

Report documents statewide initiative to reduce near-term scheduled births

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In a study to be presented today at the Society for Maternal-Fetal Medicine's (SMFM) annual meeting, The Pregnancy Meeting, in Chicago, researchers will unveil findings that detail an initiative in the state of Ohio to reduce the number of near-term scheduled births that did not have an appropriate medical reason.

The number of scheduled births, either by cesarean or by induction of labor, has been on the rise in recent years.

The idea for the study came about when physicians in Ohio noticed that the state's rates for preterm births were higher than the national rates and formed a quality improvement team, known as the Ohio Perinatal Quality Collaborative (OPQC) to address the issue. Twenty of the state's largest maternity centers joined the collaborative and chose scheduled births between 36 and 38 weeks' gestation as their first project.

"Sometimes mothers want to schedule a birth when it is convenient for their families, or they may have had a cesarean before and want to have one again," said Jay Iams, M.D., a maternal fetal medicine specialist who co-directs OPQC with Dr. Edward Donovan, a neonatologist. "However, if there is no medical reason that necessitates an early delivery, it is best to wait until 39 weeks."

Participating medical centers used a variety of education and intervention tools and shared their methods during the 14 month study from July 2008 - Sept 2009. As a result, the rate of scheduled births

between 36.1 and 38.6 weeks without a documented medical indication declined from 25% to below 5%. Birth certificates from member sites also recorded fewer inductions without a listed indication, declining from a 12 month mean of 13% to 8%.

"I think that over time, we doctors have allowed ourselves to become relaxed about allowing early scheduled deliveries, assuming that the babies would be okay at 37 and 38 weeks'," said Iams. "However, the numbers tell us that babies delivered before 39 weeks' are more likely to end up with complications, so it is important to reduce that number."

Provided by Society for Maternal-Fetal Medicine

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