

Perinatal safety initiative reduces adverse obstetrical outcomes

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Having a child is a life event that is equal parts magic and fear. Will the baby be healthy? Will labor and delivery pose challenges? Are there ways to reduce the risk for adverse events? Hospital obstetrical units face these questions round-the-clock.

To increase the chances of a safe [labor](#) and [delivery](#), and make way for a memorable birthing experience, the North Shore-LIJ Health System has launched a new prenatal quality initiative, led by Adiel Fleischer, MD, of obstetrics and gynecology at North Shore University Hospital and Long Island Jewish (LIJ) Medical Center, and Brian Wagner, MD, a maternal-fetal medicine specialist.

They designed and implemented a two-year comprehensive training program for all staff in the obstetrics wings at North Shore University Hospital and LIJ Medical Center. Staff was required to complete the formalized training that included evidence-based protocols to reduce adverse events.

These protocols included competency in reading electronic fetal heart rate monitors, communication skills and problem solving on a wide range of high-risk obstetrical emergencies through simulation programs. The hope was that the obstetrics initiative would lead to fewer adverse outcomes for mother and child.

It worked.

A team of scientists in the Division of Health Services Research in the health system's Department of [Population Health](#) analyzed almost a dozen adverse outcome measures and found that such problems, including returning to the operating room and birth trauma, were significantly reduced by more than half – from two percent to 0.8 percent. Data also showed better outcomes were maintained over the two-year study period.

The analysis was published in the March issue of the *Journal for Healthcare Quality*.

In addition to improved outcomes, staff perceptions of safety improved significantly, as did perceptions among new mothers, who reported that their obstetrics teams were more cooperative and hard-working. What's more, there were improvements in the documentation of abnormal fetal heart rate tracings and obstetric hemorrhage.

"The importance of the study and its long-term impact is that the safety measures that we introduced have provided better communication among the various healthcare providers. There is earlier identification of at-risk patients and team approach to patient care is critical to patient care," said Dr. Fleischer.

Kenneth Abrams, MD, senior vice president of clinical operations and chief quality officer at the North Shore-LIJ Health System, agrees. "We improved patient safety and enhanced both staff and patient experience," said Dr. Abrams. "This initiative shows that we can reduce adverse events and enhance a culture of safety."

North Shore-LIJ hospitals deliver more than 21,000 babies every year, which represents nearly 10 percent of all births in New York State. Following the national trend to identify problems in the delivery of healthcare and reduce medical errors, clinicians implemented internal

and external reviews of sentinel events, which included examinations of monthly obstetric charts. The chart reviewers looked at the documentation and management of obstetric hemorrhage and abnormal fetal heart rate tracings. The review led to a comprehensive list of potential causes of adverse events, including an inadequate escalation policy, and lack of standard protocol and standardizations pertaining to the interpretation for fetal heart rates. These factors are thought to play an important role in adverse outcomes.

As part of the program, Dr. Fleischer and his colleagues introduced multidisciplinary teaching rounds to help foster communication. During these daily meetings, the perinatal team reviewed and discussed appropriate assessment and management of obstetrical admissions. They enhanced the electronic medical record and implemented new protocols that have been shown to reduce the risk for adverse events.

Patients were contacted after they left the hospital and asked to complete a questionnaire about their experience during labor and delivery. Staff perceptions of safety were also assessed before and after the program.

"A critical component of the initiative was the educational process designed to improve recognition, appropriately document complications and avoid interventions that increase the risk of complications," the researchers wrote in the journal. The study was led by Renee Pekmezaris, PhD, vice president for community health and health services research in the North Shore-LIJ Department of Population Health.

Provided by North Shore-Long Island Jewish (LIJ) Health System

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