

Guidance document for processing PM-JAY packages

Macdonald & Shirodhkar Stitch (Cervical Cerclage)

Procedure count/ Procedures covered: 2

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
McDonald's stitch	McDonald's stitch	S400048	SO050A	4,000
Shirodkar's stitch	Shirodkar stitch	S400049	SO051A	4,000

ALOS: 1 day

Minimum qualification of the treating doctor:

Essential: MS/ MD/ DNB/ DGO or equivalent (Obstetrics & Gynecology)

Special empanelment criteria/linkage to empanelment module:

Facilities with well-equipped operation theatre, anesthesia and anesthetist availability

Disclaimer:

For monitoring and administering the claim management process of **Macdonald Stitch and Shirodhkar Stitch (Cervical Cerclage)** NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Indications for cervical cerclage

1. History of mid-trimester spontaneous previous abortion (from 16 weeks of pregnancy onwards): painless cervical dilatation and escape of amniotic fluid followed by painless expulsion of the products of conception
2. Present pregnancy:
 - i. Transvaginal ultrasound scan carried out between 16 and 24 weeks of pregnancy that show a cervical length of 25 mm or less.
 - ii. During antenatal examination, dilated cervix and exposed, unruptured fetal membranes between 16 and 28 weeks of pregnancy
3. Examination findings during non-pregnant state:
 - a. Bimanual examination reveal presence of unilateral or bilateral cervical tear
 - b. Passage number 6–8 Hegar dilator beyond the internal os without any resistance
 - c. Postmenstrual hystercervicography shows funnel-shaped shadow.

Contraindications for cervical cerclage:

- a. Scan showing congenital anomaly in the foetus
- b. Intrauterine infection
- c. Ruptured membranes
- d. Presence of vaginal bleeding
- e. Severe uterine irritability indicated by periodic uterine contractions
- f. Cervical dilatation > 4 cm.

1.3 STANDARD TREATMENT WORKFLOW- For clinicians/ treating doctor

Timing of cerclage procedure:

- *Prophylactic cerclage*: done around 14 weeks of pregnancy or at least 2 weeks earlier than the lowest period of previous pregnancy loss.
- *Elective cerclage* done when the cervix is dilated and there is bulging of the membranes.

History	Examination	Investigations
<ul style="list-style-type: none"> • Period of amenorrhea • History of previous pregnancy loss and its details: <ul style="list-style-type: none"> ○ At what gestation ○ What were the presenting symptoms? • Significant suggestive findings before this pregnancy (as 	<ul style="list-style-type: none"> • Check vitals • Check for pallor • Systemic examination • Per speculum examination: <ul style="list-style-type: none"> ○ to rule out leaking or bleeding ○ shortening/dilatation of cervix ○ herniation of membranes 	<ul style="list-style-type: none"> • Haemoglobin • Urine albumin, sugar • ABO-Rh • USG for cervical length, gestation period and to rule out congenital malformation •

mentioned under indications)	<ul style="list-style-type: none"> Per abdomen/vaginum examination for period of gestation and the status of the cervix 	
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Removal of stitch: The stitch should be removed at 37th week or earlier if labor pain starts or features of abortion appear.

1.4 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Cervical Cerclage
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, indications & examination findings	Yes
Investigations such as USG report (if available)	Yes
Antenatal record of current pregnancy, if available	Yes
ii. At the time of claim submission	
Indoor case papers	Yes
Investigation reports including detailed USG scan	Yes
Detailed procedural / operative notes	Yes
Detailed discharge summary, including advice on getting the cerclage removal at 37 th week	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 Objective: To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:

I. Is a USG scan available ruling out congenital malformation in the foetus? Yes

II. Are there any signs of bleeding per vaginum? No



PART IV: GUIDELINES FOR AUDITOR

- i. Proportion of Cerclage done in the hospital to the number of Deliveries performed in the hospital?
- ii. Proportion of Cerclage done in the hospital to the number of high-risk pregnancies delivered in the hospital?

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References:

1. RCOG: NICE (National Institute for Health & Care Excellence) Guidelines on Preterm Labour & Birth, 2015, Amended 2019, UK.
<https://www.rcog.org.uk/search-results/?q=preterm%20labour%20nice>
2. Dutta (2015). Haemorrhage in Early Pregnancy. Textbook of Obstetrics including Perinatology & Contraception, (197-202)