

Pregnancy Management

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NS-I

9000001 Pregnant women that had HIV testing.

Numerous studies have demonstrated the efficacy of HIV antiretroviral medication in reducing the rate of transmission of HIV from an HIV-infected woman to her infant (1-4). HIV antiretroviral medications administered during pregnancy are considered the most effective means to prevent maternal-fetal HIV transmission. Since antiretroviral therapy can reduce maternal-fetal HIV transmission, it is critical that HIV-infected women be identified as soon as possible during their pregnancy. This is the basis for the recommendation that all pregnant women be tested for HIV-infection as part of routine prenatal care (1-5).

This measure reports compliance to HIV testing during pregnancy; if the HIV test is absent, then the exclusion criteria (diagnosis of HIV/AIDS) is applied.

This measure is endorsed by the National Quality Forum (NQF).

1. Working Group on Antiretroviral Therapy and Medical Management of HIV-Infected Children. *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection*. February 23, 2009; pp 1-139. Available at <http://aidsinfo.nih.gov/ContentFiles/PediatricGuidelines.pdf>. Accessed June 10, 2009.
2. DHHS Panel on Guidelines for the use of Antiretroviral Agents in HIV-infected Adults and Adolescents. (November 3, 2008). Available from AIDSinfo Web site: <http://aidsinfo.nih.gov/> Accessed June 10, 2009.
3. U.S. Preventive Services Task Force. *Screening for HIV: Recommendation Statement*. Issued July 2005, amended April 2, 2007. AHRQ Publication No. 07-0597-EF-2. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf05/hiv/hivrs.htm>. Accessed June 10, 2009.
4. Conner EM, Sperling RS, Gelber R, et al. *Reduction of maternal-infant transmission of HIV-1 with zidovudine treatment*. *New Engl J Med* 1994; 331(18):1173-80.
5. ACOG Committee on Obstetric Practice. *ACOG committee opinion number 304, November 2004. Prenatal and perinatal human immunodeficiency virus testing: expanded recommendations*. *Obstet Gynecol*. 2004 Nov;104(5 Pt 1):1119-24.

NS-I

9000008 Pregnant women that had HBsAg testing.

The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit (1). This is a grade A* recommendation from the USPSTF. In addition, the American College of Obstetricians and Gynecologists (ACOG) recommend screening all pregnant women for HBV infection (2).

The USPSTF found good evidence that universal prenatal screening for HBV infection using HBsAg substantially reduces prenatal transmission of HBV and the subsequent development of chronic HBV infection (1). The current practice of vaccinating all infants against HBV infection and postexposure prophylaxis with hepatitis B immune globulin administered at birth to infants of HBV-infected mothers substantially reduces the risk for acquiring HBV infection.

This measure reports compliance to hepatitis B surface antigen (HBSAg) testing during pregnancy; if the HBSAg test is absent, then the exclusion criteria (diagnosis of hepatitis B infection) is applied. This measure is endorsed by the National Quality Forum (NQF).

* The U.S. Preventive Services Task Force (USPSTF) grades its recommendations according to one of five classifications (A, B, C, D, I) reflecting the strength of evidence and magnitude of net benefit (benefits minus harms).

A: The USPSTF strongly recommends that clinicians provide [the service] to eligible patients. The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.

B: The USPSTF recommends that clinicians provide [this service] to eligible patients. The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.

C: The USPSTF makes no recommendation for or against routine provision of [the service]. The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.

D: The USPSTF recommends against routinely providing [the service] to asymptomatic patients. The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.

I: The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. Evidence that the [service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.

1. *U.S. Preventive Services Task Force. Screening for Hepatitis B Infection: Recommendation Statement. February 2004. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/3rduspstf/hepbscr/hepbrs.htm>. Accessed June 10, 2009.*
2. *American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care, 5th ed. Elk Grove Village (IL): AAP; Washington, DC: ACOG; 2002.*

NS-I

9000006

Pregnant women that had syphilis screening.

The USPSTF strongly recommends that clinicians screen all pregnant women for syphilis infection (1). This is a grade A* recommendation from the USPSTF. In addition, the American College of Obstetricians and Gynecologists (ACOG) recommend screening all pregnant women for syphilis infection (2).

The USPSTF found observational evidence that the universal screening of pregnant women decreases the proportion of infants with clinical manifestations of syphilis infection and those with positive serologies (1). The USPSTF concludes that the benefits of screening all pregnant women for syphilis infection substantially outweigh potential harms.

This measure reports compliance to syphilis infection testing during pregnancy. This measure is endorsed by the National Quality Forum (NQF).

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A: The USPSTF strongly recommends that clinicians provide [the service] to eligible patients. The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.

B: The USPSTF recommends that clinicians provide [this service] to eligible patients. The USPSTF found

at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.

C: The USPSTF makes no recommendation for or against routine provision of [the service]. The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.

D: The USPSTF recommends against routinely providing [the service] to asymptomatic patients. The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.

I: The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. Evidence that the [service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.

1. *Screening for Syphilis Infection, Topic Page. July 2004. U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf/uspssyph.htm>. Accessed June 10, 2009.*
2. *American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care, 5th ed. Elk Grove Village (IL): AAP; Washington, DC: ACOG; 2002.*

Care Pattern

CP-I

9000003 Pregnant women less than 25 years of age that had chlamydia screening.

9000004 Pregnant women that had hemoglobin testing.

9000010 Pregnant women that received rubella immunity screening.

The American College of Obstetricians and Gynecologists (ACOG) currently recommends several prenatal screening tests for all pregnant women (1, 2):

1. Chlamydia screening (women less than 25 years of age) (2)
2. Hemoglobin
3. Rubella immunity

1. *American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care, 5th ed. Elk Grove Village (IL): AAP; Washington, DC: ACOG; 2002.*
2. *Screening for Chlamydial Infection, Topic Page. June 2007. U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf/uspsschl.htm>. Accessed June 10, 2009.*
3. *Technical Specifications for AMA Physician Consortium for Physician Improvement™ measures endorsed by the National Quality Forum. Provided by: the American Medical Association (AMA) [online] 2005 [cited June 10, 2009]. URL: http://www.ama-assn.org/ama/pub/upload/mm/370/nqf_hb.pdf*