

# Fewer unnecessary early deliveries seen in multistate, hospital-based study

April 8 2013

## Early Elective Deliveries Decrease



Scheduled singleton early term (37-38 completed weeks gestation) non-medically indicated inductions and cesarean deliveries fell 83 percent during a one-year quality improvement program in 25 hospitals in CA, FL, IL, NY, & TX in 2011, funded in part by the March of Dimes. Source: Oshiro BT et al. A Multistate Quality Improvement Program to Decrease Elective Deliveries Before 39 Weeks of Gestation. *Obstet Gynecol*, May 2013.

Credit: Oshiro et al. A Multistate Quality Improvement Program to Decrease Elective Deliveries Before 39 weeks of Gestation. *Obstet. Gynecol*, May 2013.

A study published today in *Obstetrics & Gynecology* shows that multistate, hospital-based quality improvement programs can be remarkably effective at reducing early elective deliveries of babies.

The rate of elective early term deliveries (i.e., inductions of labor and Cesarean sections without a medical reason) in a group of 25 participating hospitals fell significantly from 27.8 percent to 4.8 percent during the one-year project period, an 83 percent decline.

The March of Dimes, which partly funded the study, calls the findings good news, because babies delivered before full-term are at increased risk of serious [health](#) problems and death in their first year of life.

"This quality improvement program demonstrates that we can create a change in medical culture to prevent unneeded early deliveries and give many more babies a healthy start in life," says Bryan T. Oshiro, MD, of Loma Linda University School of Medicine and lead author of the study.

"Reducing unnecessary early deliveries to less than five percent in these hospitals means that more babies stayed in the womb longer, which is so important for their growth and development," says Edward R.B. McCabe, MD, medical director of the March of Dimes. "This project saw a decrease in the proportion of babies born at 37 and 38 weeks and a corresponding increase in the 39-41 week range during the one-year period studied. Additional studies, perhaps over a longer period of time, could clarify whether such quality improvement programs can also bring down a hospital's overall preterm birth rate."

The initiative focused on implementation of a toolkit called "Elimination of Non-medically Indicated (Elective) Deliveries before 39 Weeks Gestational Age," to guide changes in early term delivery practices. The toolkit was developed in partnership with March of Dimes, the California Maternal Quality Care Collaborative and the California Maternal Child and Adolescent Division within the California Department of Public Health. It can be downloaded free from the Prematurity Prevention Resource Center at [prematurityprevention.org](http://prematurityprevention.org).

This was the first project of a collaborative with perinatal quality improvement advocates from state health departments, academic health centers, public and private hospitals, and March of Dimes chapters from the five most populous states in the country: California, Texas, New York, Florida and Illinois. These five states account for an estimated 38 percent of all births in the United States.

The March of Dimes urges hospitals, health care providers, and patients to follow the American College of Obstetricians and Gynecologists guidelines that if a pregnancy is healthy, to wait for labor to begin on its own. The final weeks of pregnancy are crucial to a baby's health because many vital organs, including the brain and lungs, are still developing.

**More information:** "A Multistate Quality Improvement Program to Decrease Elective Deliveries Before 39 Weeks," by Dr. Oshiro and others, appears in the April 8 online edition of *Obstetrics & Gynecology* Vol. 121, No. 5, May 2013.

Provided by March of Dimes Foundation

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