

DEPARTMENT OF VETERAN AFFAIRS (VA)
SALT LAKE CITY HEALTH CARE SYSTEM
Salt Lake City, Utah

MEMORANDUM 11.82

9/5/2018

OBSTETRIC CARE FOR WOMEN VETERANS POLICY

1. PURPOSE:

To establish policy for providing comprehensive obstetric care to women Veterans through the VA Salt Lake City Health Care System (VASLCHCS).

2. POLICIES:

a. It is the policy of the VASLCHCS to provide comprehensive health care for all eligible women Veterans. Women Veterans will have access to obstetric care, no matter what distance their physical address lies from the Salt Lake City VA Medical Center (SLCVAMC). Women veterans will be given sufficient privacy during the administration of this care.

b. The VASLCHCS will have an active Women Veterans Committee to address all issues related to meeting the special needs of women veterans. This committee will include representation from Volunteer Resources, Women's Clinic, Emergency Care Unit (ECU), Nursing, Psychology, Patient Financial Services, Social Work, Utilization and Quality Management, Facilities Management, and other Services as indicated.

c. The VASLCHCS has a Women Veterans Program Manager (WVPM) who reports to the Facility Director. The WVPM is responsible for chairing the Women Veterans Committee and other duties as outlined in the position description.

3. PROCEDURES:

a. Women veterans who apply for medical benefits and are determined eligible will be afforded comprehensive obstetric services through VASLCHCS.

b. Obstetric services will be delivered by a SLCVAMC Women's Clinic obstetrics physician or by a non-VA obstetrics physician through partnership with a private or community group. Eligibility for non-VA obstetric services will be determined by the location of the Veteran's physical address lying more than 50 miles from the SLCVAMC and will be funded under the Non-VA Services program.

c. Upon presentation to the SLCVAMC or Community Based Outreach Clinics (CBOC), the examining clinician will confirm the pregnancy by performing a pregnancy test. This is not necessary if the patient has confirmed the pregnancy with an outside physician and records are available, or if the patient is more than 20 weeks pregnant. Clinical staff privileged to perform

pregnancy tests on women Veteran patients include physicians, residents, nurse practitioners, physician assistants, and nursing staff. Proficiency will be monitored through the lab.

d. If the woman Veteran is transferring care from another provider, previous medical records are to be collected and forwarded to the SLCVAMC.

e. For women Veteran patients who live *within* 50 miles of SLCVAMC, the following outlines routine pregnancy care:

1) A consult will be entered under Women's OB-For patients who live within 50 miles of the SLC VA will be placed by the nursing staff or primary care physician. The patient will be seen by the obstetric physician at the SLCVAMC.

2) Once the consult is received, patient will be contacted for initial nursing visit by the Women's Clinic OB Case Manager.

3) Viability or dating ultrasound ordered if indicated.

4) Routine blood tests throughout pregnancy.

5) Initial visit with obstetric physician.

6) Opportunity for genetic counseling and screening for selected genetic conditions and birth defects.

7) Mental health and/or social work: Depression screening, IPV screening, and substance use screening at initial visit, 28-week, and postpartum visit.

8) Educational material and prenatal visits on the following schedule:

Weeks 8 – 32 (visits every 4 weeks)

Weeks 32 – 36 (visits every 2 weeks)

Weeks 36 – Delivery (weekly visits).

9) Anatomy ultrasound between 20 - 22 weeks.

10) Inpatient care and delivery at the University of Utah Hospital.

11) Newborn health care for the first 7 days of life following delivery.

12) Postpartum contraception, including tubal ligation or other forms of permanent sterilization.

13) Postpartum visit (approx. 6 weeks following delivery).

- f. For women Veteran patients who live *more than* 50 miles from the SLCVAMC:
- 1) A consult *Women's Program, OB consult for patients who live greater than 50 miles*. Make sure to include a patient's last menstrual period and an estimated date of conception (EDC) so the Women's Clinic OB Nurse Case Manager can determine when the patient needs to establish care.
 - 2) Please enter a Telehealth consult found under *Women's Program, Obstetrics, Telehealth consult*. This is a one-time OB telehealth visit to ensure patients are taking prenatal vitamins, review medical problems and medications, and provide early pregnancy counseling.
 - 3) Initial visit with Women's Clinic OB Case manager by phone.
 - 4) Tele-Health visit with SLCVAMC Women's Clinic obstetrics physician
 - 5) Care and records transferred to the patient's maternity care provider of choice. ROI is also filled out by patient for the VA to obtain prenatal and delivery records from chosen provider.
 - 6) Outside OB provider of choice may order prescriptions to be filled through the VA.
 - 7) OB Case manager continues to be available for billing questions.
- g. OB case manager maintains secure obstetric database.
- h. Patient is eligible for Pregnancy-related education and tools such as: childbirth preparation classes, parenting classes, nutrition counseling, breastfeeding support and lactation classes, abdominal binder, 3 nursing bras and a breast pump. Breast pads and lanolin cream are available through the pharmacy.
- i. Veteran must have a follow-up appointment scheduled with their VA provider within 3 months of giving birth.
- j. Quality assurance activities will be conducted in accordance with Women Veterans Program QA Plans. Quality assurance activities will be supported by the Information Technology Center and provide the data for assessment on a quarterly basis to ensure appropriateness of care. Quality assurance activities will be reported to the WVPM and reviewed in the Women Veterans Advisory Committee. Recommendations will be forwarded to the Manager, Primary Care Clinical Services regarding corrective action and follow-up for non-compliance.

4. REFERENCES:

VHA Directive 1105.03, Mammography Program Procedures and Standards
Public Law 102-585, Women Veteran Healthcare Act, 1992
VHA Handbook 1330.03 Maternity Health Care and Coordination
VHA Handbook 1330.02, Women Veterans Program Manager (WVPM)
VHA Handbook 1330.01, Health Care Services for Women Veterans

5. RESCISSION: Memorandum 11.82, Obstetric Care for Women Veterans, dated September 17, 2013

6. RECERTIFICATION DATE: On or before the last day of September 2021.

7. FOLLOW-UP RESPONSIBILITY: Women Veterans Program Manager (111)

Shella Stovall, MNA, RN
Director
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