LARCs and Who Should Use Them?

Long-acting reversible contraception (LARC) is a form of birth control that has become widely used to provide long-term pregnancy prevention. Depending on the product, LARCs can provide protection against pregnancy for 3-10 years. LARCs can come in two forms – ones that can directly be inserted in to the uterus and ones that can be implanted into the arm. According

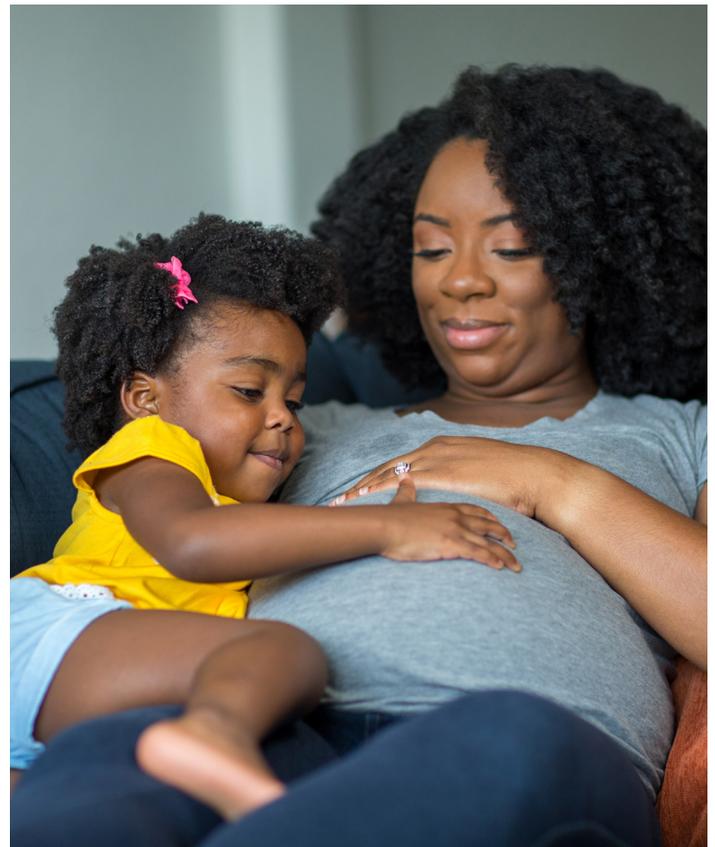
to American College of Obstetricians and Gynecologists, LARC methods are 20 times more effective than birth control pills, the patch, or the ring, however both the IUD and the implant do not protect against sexually transmitted infections and human immunodeficiency virus (HIV).

Health Partners Plans Medicaid covers the following LARC options through the Pharmacy benefit.

- Kyleena System
- Liletta System
- Mirena System
- Paragard T 380-A IUD
- Skyla System
- Nexplanon

For a complete list of contraceptives covered, please refer to the Health Partners Plans formulary: <https://www.healthpartnersplans.com/providers/resources/formulary>.

We collaborate with Stellar Rx™ to provide point of care dispensing of family planning medications. In addition, we now cover point of care dispensing of LARCs and other contraceptives through the Stellar Rx™ XpeDose system. If you would like more information on placing a XpeDose system in your office, or would like a demo, please contact the Stellar Rx™ Pharmacy Team (**610-910-9580**, option **1**).





Resources

Baby Partners Program: HPPlans.com/BabyPartners

Fitness Membership: HPPlans.com/fitness

Pharmacy Formulary: HPPlans.com/formulary

PA Free Quitline: 1-800-QUIT-NOW (784-8669) or 1-855-DÉJELO-YA (335-3569)

988 Suicide & Crisis Lifeline: Call or text **988** or chat 988lifeline.org

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