

PREGNANCY CARE

May a minor receive pregnancy care without parental consent?

Generally, yes.¹ See **MINORS, TREATMENT OF**.

Must a physician provide information about prenatal tests and cord blood banking to pregnant women?

Yes. Every physician must provide information regarding the use and availability of prenatal tests to pregnant women in their care.²

A physician must also provide objective and standardized information to pregnant women about:³

- The differences between, and potential risks and benefits of, public and private cord blood banking which is sufficient to allow a pregnant woman to make an informed decision before the third trimester of pregnancy regarding participation in a cord blood banking program; and
- The opportunity to donate blood and tissue extracted from the placenta and umbilical cord following delivery of a newborn child to a public cord blood bank.

Must a test for syphilis be done for pregnant women?

Yes. Every physician attending a pregnant woman must take a sample of blood during the woman's first examination and submit the sample to an approved laboratory for a standard serological test for syphilis.⁴ The test will be performed free of charge at the physician's request.⁵ See **COMMUNICABLE DISEASES** for reporting requirements of a positive syphilis test.

In addition, if a pregnant woman first presents herself for examination after the fifth month of gestation the physician must advise and urge the patient to secure a medical examination and blood test before the fifth month of any subsequent pregnancies.⁶

Must AIDS counseling be provided for pregnant women?

Yes. Every physician attending a pregnant woman must provide or ensure AIDS counseling of the patient.⁷ See **AIDS/HIV/STD** for description of AIDS counseling.

¹ *State v. Koome*, 84 Wn.2d 901 (1975).

² RCW 70.54.220(1).

³ RCW 70.24.220(2).

⁴ RCW 70.24.090.

⁵ RCW 70.24.100.

⁶ RCW 70.24.090.

⁷ RCW 70.24.095.

May a health carrier that provides coverage for maternity services dictate through managed care contracts the length of inpatient stay, or the type and location of follow-up care the mother and the newborn may receive?

No. All health carriers (including disability insurers, health care services contractors, HMOs, plans operating under the Health Care Authority, the state health insurance pool, and insuring entities) that provide coverage for maternity services must permit the attending physician or other provider, in consultation with the mother, to make decisions on length of inpatient stay and the type and location of follow-up care, rather than make such decisions through contracts or agreements between providers, hospitals and insurers. Such decisions must be based on accepted medical practice.⁸

Further, no health carrier that provides coverage for maternity services may deselect, terminate the services of, require additional documentation from, require additional utilization review of, reduce payments to, or otherwise provide financial disincentives to any attending physician or other provider ordering care consistent with these provisions.⁹

Must health care carriers allow maternity patients direct access to certain types of health care providers of their choice for maternity care services?

Yes. See WOMEN'S DIRECT ACCESS.

Are there any special requirements when providing opiate substitution treatment to pregnant women?

Yes. All approved opiate substitution treatment programs must inform pregnant clients, verbally and in writing, of up to date and accurate health education information regarding the possibility of addiction and the health risks and benefits that opiate substitution treatment may have on the baby. In addition, all pregnant clients must be advised of the risks to them and their baby associated with not initiating or remaining on the opiate substitution program. Educational information must also include referral options to address neonatal abstinence syndrome for the addicted baby.¹⁰

What are the requirements for opiate substitution treatment counseling for a pregnant woman?

A pregnant woman must receive at least one-half hour of counseling and education each month on:¹¹

- Matters relating to pregnancy and street drugs;

⁸ RCW 48.43.115(3).

⁹ RCW 48.43.115(4).

¹⁰ RCW 70.96A.090(11)(a), WAC 388-805-710(3).

¹¹ WAC 388-805-740.

- Pregnancy spacing and planning; and
- The effects of opiate substitution on the woman and fetus, when opiate substitution treatment occurs during pregnancy.