

OPQC: Decreasing births < 39 weeks gestation without medical indication and improving birth registry accuracy project

Interventions

Goal: Assure that all initiation of labor or caesarean sections on women who are not in labor occur only when obstetrically or medically indicated

Aim

In 9 months, reduce to 5% or less, the number of women in Ohio of 37.0 to 38.6 weeks gestation for whom delivery is scheduled in the absence of appropriate medical indication

Key Drivers

Awareness of risks & expected benefit of scheduled delivery prior to 39.0 weeks by patients and other consumers

Dating criteria: optimal estimation of gestational age

Hospital and physician practice policies that facilitate ACOG criteria

Awareness of risks & expected benefit of near-term delivery by clinician

Culture of safety and improvement

- Inform consumers of risk/benefits of deliveries < 39 weeks
- Communicate to patient/clinic/hospital ultrasound results
- Promote need for early dating to practitioners and consumers
- Public awareness campaign

- Promote need for early dating to practitioners and consumers
- Promote sonography < 20 weeks to establish dates
- Document criteria used to establish EDC
- Appropriate use of fetal maturity testing
- Empower nurses /schedulers to require dating criteria
- Identify a specific contact for authorization dispute re: dating
- Provide patient with hard copy results of ultrasound

- Empower nurses /schedulers to require dating criteria
- Document rationale and risk/benefit for scheduled deliveries at 37.. to 38.6 weeks gestation
- Document discussion with patient about the above
- Both patient and MD sign consent statement for scheduled delivery between 37.0 and 38.6 weeks
- Physician awareness campaign: what are the reason(s) for scheduled delivery?
- Maximize access to Delivery and OR for optimal scheduling
- Facilitate scheduling policies that respect ACOG criteria

- Prenatal caregivers receive feedback from postnatal caregivers about neonatal outcomes of scheduled deliveries
- Ensure complete and accurate handoffs OB/OB and OB/Peds
- Document discussion with patient about risk/benefits of near-term delivery
- Promote need for early dating to practitioners and consumers

- Continuous monitoring of data & discussion of this effort in staff/division meetings.
- Project outcomes posted on units and websites.
- Develop ways to include staff and physician input about communications and handoffs
- Connect with organizational initiatives on safety and use existing approaches as possible
- Empower nurses/schedulers to require data criteria

