Public Statement:

Home uterine monitoring has not been shown to alter the outcome of pregnancy even in high risk situations. This procedure is not covered.

Medical Policy Statement:

Home uterine activity monitoring for women at high risk of preterm birth does not alter outcome of the pregnancy when compared to standard prenatal care. This procedure is not medically necessary and is not covered.

Background:

In September 1990 the FDA gave Pre Market Approval (P890063) for a home uterine activity monitor, which was labeled for use in women with high-risk pregnancies, whose fetuses are of more than 24 weeks gestation, and who have a history of pre-term birth. Subsequently, a number of studies on the effectiveness of the device have been published.

The U.S. Preventive Services Task Force, the Agency for Healthcare Research and Quality, 2000, and the National Institute of Child Health and Human Development, 2002, have updated policy statements that continue to note that data supporting the clinical use of HUAM are inadequate. Two recently published trials are summarized below.

Brown and colleagues, 1999, reported on the results of a trial that randomized 162 women who had experienced an episode of preterm labor in the current pregnancy to undergo HUAM plus standard care or standard care alone. Therefore, this trial focuses on the use of HUAM for the tertiary prevention of preterm labor. There were no differences in outcomes between the 2 groups, including percentage of women...
delivered at less than 35 weeks’ gestation, the term delivery rate, neonatal intensive care admissions, percentage of women receiving corticosteroid treatment for prevention of neonatal complications. Iams and colleagues, 2002, assessed the frequency of uterine contractions as a predictor of the risk of spontaneous preterm delivery before 35 weeks of gestation. Therefore, this study addressed the scientific basis of HUAM. The authors obtained 34,098 hours of successful monitoring from 306 women. Although more contractions were recorded from women who delivered before 35 weeks than from women who delivered at 35 weeks or later, the authors were unable to identify a threshold frequency that effectively identified women who delivered preterm infants.

The National Institute of Child Health and Human Development Network reported analysis of HUAM recordings from 11 centers with 59 twin and 306 singleton gestations. (Newman et al 2006) Although twins had higher uterine contraction frequency than singletons, maximum contraction frequency was not predictive of spontaneous preterm birth.

References:


Collaborative Home Uterine Monitoring Study (CHUMS) Group.(1995) A multicenter


Iams JD, Newman RB, et al.(2002) Frequency of uterine contractions and the risk of
spontaneous preterm delivery. NEJM, 2002; 346:250-5.


Application to Products

This policy applies to ARBenefits. Consult ARBenefits Summary Plan Description (SPD) for additional information.

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