

332-025-0021(2)(a)
Risk Assessment Criteria

332-025-0021(4)(a)
Risk Assessment Criteria

ANTEPARTUM ABSOLUTE RISK CRITERIA:

- Active cancer
- Cardiac disease
- Severe renal disease - active or chronic
- Severe liver disease - active or chronic
- Uncontrolled hyperthyroidism
- Chronic obstructive pulmonary disease
- Essential chronic hypertension over 140/90
- Pre-eclampsia / eclampsia
- Acute or chronic thrombophlebitis
- Current substance abuse known to cause adverse effects
- Incomplete spontaneous abortion
- Hemoglobin under 9 at term
- Placental abruption
- Placenta previa at onset of labor
- Persistent severe abnormal quantity of amniotic fluid
- Blood coagulation defect
- Amnionitis; ectopic pregnancy
- Pregnancy lasting longer than 43 weeks gestation (21 days past the due date)
- Pregnancy lasting longer than 42 weeks (14 days past the due date) with an abnormal non-stress test
- Any pregnancy with abnormal fetal surveillance tests
- Rupture of membranes for greater than 72 hours before the onset of labor with chorioamnionitis
- Secondary herpes that cannot be covered at the onset of labor
- HIV positive status with AIDS
- Higher order multiples (3 or more).

MATERNAL ANTEPARTUM NON-ABSOLUTE RISK CRITERIA:

- Conditions requiring on-going medical supervision or on-going use of medications
- Significant glucose intolerance
- Inappropriate fetal size for gestation
- Significant 2nd or 3rd trimester bleeding
- Abnormal fetal cardiac rate or rhythm, or decrease of movement
- Uterine anomaly
- Anemia (hematocrit less than 30 or hemoglobin less than 10 at term)
- Seizure disorder requiring prescriptive medication
- Platelet count less than 75,000
- Previous uterine incision other than low transverse cesarean and/or myomectomy with review of surgical records and/or subsequent birth history
- Isoimmunization to blood factors
- Psychiatric disorders
- History of thrombophlebitis and hemoglobinopathies
- Twin gestation
- Malpresentation at term

332-025-0021(2)(d)
Risk Assessment Criteria

INFANT ABSOLUTE RISK CRITERIA:

- Apgar less than 7 at 10 minutes of age
- Respiration rate greater than 80 within the first 2 hours postpartum, and greater than 60 thereafter, accompanied by any of the following lasting more than one hour without improvement
- Nasal flaring, grunting, or retraction
- Cardiac irregularities, heart rate less than 80 or greater than 160 (at rest) without improvement, or any other abnormal or questionable cardiac findings
- Seizures
- Evidence of infectious process
- Apnea
- Central cyanosis
- Large or distended abdomen
- Any condition requiring more than 12 hours of observation postbirth
- Gestational age under 35 weeks
- Persistent poor suck, hypotonia or a weak or high pitched cry
- Persistent projectile vomiting or emesis of fresh blood
- Any infant with active AIDS
- Signs and symptoms of infection in the newborn

332-025-0021(4)(d)
Risk Assessment Criteria

INFANT NON-ABSOLUTE RISK CRITERIA:

- Apgar less than 7 at 5 minutes without improvement
- Weight less than 2270 grams (5 lbs.)
- Jitteriness
- Failure to void within 24 hours or stool within 48 hours from birth
- Maternal substance abuse identified intrapartum or postpartum
- Excessive pallor, ruddiness, or jaundice at birth
- Any generalized rash at birth
- Birth injury such as facial or brachial palsy, suspected fracture or severe bruising
- Baby with signs and symptoms of hypoglycemia
- Weight decrease in excess of 10% of birth weight
- Maternal-infant interaction problems
- Direct Coomb's positive cord blood
- Infant born to HIV positive mother
- Major congenital anomaly
- Gestational age of 35-36 weeks
- Inability to maintain axillary temperature between 97-100 degrees Fahrenheit

332-025-0021(2)(c)
Risk Assessment Criteria

332-025-0021(4)(c)
Risk Assessment Criteria

**MATERNAL POSTPARTUM
ABSOLUTE RISK CRITERIA:**

- Retained placenta with suspected placenta accrete
- Retained placenta with abnormal or significant bleeding
- Laceration requiring hospital repair
- Uncontrolled postpartum bleeding
- Increasingly painful or enlarging hematoma
- Development of pre-eclampsia
- Signs or symptoms of shock unresponsive to treatment

**MATERNAL POSTPARTUM NON-
ABSOLUTE RISK CRITERIA:**

- Infectious process
- Any condition requiring more than 12 hours of postpartum observation
- Retained placenta greater than 3 hours

332-025-0021(2)(b)
Risk Assessment Criteria

**INTRAPARTUM ABSOLUTE RISK
CRITERIA:**

- Documented IUGR at term
- Suspected uterine rupture
- Active herpes lesion in an unprotectable area
- Prolapsed cord or cord presentation
- Suspected complete or partial placental abruption
- Suspected placental previa
- Suspected chorioamnionitis
- Pre-eclampsia / eclampsia
- Thick meconium stained amniotic fluid without reassuring fetal heart tones and birth is not imminent
- Evidence of fetal distress or abnormal fetal heart rate pattern unresponsive to treatment or inability to auscultate fetal heart tones
- Excessive vomiting, dehydration, acidosis or exhaustion unresponsive to treatment
- Blood pressure greater than or equal to 150/100 which persists or rises, and birth is not imminent
- Maternal exhaustion
- Fetal distress
- Labor or PROM less than 35 weeks according to due date
- Current substance abuse

332-025-0021(4)(b)
Risk Assessment Criteria

**INTRAPARTUM NON-ABSOLUTE RISK
CRITERIA:**

- No prenatal care or unavailable records
- Maternal exhaustion unresponsive to treatment
- History of substance abuse during this pregnancy
- Malpresentation unless birth is imminent
- Persistent unexplained fever \geq 101 degrees Fahrenheit (38 degrees Centigrade) taken orally
- Labor or PROM 35-36 weeks according to due date