

Queen of the Valley Medical Center

39 Week Initiative



What was the REAL Problem?

- Physicians have a very busy schedule.
- If you induce a patient at 38 weeks she is technically still "term" and she will not show up in labor at night or on the weekend.
- In the case of repeat C/S's the situation is almost the same.
- If you schedule them at 38 weeks you can prevent having to come in off hours..

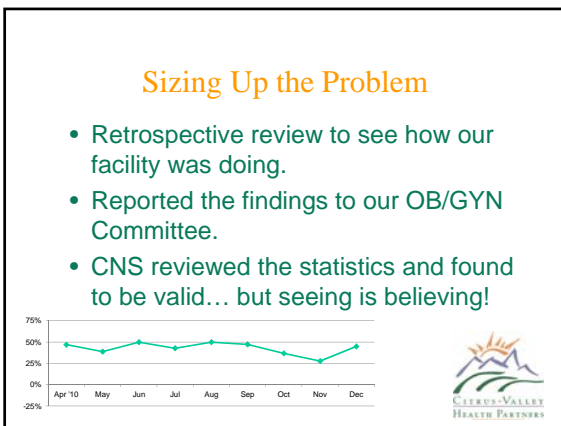


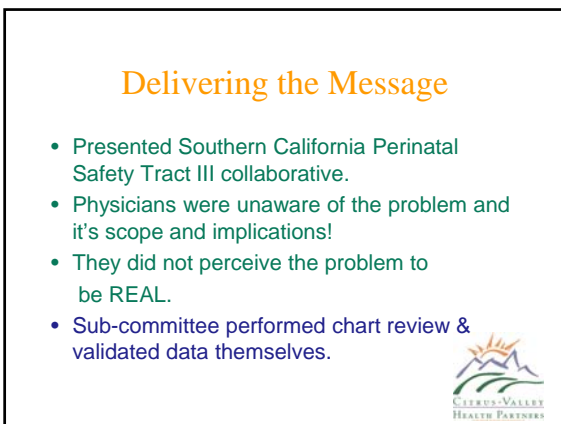
AND

- Patients get tired of being pregnant.
- Patients want to "manage" their birth to match with their family schedule, their work or the "holidays."
- Patient's may have cultural beliefs that certain dates/times are more auspicious.









Educating Everyone

- Labor and Delivery nursing staff education
- Scheduling staff
- Physician office staff
- Childbirth educators
- Patients
- Physicians



Patient Education

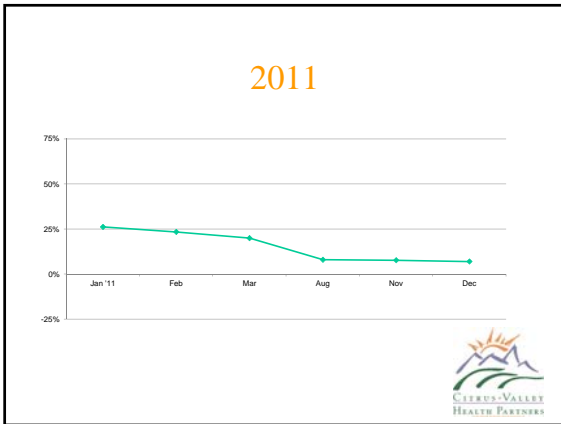
- Labor Evaluation
- Physician offices
- Childbirth classes



March of Dimes/ CMQCC


- Helped us reach the physicians
- Sponsored a nationally known speaker, Dr. Manuel Porto, to speak on this issue at our fall OB GYN Conference.
- Provided copies of the toolkit for key physicians
- Provided patient education materials
 - All physician offices






Scheduling



- “Prior to an elective cesarean delivery, gestational age of 39 0/7 weeks or greater must be met for all elective cesarean births.”
- “Patient interview will include a review of the patients prenatal record. Prenatal records must be available prior to scheduled elective delivery to confirm 39 0/7 weeks or greater gestation.”
- “The scheduled procedure will be cancelled if the prenatal record is not available by the time the patient arrives for the procedure.”





What is the EDC?

- Scheduling of inductions and cesarean sections
 - Training the scheduling personnel
 - Prenatal information
 - How many ultrasounds?
 - Which EDC do we use?
- ACOG dating criteria 9/27/11



ACOG Dating Criteria

- *"...ultrasound-established dates should take preference over menstrual dates when the discrepancy is greater than 7 days in the first trimester" (up to 14 0/7 weeks) "and greater than 10 days in the second trimester. Ultrasonography may be considered to confirm menstrual dates if there is a gestational age agreement within 1 week by crown rump measurements obtained in the second trimester (up to 20 weeks of gestation)"-ACOG Practice Bulletin Clinical Management Guidelines for Obstetricians-Gynecologists No. 101, Feb 2009*



Physician Leaders

- Department Chair and Co-Chair, Dr. Anna Leung and Dr. Daniel Barajas
- Personally spoke with individual physicians where issues arose and personally reviewed prenatal when necessary.
- Helped to stop conflict between nurses and physicians



Policies and Procedures

- Bishop Score (8/8) was added to the induction P&P.
 - Physicians calculated and documented
 - Nurses calculated and documented
 - We did not stop the induction if exams differed.
- When is a repeat C/S really in labor?
 - We did not stop a C/S after the patient had arrived.
 - We did develop the "Elective Delivery Assessment Worksheet"

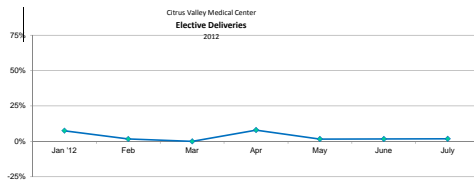


What is "Labor?"

- Went to the head of our PI department as she used to be a surveyor for TJC.
- TJC could not give us a definition....
- So we came up with our own...
- Labor-defined by
 - "At least one uterine contraction (documented) every 10 minutes with demonstrated cervical change of 1 cm or more OR
 - Patient with previous C/S having at least one uterine contraction every 10 minutes with cervical dilation of 2 cm or more."



2012



Elective Delivery	Jan '12	Feb	Mar	Apr	May	June	July
Elective Deliveries	1	1	0	1	0	1	1
Total Deliveries (Estimated)	10	20	10	10	20	20	20
Elective Delivery Rate	10%	5%	0%	10%	5%	5%	5%



Now

- Physicians participate in the plan
- When an issue arises we use the chair or co-chair to resolve the issue.
- Continue to review cases in the CORE sub-committee to prevent back sliding.
- More collaboration and less confrontation.