

Preventing Non-Medically Indicated Deliveries Before 39 Weeks: *Recognizing Success*

April 22, 2014



Indiana Hospital Association

Webinar Agenda

- Welcome & Introductions – *Kathy Wallace*
- Overview of IHA Timeline of Early Elective Delivery Activities – *Kathy Wallace*
- Explanation of Banner Program – Lori Reeves, March of Dimes
- Rollout in Indiana – *Kathy Wallace*
- Wrap-up/ Questions - *Kathy Wallace*

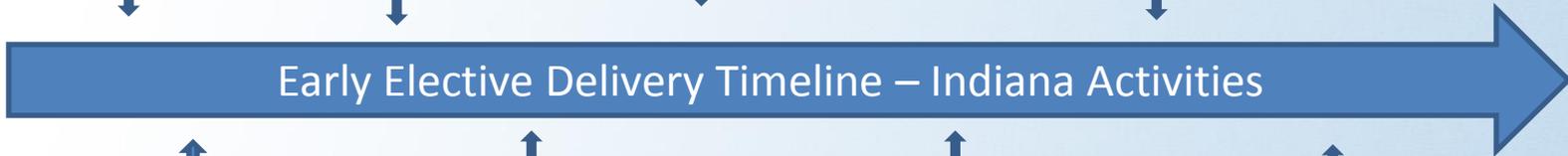


2009: Anthem places a question on their scorecard asking if the hospital has a Hard Stop Policy in place.

2010: March of Dimes Toolkit Published in Oct.

June 2012: The CMS Partnership for Patients announces a focus on reducing early elective deliveries to 3% or less, also asking all hospitals to adopt a hard stop policy.

Jan. 2013: ISDH forms the Indiana Perinatal Quality Improvement Collaborative. The Quality Improvement Committee elects to recommend content for a hard stop policy to finalize efforts and ensure the content of policies and procedures in place across the state.



Sept. 2010: The Indiana Perinatal Network hosts its first Hospital Summit with co-sponsorship from the Indiana Hospital Association and the Indiana State Department of Health. Adoption of Hard Stop Policies is a focus of the event.

April 2012: The Indiana Hospital Association Board passes a resolution asking all hospitals in Indiana to adopt a hard stop policy.

Jan. 2013 : CMS requires Early Elective Delivery Rates (JC PC-01) to be collected and reported by all IPPS hospitals.

Jan. 2014? IPQIC approves a recommended hard stop policy for implementation.



IHA Board Resolution

Hard Stop:

1. Meet medical staff approved criteria
2. Do not allow medical staff to schedule without receiving approval from medical staff leadership

Early Elective Delivery Resolution Board of Directors of the Indiana Hospital Association April 12, 2012

WHEREAS, Indiana's hospitals are committed to creating systems of care that prevent harm to patients; and

WHEREAS, research has shown that early elective delivery < 39 weeks without medical or obstetrical indication is linked to neonatal morbidities with no benefit to the mother or infant. Complications include increased adverse outcomes and death, NICU admissions, adverse respiratory outcome, transient tachypnea of the newborn, newborn sepsis, treated hypoglycemia, CPR or ventilation and extended length of stay; and

WHEREAS, the American Congress of Obstetricians and Gynecologists (ACOG) publications, (1979, 1999, 2009), The Joint Commission, the Center for Medicare & Medicaid Services, the March of Dimes, the Indiana Perinatal Network, the March of Dimes, the Indiana State Department of Health, and the OMPP have advised against non-medically indicated elective deliveries prior to 39 weeks gestation; and

WHEREAS, quality improvement initiatives are known to be effective in reducing early elective deliveries and successful initiatives are data-driven, involve multidisciplinary teams, and reference specific guidelines; and

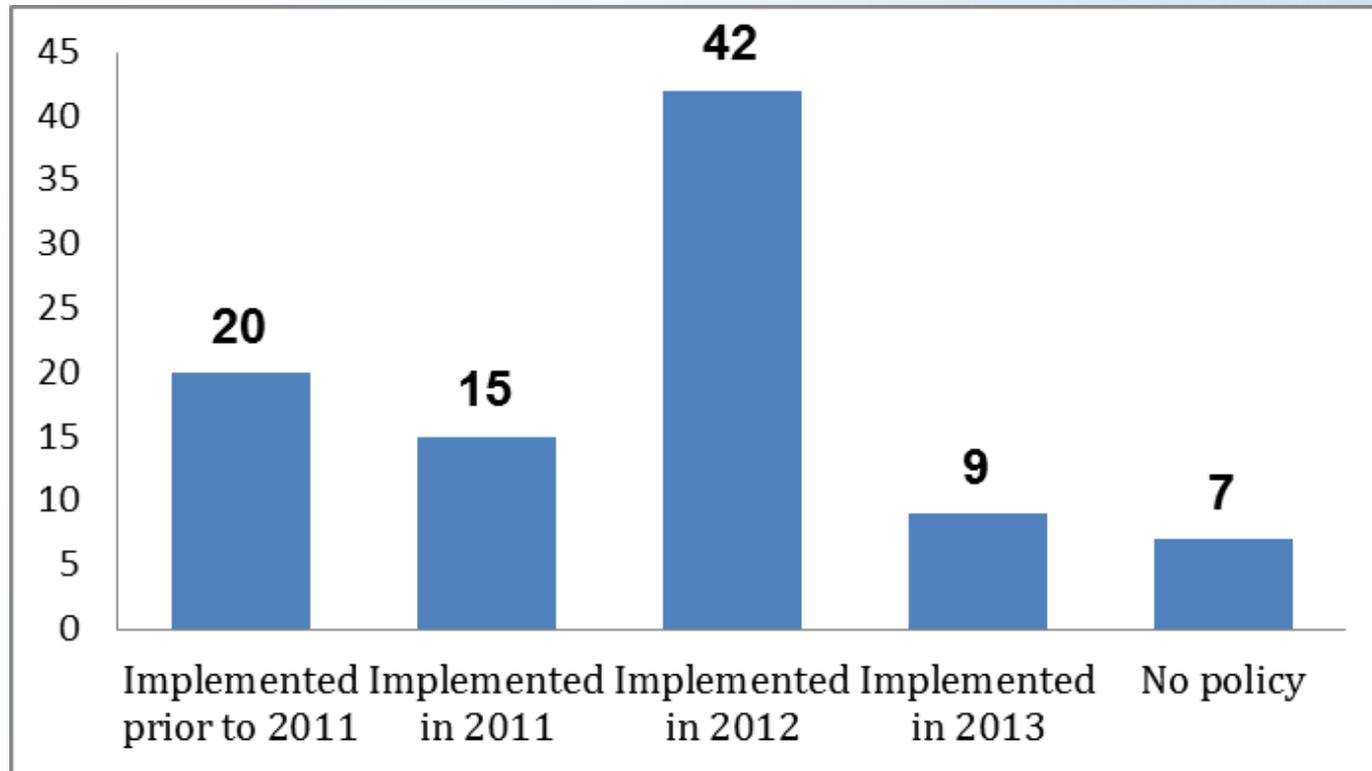
WHEREAS, the guidelines for early elective delivery should be adopted by the medical staff and include indications such as those identified by both ACOG and The Joint Commission (Appendix A); and

WHEREAS, best practice is a "hard stop" policy enforced by strong medical staff leadership for all elective deliveries which does not allow medical staff to schedule an early elective delivery without meeting criteria or receiving approval from medical staff leadership; and hospitals who have implemented a hard stop policy have virtually eliminated early elective deliveries;

BE IT RESOLVED THEREFORE, that the Board of Directors of the Indiana Hospital Association encourages every Indiana hospital to adopt a hard stop policy to prevent early elective deliveries; and

BE IT FURTHER RESOLVED that the Board of Directors directs the Indiana Hospital Association staff to provide resources on developing and implementing an early elective delivery hard stop to its members in collaboration with the March of Dimes, the Indiana Perinatal Network, the Indiana State Department of Health, the Indiana State Medical Association and the OMPP.

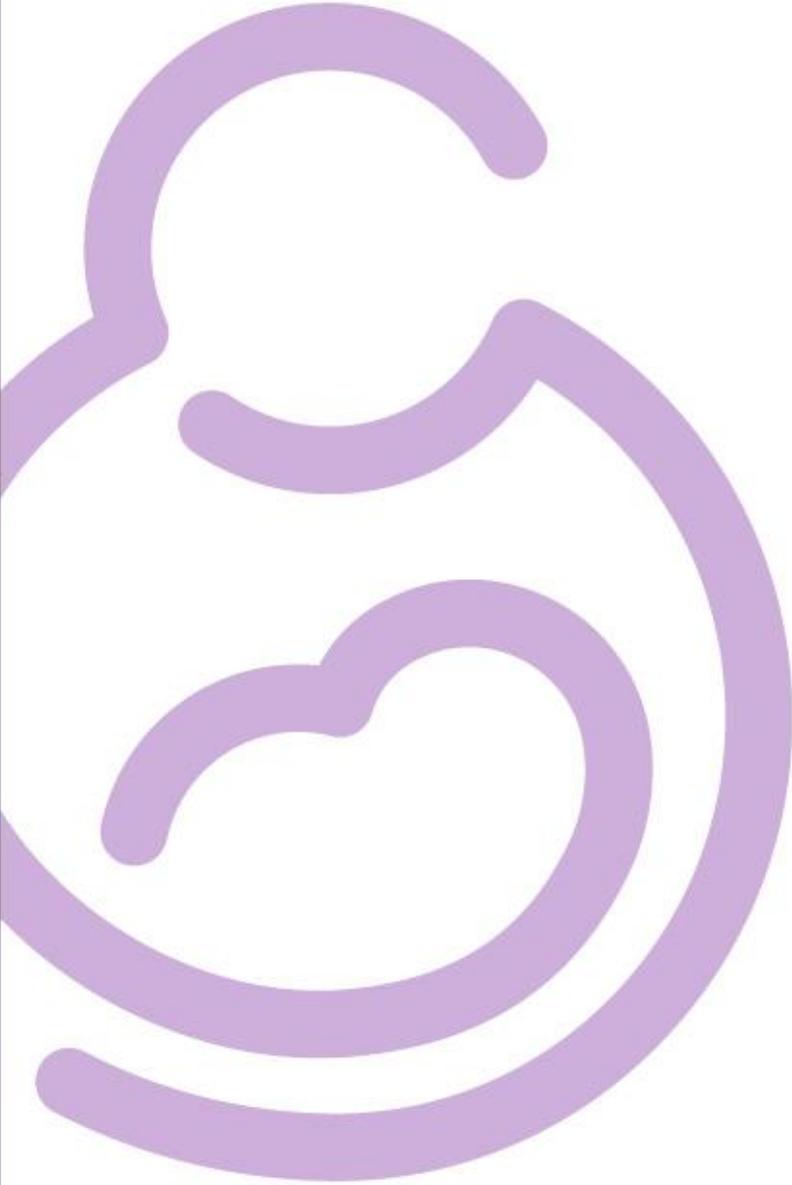
Adoption of Hard Stop Policies



Indiana Hospital Association Resolution Passed

Early Elective Delivery Rates





**Preventing Non-
Medically Indicated
Deliveries Before 39
Weeks:**
.....
Recognizing Success

Lori Reeves
April 22, 2014

March of Dimes Mission

To improve the health of babies by preventing birth defects, premature birth and infant mortality.



Fund Research
to understand the
problem and **discover**
answers.



Help Moms
have full-term
pregnancies and
healthy babies.



Support Families
comforting them when
their baby needs help
to **survive and thrive.**



I-PC-01
Elective Delivery

Measure Overview

Patients with elective vaginal deliveries or elective cesarean sections at 37 weeks of gestation completed



ISSUE BRIEF
EARLY ELECTIVE DELIVERIES IN MISSISSIPPI
Impact on Health and Medical Care Costs
PUBLISHED NOVEMBER 2013

Strong Start for Mothers and Newborns Initiative: Effort to Reduce Early Elective Deliveries

Centers for Medicare & Medicaid Services

For decades, organizations like the American College of Obstetricians and Gynecologists (ACOG) and



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- About Leapfrog

[« Back to previous page](#)

Home > Policy Leadership > New Data: Early Elective Deliveries Decline at Hospitals as Health Leaders Caution Against Unnecessary Deliveries



New Data: Early Elective Deliveries Decline at Hospitals as Health Leaders Caution Against Unnecessary Deliveries

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Washington, DC, February 21, 2013 – The employer-driven hospital quality watchdog, The Leapfrog Group,

of dimes®

WHY THIS IS IMPORTANT

Indiana EED Initiative

Purpose: To work collectively to improve neonatal outcomes by supporting policies and practices to reduce EED <39 wks and to recognize achievement in this area

Content:

- Quality Recognition- March of Dimes Banner
- Public Education

Criteria:

- Hard Stop Policy
- 3% or less EED rate for last two quarters

Recognizing Success: Quality Banner

For hospitals that have successfully reduced EED rates to 3% or lower, we offer recognition through our Banner program. In addition to the banner, we also provide a press release template.



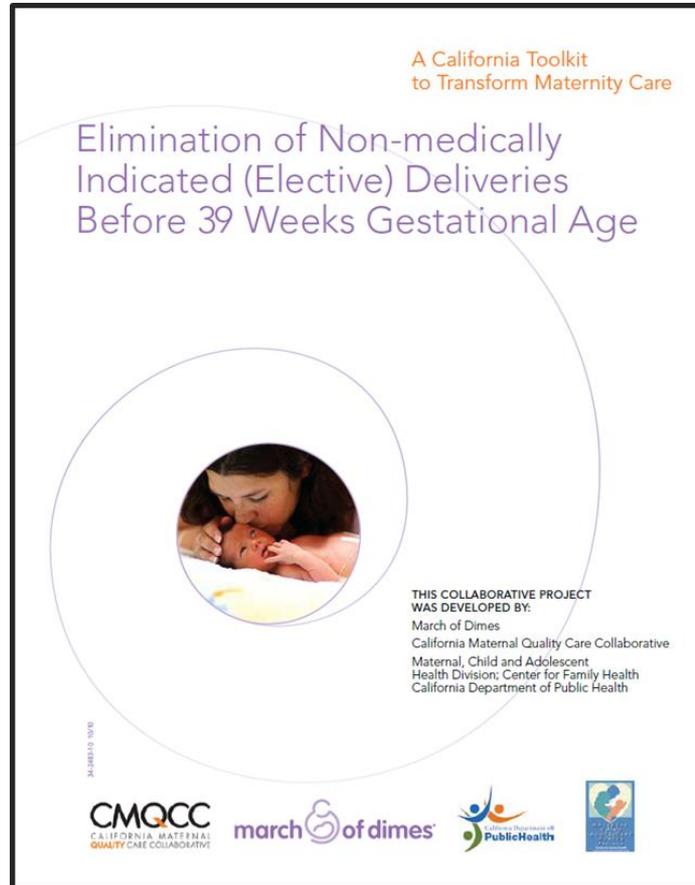
Eligibility for Banner

- Rate of EED below 3% as measure by JC PC-01
- Data provided for a least two consecutive quarters showing rate below 3% for each quarter - must include monthly data with numerators and denominators
- Does the hospital have a written policy in place regarding non-medically indicated deliveries less than 39 weeks gestational age? (Must use IPQIC format)
- Does the written policy clearly define medical indications for deliveries less than 39 weeks?
- Does the hospital have a process to track and monitor the rate of non-medically indicated deliveries less than 39 weeks gestational age?

Resources for Hospitals

- Assistance with policy development
 - Final policy, consent form, and scheduling forms will be emailed to those on the phone call
- Multiple resources including slides for grand rounds, toolkit, articles, etc. at www.prematurityprevention.org

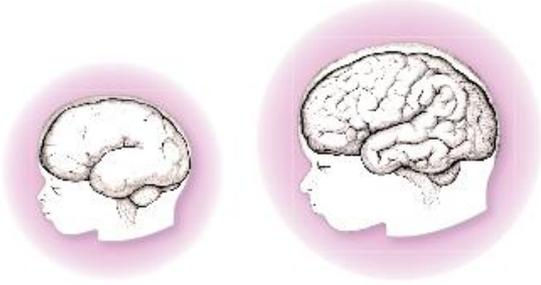
Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age Toolkit



Patient Education Resource Materials

If your pregnancy is healthy, it's best if your baby is born at 40 weeks.

A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 40 weeks.



35 weeks 40 weeks

march of dimes
pregnancy & newborn
health education center®
marchofdimes.com

- In the last 6 weeks of pregnancy, your baby's brain adds connections needed for balance, coordination, learning and social functioning. During this time, the size of your baby's brain almost doubles.
- Babies born early have more learning and behavior problems in childhood than babies born at 40 weeks.
- Babies born early are more likely to have feeding problems because they can't coordinate sucking, swallowing and breathing as well as full-term babies.
- Babies born early are likely to have breathing problems, like apnea. Apnea is when a baby stops breathing.
- Babies born early are more likely to die of sudden infant death syndrome (SIDS). SIDS is when a baby dies suddenly and unexpectedly, often during sleep.

To order our catalog or multiple copies of our materials, call 1-800-367-6630.
#37-2229-07 Late-preterm Brain Development Card 2/08

March of Dimes materials are for information purposes only and are not to be used as medical advice. Always seek medical advice from your health care provider. Our materials reflect current scientific recommendations at time of publication. Check marchofdimes.com for updated information. Modeled after a fetal brain card developed by the Healthy Babies Are Worth the Wait™ Initiative.

© March of Dimes Foundation, 2008

Patient Education Resource Materials

Why the Last Weeks of Pregnancy Count



march of dimes
pregnancy & newborn
health education center

marchofdimes.com

If your pregnancy is healthy, it's best to stay pregnant for at least **39 weeks**.

Lots of important things are happening to your baby in the last few weeks of pregnancy:

- 1 Important organs, like your baby's brain, lungs and liver, are still developing and growing.

A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks.



35 weeks

39 to 40 weeks

© 2010 March of Dimes Foundation

- 2 Your baby's eyes and ears are still developing, too. Babies born too early are more likely to have vision and hearing problems later in life.
- 3 Your baby is still learning to suck and swallow. Babies born early sometimes can't do these things.

39 weeks gives babies all the time they need to grow before they're born. Talk to your provider about things you can do to help you and your baby get to at least 39 weeks. Births scheduled before 39 weeks should only be for medical reasons.



To order our catalog or multiple copies of our materials, call (800) 367-6630.
English: #37-2525-10 Late Preterm Brain Development Flyer 12/10
Spanish: #37-2527-10 Folleto del desarrollo cerebral prematuro casi a término

March of Dimes materials are for information purposes only and are not to be used as medical advice. Always seek medical advice from your health care provider. Our materials reflect current scientific recommendations at time of publication. Check marchofdimes.com for updated information.

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Why the last weeks of pregnancy count

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New York

March for Babies Manhattan 2012: Helping babies be born healthy is vital to our success and we're g... [more >](#)

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March for Babies® blog

Hosting Your Own Bowling for Babies Bowling for Babies is a successful and fun event to raise funds and awareness for your March for Bab... [more >](#)

1 2 3 4

edit

Most recent

- Working to improve the health of babies worldwide
- Preventing premature birth
- Baby's first year

1 2 3

give

I support... ▾

I can give... ▾

donate now

Give to help: Donate your car to help moms and babies

volunteer

I'm a... ▾

I'm interested in... ▾

act now

learn

Ask your question

get answers

Just answered: What are the causes of premature birth?

HBWW Consumer Campaign



The screenshot shows a Windows Internet Explorer browser window displaying a YouTube video. The address bar shows the URL: <http://www.youtube.com/watch?v=ynQ3RadohJ4>. The video player shows a pregnant woman in a purple long-sleeved shirt and black pants, standing in a room. The video title is "SLIDESHOW_V2-QuickTime H.264-Apple ProRes 422.mov". The video has 170 views. The browser's taskbar at the bottom shows the Start button and several application icons, including Internet Explorer, Word, and PowerPoint. The system tray shows the time as 2:15 PM on 2/29/2012.



march of dimes

Healthy Babies are Worth the Wait[®]

Really important things happen to a baby in the last few weeks of pregnancy. Babies need at least 39 weeks in the womb to fully grow and develop.

Here's what at least 39 weeks can do:

brain:

In the last 6 weeks of pregnancy, the size of a baby's brain almost doubles. This helps with things like balance, learning and behavior as he gets older.

mouth:

A baby has time to learn to suck and swallow so he can eat after he's born.

liver:

The liver and other organs grow and develop.

eyes and ears:

Babies born at 39 weeks or later are less likely to have vision and hearing problems than babies born early.

lungs:

Babies born at 39 weeks or later are less likely to have breathing problems than babies born early.



More and more births are being scheduled a little early for non-medical reasons. This can cause problems for both mom and baby. If your pregnancy is healthy, it's best to stay pregnant until labor begins on its own.

For more information about a baby's growth and development, go to: marchofdimes.com/39weeks



March of Dimes materials are for information purposes only and are not to be used as medical advice. Always seek medical advice from your health care provider. Our materials reflect current scientific recommendations at time of publication. Check marchofdimes.com for updated information.

To order our catalog or multiple copies of our materials, call (800) 367-6630 or visit marchofdimes.com/catalog.

(Photo) Baby provided by Breastfeeding at Full Circle

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New Campaign Materials 2012.....



don't rush your baby's birth day

Your baby needs at least 39 weeks to grow and develop before she is born. If your pregnancy is healthy, wait for labor to begin on its own.

marchofdimes.com/39weeks



© 2012 March of Dimes Foundation

Application Process

1. Fill out Application
2. Forward Application and Hard Stop Policy to kwallace@IHAconnect.org
3. March of Dimes reviews application, policy and data for eligibility
4. March of Dimes informs hospital and IHA if criteria are met or if further work is needed
5. Hospital may resubmit, if necessary
6. Hospitals meeting criteria are placed on a recognition list
7. Hospitals will receive banners at a third quarter regional patient safety coalition meeting and will be presented from IHA and March of Dimes representatives
8. Press releases will be available

Application

MARCH OF DIMES 39+ WEEKS RECOGNITION BANNER CHECKLIST INDIANA HOSPITAL ASSOCIATION PARTNERSHIP

Hospital Name: _____

Hospital Address: _____

Contact information for person completing the checklist:

Name: _____

Title: _____

Phone: _____

Email: _____

POLICY AND PROCEDURES

YES NO

1. (REQUIRED) Does the hospital have a written policy in place regarding non-medically indicated deliveries less than 39 weeks gestational age?

Include a copy of the policy with this checklist

2. (REQUIRED) Does the written policy include a hard stop, as well as clearly define medical indications for deliveries less than 39 weeks?

3. (OPTIONAL) Does the hospital have procedures in place to monitor the scheduling of cesarean sections and inductions of labor prior to 39 weeks gestational age?

Include a copy of the procedures/protocol with this checklist

RATE

4. (REQUIRED) Does the hospital have a process to track and monitor the rate of non-medically indicated deliveries less than 39 weeks gestational age?

- a. (REQUIRED) Is the hospital's rate of non-medically indicated deliveries less than 39 weeks gestational age below 3% (rate must be for the two most recent calendar quarters)?

Provide the rate:

Describe how the rate was calculated:

5. (OPTIONAL) Does the hospital submit its rate to a regulatory agency (e.g. The Joint Commission, The Leapfrog Group, etc.)?

(Continued on next page)

To be signed by hospital leadership:

Signature: _____

Printed name: _____

Title: _____

Date: _____

RELATIONSHIP WITH LOCAL MARCH OF DIMES CHAPTER

Please tell us about the hospital's relationship with the local March of Dimes Chapter (check all that apply):

- The hospital has a staff member (or members) that serve on March of Dimes Committee.
- The hospital has a staff member (or members) chair a March of Dimes Committee or event.
- The hospital sponsors Signature Chef Auction.
- The hospital sponsors March for Babies.
- The hospital sponsors Nurse of the Year.
- The hospital uses March of Dimes consumer education materials.
- The hospital receives March of Dimes community grant funding. List project: _____
- The hospital receives March of Dimes research grant funding. List project: _____

Other relationship, please describe: _____

I don't know

The hospital is NOT involved with the local March of Dimes chapter.

Would you like to be connected to the local March of Dimes chapter? Yes No

For more information:

March of Dimes contact:

Lori Reeves: (321) 274-8674

lreeves@marchofdimes.com

March of Dimes Indiana Chapter:

Minjoo Morlan mmorlan@marchofdimes.com

Indiana Hospital Association Contact:

Kathy Wallace: (317) 423-7740

kwallace@IHAconnect.org

To apply for a banner, email your application to:

kwallace@IHAconnect.org



Evaluation & Follow-up

- Webinar funded through the *Partnership for Patients*
- CMS reviews results and wants 80% of participants to evaluate educational sessions
- Please complete the simple three question evaluation by May 2, 2014:
 - <https://www.surveymonkey.com/s/IHAMarchofDimes>
- Link to evaluation, presentation, application, and webinar recording will be distributed to participants within one week and will be available on this website:
 - <https://www.ihaconnect.org/Quality-Patient-Safety/Pages/Perinatal-Safety.aspx>

Thank you!