Every Week Counts
Improving Oklahoma's Perinatal Outcomes

The Problem:

The facts on the previous page demonstrate that Oklahoma's outcomes for mothers and babies are not what they should be. The prematurity rate in Oklahoma has increased by about **20%** over the last two decades. Most of this increase was among late preterm births, those infants born at 34-36 weeks. Oklahoma has seen a rise in the late preterm birth rate of **30%** since 1990. Even infants electively delivered between 37 and 38 weeks (early term) have an increased morbidity. Recent studies indicate that changes in the management of labor and delivery care, particularly the increase in induction of labor and cesarean births, have influenced this increase in the rate of late preterm and early term births. While prematurity is a complex issue, the scheduling of elective deliveries after 39 weeks gestation is a proven and influential part of the solution.

The Solution:

Your hospital is invited to join a cost-free, statewide collaborative effort among Oklahoma birthing hospitals to eliminate non-medically indicated (elective) deliveries in women who have not yet reached 39 weeks of gestation.

The American College of Obstetrics and Gynecology has long-standing recommendations against this practice, yet recent studies indicate that elective deliveries undertaken at < 39 weeks may account for 10-15% of all births in the U.S. According to a recent survey of birthing hospitals in Oklahoma, 37% do not address gestational age when an elective induction or planned cesarean birth is scheduled. Recent studies also indicate that the first-time cesarean birth rate is rising (approximately 20% in Oklahoma). This rise is largely influenced by the rising induction rate in first-time, low-risk mothers. Early elective deliveries are associated with increased neonatal morbidities with no benefit to the mother or infant. They are also associated with a higher cost to hospitals and insurance providers.

Collaborative Work:

This Oklahoma collaborative will utilize the March of Dimes' *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age Toolkit* that includes best practice articles and protocol tools—such as checklists and flowcharts—to educate and train obstetric teams to improve processes of care and outcomes surrounding appropriate scheduling of inductions and cesarean births.

Using models based on both the Institute for Healthcare Improvement (http://www.ihi.org) for collaborative quality improvement and leveraging the March of Dimes Toolkit (http://www.cmqcc.org), participating hospitals will focus on improving practices relative to a baseline assessment, as opposed to comparing practices across participating sites. Each obstetric service unit will examine its practices and share its observations on relevant activities. At the unit level, project teams will assess their individual needs, establish priorities, and work to achieve their own individual goals. Some hospitals may already perform well in this area but are still needed to participate in the collaborative to share successful strategies and support other teams. A panel of experts in quality improvement, obstetrics, neonatology and culture change will provide substantial guidance and support during implementation. Improving practices collaboratively has been proven to be more effective than attempting to improve individually at the unit or hospital level.

Thanks to funding from the March of Dimes and the Oklahoma State Department of Health, **there is no cost to join this collaborative**. In fact, a stipend of a minimum of $1,000 is being offered to each participating hospital which meets certain requirements. Each participating hospital will also be publicly recognized for its participation.

We hope that you are able to join this collaborative. If you have any questions, please contact Barbara O'Brien at barbara-obrien@ouhsc.edu or 405-271-7777.