



Impacting Pregnancy Outcomes

*Can we really do something to improve the neonatal outcome of an inevitable preterm birth?
Can we impact the primary C-section Rate?*

DSRIP 2.0 Maternal Safety Bundle



- Measure 1 is number of nulliparous women at term with a singleton baby in a vertex position delivered by C-section
- Measure 2 is the number of patients at risk for preterm delivery >24wks and <34wk gestation receiving antenatal steroids prior to delivering preterm newborns

Recognizing Need for Steroids?



- Entire OB team to be in tune to signs/symptoms preterm labor and be diligent with patient education.
- Steroids indicated ≥ 24 wks and < 34 wks when signs/symptoms preterm labor and/or medical conditions exist that would cause concern for delivery within 7 days. Usual course is one dose, followed by second dose 24hrs later

Why are steroids so important?



- Corticosteroid administration prior to anticipated preterm birth is one of the most important antenatal therapies available to improve newborn outcomes.
- Neonatal morbidity and mortality is significantly decreased if antenatal steroids are given within the 7 days prior to delivery.
- Even if delivery suspected to be imminent, any time with the steroids on board is thought to improve neonatal outcome.

Can we prevent a C-section?



- We can lower the C-section rates through our actions and education as health care providers
- Factors to assess:
 - » Weight gain excessive
 - » Initial prenatal HgbA1c
 - » Timing of GTT at 24-28wks with prompt referral and intervention with + diabetes screen
 - » Education, education, education
 - » Avoidance of the elective induction of labor

Why Do We Want to Avoid a C-section



-
- Increased risk for placental abnormalities, uterine rupture (risk 1-2%)
 - Increased risk for repeat C-section. With each subsequent C-section, maternal and perinatal morbidity and mortality increase.



Centered in Care
Powered by Pride

Questions