Community Standards on Early Elective Deliveries

Members of the Central Ohio Hospital Council (COHC) are working together to reduce the number of infants born prematurely, with an overall goal of reducing incidents of infant death in our community. Hospitals strongly believe that, without medical indication, it is in the best interest of an infant's health to wait until the 39th completed week of pregnancy to deliver a baby. Important fetal development takes place to a baby's brain and lungs during those last few weeks of pregnancy. Hospitals, physicians, and parents should work together to eliminate the practice of scheduling deliveries before 39 completed weeks of pregnancy.

In order to meet this goal, the Franklin County hospital systems have developed this set of community-wide standards. They provide a valuable framework as local hospital systems review and revise their internal policies around early elective deliveries. These standards were developed at the direction of the Board of Directors of the Central Ohio Hospital Council, were adopted by the Board on April 14, 2015, and take effect community-wide on July 1, 2015.

Background

National studies have shown that infants born between 36 and 38 weeks gestation have increased rates of morbidity and mortality compared to infants born at 39 and 40 weeks. Those studies conclude that:

- Infants delivered at 37 weeks of gestation had higher rates of respiratory failure and ventilator use compared with infants delivered at 39 weeks of gestation. [1]
- Higher rates of respiratory distress syndrome and pneumonia are reported for infants delivered at 37 weeks of gestation compared with those delivered at 39 weeks of gestation. 1
- Mortality rates are also significantly higher among infants delivered at 37 weeks of gestation and 38 weeks of gestation compared with those delivered at 39 weeks of gestation. [2]

Studies also show that hospitals focused on reducing early elective deliveries were able to reduce EED rates by 55 percent over two years, which correlated with a 16 percent decline in admission rates to neonatal intensive care units. [3]

Government payors are addressing the issue of early elective deliveries through their payment systems. Medicare has included early elective deliveries as one of the process measures that, beginning in FY 17, will impact a hospital's Value Based Purchasing score and help determine if the

hospital receives a bonus payment or pays a penalty. Ohio Medicaid is also looking into denying payment for early elective deliveries without a medical indication.

The National Priorities Partnership, convened by the National Quality Forum (NQF) and funded by the U.S. Department of Health and Human Services, has set a national goal of reducing the percentage of babies electively delivered prior to 39 weeks to 5 percent or less.

NQF estimates that a nationwide “hard stop” early elective delivery policy could reduce early elective deliveries to as low as 1.7 percent of all births, avoid approximately 500,000 days of newborns in neonatal intensive care units and save about $1 billion in healthcare savings annually.

Effective Interventions

The American College of Obstetrics and Gynecology has found that implementation of a policy to decrease the rate of non-medically indicated deliveries before 39 weeks of gestation decreases the numbers of early elective deliveries and improves neonatal outcomes. A study examined the implementation of three approaches: 1) a hard-stop policy, which prohibited non-medically indicated deliveries at the hospital level; 2) a soft-stop policy, in which health care providers agreed not to perform non-medically indicated deliveries before 39 weeks of gestation; and 3) an education program that informed health care providers about the risks associated with delivery before 39 weeks of gestation. Overall, these approaches were able to demonstrate more than a 50% reduction in the rate of non-medically indicated early-term deliveries, regardless of the policy used. However, the reduction was the greatest in the hard-stop policy group, with a reduction from 8.2% to 1.7%.

Hospital Policies on Early Elective Deliveries

Franklin County hospitals will develop “hard stop” policies that are designed to eliminate the practice of scheduling deliveries, without medical indication, before 39 weeks completed gestation.

The policies will require OB quality committee chair or OB department chair approval to schedule cases before 39 weeks without evidence of medical indication on approved list (TJC PC-01 and ACOG resources).

Hospital Practices to Ensure Success

After developing the policies, hospitals will routinely communicate them to all healthcare staff who are involved in the care provided to pregnant women, physicians credentialed to deliver at the hospital and to hospital staff who are involved in the scheduling of deliveries.

Hospitals will make healthcare staff aware of, and make available to them, a list of medical indications approved by the Centers for Medicaid and Medicare Services and the Joint Commission.

Hospitals will encourage nursing staff to communicate with nurse executives or medical directors if they feel that a scheduled delivery does not meet policy requirements.

Hospitals will specify documentation requirements in the medical record for early deliveries (gestational age dating criteria, evidence of medical indication).

Education of Pregnancy Women

Hospitals will strive to educate all pregnant women seen in the hospital's prenatal clinic on the importance of waiting until 39 weeks completed gestation to deliver a baby, without medical indication, including the health benefits to their newborns. The educational materials will encourage labor to begin on its own to reduce the demand for elective induction.

Data Collection for Improvement

Birthing hospitals in Franklin County will submit quarterly to the Central Ohio Hospital Council the Joint Commission's prenatal care measure for EED (PC-01). Hospital OB directors will meet quarterly to review the data and share best practices for reducing EED rates, with a community-de goal of reducing the percentage of infants electively delivered prior to 39 weeks to 3 percent or less, which is more stringent than guidelines issued by the National Priorities Partnership.

The "Community Standards on Early Elective Deliveries" are in place in the following hospitals:

<u>Mount Carmel Health System</u>

Mount Carmel East Hospital

Mount Carmel West Hospital

Mount Carmel St. Ann's Hospital

<u>The Ohio State University Wexner Medical Center</u>

<u>OhioHealth</u>

Doctors Hospital

Dublin Methodist Hospital

Grant Medical Center

Riverside Methodist Hospital

1. Consortium on Safe Labor, Hibbard JU, Wilkins I, Sun L, Gregory K, Haberman S et al. Respiratory morbidity in late preterm births. JAMA 2010; 204: 419-25.
2. Reddy UM, Ko CW, Raju TN, Willinger M. Delivery indications at late-preterm gestations and infant mortality rates in the United States. Pediatrics 2009: 124: 234-40.
3. Clark SL. et al. Reduction in elective delivery at <39 weeks gestation: comparative effectiveness of 3 approaches to change and the impact on neonatal intensive care admission and stillbirth. Am J Obstet Gynecol 2010;203:449.e1-6.