



ADMINISTRATIVE RULES OF MONTANA

24.159.1477 CIRCUMSTANCES CONSTITUTING A LOW RISK OF ADVERSE HOMEBIRTH OUTCOMES

- (1) A low risk of adverse birth outcomes indicates a clinical scenario for which there is not clear demonstrable benefit for a medical intervention or transfer to a physician's care.
- (2) Consultation with a physician does not preclude a low risk of adverse birth outcomes.
- (3) Preexisting arrangements for emergency transportation to a nearby hospital if needed do not preclude a low risk of adverse birth outcomes.
- (4) The following conditions preclude a low risk of adverse birth outcomes.

(a) Pre-existing conditions (not gynecological):

- (i) subarachnoid hemorrhage, aneurysm;
- (ii) recent or acute herniated nucleus pulposus;
- (iii) active tuberculosis or ongoing treatment;
- (iv) human immunodeficiency virus, acquired immunodeficiency syndrome, hepatitis B or hepatitis C;
- (v) heart defect with hemodynamic consequences;
- (vi) clotting disorders;
- (vii) kidney dysfunction;
- (viii) hypertension;
- (ix) diabetes mellitus;
- (x) unmedicated thyroid disorders with present TSH receptor antibodies;
- (xi) inflammatory bowel disease, including ulcerative colitis and Crohn's disease;
- (xii) systemic and rare disorders, including Addison's disease, Cushing's syndrome, systemic lupus erythematosus, antiphospholipid syndrome, scleroderma, rheumatoid arthritis, polyarteritis nodosa, Raynaud's disease, and Marfan syndrome;
- (xiii) illegal drug use; or
- (xiv) alcoholism.

(b) Pre-existing gynecological conditions:

(i) pelvic floor reconstruction;

(ii) conization;

(iii) myomectomy or other uterine surgery; or

(iv) uterine distortion, including bicornuate, septate, unicornuate, or didelphic conditions.

(c) Obstetric history:

(i) blood group antagonism, including Rhesus, Kell, Duffy, and Kidd glycoproteins;

(ii) previous pre-term (before 34 weeks) birth. If a normal pregnancy occurred after the premature birth, the current birth may be considered to be low risk;

(iii) cervical insufficiency or cerclage;

(iv) placental abruption;

(v) caesarean section - must transfer current pregnancy at 37 weeks if no reason for transfer prior;

(vi) dysmaturity;

(vii) uncontrolled post-partum hemorrhage;

(viii) manual placental removal;

(ix) placenta accreta; and

(x) total uterine rupture with no functional recovery; or

(xi) history of intrauterine fetal demise.

(d) Occurring or diagnosed during pregnancy:

(i) rubella;

(ii) cytomegalovirus;

(iii) genital herpes (primo infection);

(iv) parvovirus;

(v) tuberculosis;

(vi) human immunodeficiency virus or acquired immunodeficiency syndrome;

(vii) syphilis;

(viii) illegal drug use;

- (ix) alcoholism;
- (x) maternal anemia;
- (xi) extrauterine pregnancy;
- (xii) amniotic fluid loss or preterm labor before 37 weeks;
- (xiii) uncontrolled diabetes mellitus;
- (xiv) gestational diabetes mellitus;
- (xv) gestational hypertension with diastolic blood pressure above 100 or systolic blood pressure above 160;
- (xvi) preeclampsia, superimposed preeclampsia, hemolysis, or elevated liver enzymes and low platelets (HELLP) syndrome;
- (xvii) blood group antagonism;
- (xviii) deep vein thrombosis;
- (xix) clotting disorders;
- (xx) vasa previa;
- (xxi) velamentous cord insertion;
- (xxii) placenta previa;
- (xxiii) placental abruption;
- (xxiv) serotonin syndrome;
- (xxv) cervical insufficiency prior to 37 weeks of gestation;
- (xxvi) multiple pregnancy;
- (xxvii) breech or abnormal position at term; or
- (xxviii) fetal mortality; or
- (xxix) prolonged gestation > 42 weeks.

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 37-8-202, MCA

History: NEW, 2023 MAR p. 1561, Eff. 11/4/23.