

ELIMINATE HARM ACROSS THE BOARD

Days Since Last Early Elective Delivery

EARLY ELECTIVE DELIVERY (EED) PREVENTION:

- Educate hospital governing board about the dangers of early elective delivery and the hospital's role in prevention
- Use prenatal classes as an opportunity to educate patients about the dangers of early elective delivery and the hospital's policy
- Find a physician willing to champion the effort to reduce early elective delivery; this physician does NOT have to be an obstetrician — a neonatologist or pediatrician can be very successful in this role
- When writing a hard-stop policy, have physicians and hospital leaders involved from the start
- Ensure the hard-stop policy is very prescriptive, stating the exact steps to be taken, and by whom, in the chain of command when an elective delivery is being scheduled that does not meet criteria determined by the medical staff
- Use policies, scheduling forms, educational materials and data collection tools that are already created and available publicly from the March of Dimes or California Maternal Quality Care Collaborative
- Display data as concurrently as possible for all stakeholders
- Review all early elective deliveries in the past 12 months to determine if any were admitted to NICU; use those stories as motivation
- Pick one system for determining gestational age in hospital policy and stick to it; the “line in the sand” is key to success
- Do not get stuck in developing the policy by trying to be so prescriptive that any possible medical indication is mentioned — let the policy allow for medical judgment and a rate of less than 3% as a goal instead of zero

