Eliminating Early Elective Deliveries at New Hanover Regional Medical Center

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In the fall of 2009, New Hanover Regional Medical Center (NHRMC) joined the Perinatal Quality Collaborative of North Carolina’s project to eliminate elective deliveries before 39 weeks of gestation. NHRMC’s stated aim was to decrease the proportion of births before 39 weeks of gestation that are elective to 5% or less, and to accomplish this goal by September 30, 2010. The baseline data for NHRMC indicated that 28% of deliveries that took place between 37 weeks and 38 weeks plus 6 days of gestation were not medically indicated. Most of these early elective deliveries were scheduled cesarean sections.

A 3-pronged approach was implemented to meet this aim. First, the department of obstetrics and gynecology adopted the reduction of elective deliveries to 5% as its quality goal for 2009-2010. Physicians agreed not to induce labor or schedule a cesarean section at a gestational age of less than 39 weeks without a medical indication. Hospital administrators also agreed to facilitate this goal. Second, education focusing on current evidence regarding the advantages of not delivering before 39 weeks of gestation was provided to nurses and other providers who care for pregnant women. This information was presented at department and staff meetings, sent via email, and reviewed during a visit to each obstetrics and gynecology group. Third, the process for scheduling inductions was changed. Inductions had previously been scheduled by health unit clerks, but this function was shifted to the registered nurse clinical coordinators for labor and delivery, who did not schedule any delivery requested prior to 39 weeks of gestation unless it was medically necessary. Examples of conditions that might necessitate a delivery before 39 weeks of gestation include preeclampsia, uncontrolled diabetes, intrauterine growth restriction, nonreassuring fetal tracing, placenta previa with bleeding, fetal demise, chorioamnionitis, and placental abruption. If a clinical coordinator was unsure about the medical necessity of an indication for induction, he or she could contact the manager for labor and delivery or the medical director of obstetrics.

The Obstetrics Safety Team (a multidisciplinary quality team) completed retrospective chart reviews of all scheduled deliveries between 37 weeks and 38 weeks plus 6 days of gestation to ensure that they were medically indicated. The chart was required to contain not only the indication for the delivery, but also the supporting data for the indication. For example, the chart could not simply state that oligohydramnios was the indication; it also had to include the specific amniotic fluid index level. If any patient was found to have delivered prior to 39 weeks of gestation without a medical indication, the admitting physician would be contacted; if, after review, there was no medical indication for the delivery, the provider would be counseled by the medical director of obstetrics. This personal communication between the medical director and her colleagues was essential for success.

In the department of obstetrics, results of the chart reviews were shared at all meetings of the medical staff, the nursing unit, and the Unit Practice Council. Graphs of results were posted on all units. Finally, staff members maintained a running total for the number of days that had passed since the last elective delivery. NHRMC celebrated its 1-year mark on March 24, 2012. In terms of the proportion of elective deliveries that occurred before 39 weeks of gestation, this rate was 6% in September 2010, 2% in September 2011, and 0% in September 2012.

Of course, there were challenges. Although the department voted to restrict elective deliveries before 39 weeks, not all members of the department were in attendance at that meeting. It took time to achieve buy-in from everyone. Patients admitted through the obstetric triage department did not always meet the criteria for a medically indicated delivery. Also, the criteria for accepted medical indications were initially not well defined, but this situation improved with the publication in August 2011 of an article synthesizing the available information regarding the conditions that can result in late preterm and early term births and specifying the optimal timing of delivery for specific conditions [1]. Success continues today as the department looks forward to celebrating 2 years without an elective delivery prior to 39 weeks of gestation; we hope to achieve this milestone on March 24, 2013.

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