

Every Week Counts

PLAN

1) Getting Started

- Babies born before 39 completed weeks of gestation may face increased risk of morbidity and mortality.
- In response to the rising preterm birth rate along with mounting evidence of the contribution of early, elective deliveries (EED) to late-preterm and early term births, the Oklahoma Perinatal Advisory Task Force convened a meeting in October 2009 of perinatal providers and birthing hospitals' staff, resulting in the recommendation to move forward on a statewide collaborative of Oklahoma birthing hospitals to eliminate EEDs.

2) Assemble the Team

Staff from the Oklahoma State Department of Health/Maternal and Child Health Service (OSDH/MCH), the Oklahoma Hospital Association (OHA), the OUHSC Office of Perinatal Quality Improvement (OPQI), the Oklahoma March of Dimes (MOD), and the Oklahoma Health Care Authority developed a plan.

3) Examine the Current Approach

Oklahoma babies were being routinely delivered <39 weeks in birthing hospitals placing them at higher morbidity and mortality risk.



EVERY WEEK COUNTS FORCE FIELD DIAGRAM



4) Identify Potential Solutions

- Recruit birthing hospitals to join the Every Week Counts (EWC) Collaborative, institute scheduling process changes, and deliver risk/benefits educational materials to patients.
- Receive funding to provide educational resources to participating birthing hospitals.
- Complete EED public service announcement (PSA).

5) Develop an Improvement Theory

If birthing hospitals institute a scheduling process change for their scheduled cesareans and inductions, providers distribute patient education materials, and a PSA is broadcast on the risks of scheduling a baby's birth before 39 weeks, then the percentage of elective deliveries <39 weeks will decrease.

ORIGINAL AIM: Decrease percent of < 39 weeks elective deliveries by 50% from 6% to 3% of total deliveries at participating hospitals by December 31, 2011.

DO

6) Test the Theory

- Funding from Title V Block Grant and MOD provided to OPQI and OHA to facilitate EWC. The MOD and the California Maternity Quality Care Collaborative released a free toolkit for birthing hospitals and providers.
- Recruitment letters were sent to all birthing hospitals; 52 out of 59 birthing hospitals joined EWC.
- Participating hospitals identified a team including, minimally, a physician champion, executive leader, and nursing leader. One-on-one calls were made with each team.
- Materials were sent to each team and teams submitted baseline data.
- Four learning sessions were held during 2011 and 2012.
- A 3-pronged approach was developed: birthing hospitals to institute a scheduling process change for their scheduled cesareans and inductions; OB providers to distribute MOD patient education materials; and the OSDH/MCH broadcast a PSA on the risks of scheduling a baby's birth before 39 weeks.

CHECK

7) Study the Results

- A 66% reduction in EEDs when comparing Q1 2011 with Q1 2012.
- Birth certificate data for Q1 2011 compared to Q1 2012 show a 7% increase in singleton births at 39-41 weeks and a 10% decrease in births at 36-38 weeks.

ACT

8) Standardize the Improvement or Develop New Theory

- Standardize 3-pronged approach to continue birthing hospitals' scheduling process policies, distribution of patient education materials, and PSAs to prevent EEDs.
- Continue to collect hospital data monthly. Quarterly aggregate and comparative reports are sent to each hospital EWC team.
- Analyze birth certificate data to validate results.

9) Establish Future Plans

- Target four participating hospitals identified as contributing to 65% of EEDs.
- Partner with state medical and nursing associations/ organizations to sustain efforts.

SCHEDULED C-SECTIONS AND INDUCTIONS <39 WEEKS WITHOUT A DOCUMENTED INDICATION (AS A PERCENTAGE OF TOTAL DELIVERIES)

