

Preparing for a Lifetime: It's Everyone's Responsibility Campaign

Since the Oklahoma Every Week Counts Collaborative initiated their voluntary "hard stop" effort, the state has seen a 77 percent reduction in the rate of non-medically indicated inductions and scheduled cesareans prior to 39 weeks.

Over the past couple of decades, Oklahoma has seen a 20 percent increase in their prematurity rate. In an effort to reduce the prematurity rate and eliminate elective deliveries prior to 39 completed weeks of pregnancy, the Oklahoma State Department of Health (OSDH), Oklahoma Health Care Authority, Oklahoma Hospital Association (OHA), Oklahoma March of Dimes, and the University of Oklahoma Health Sciences Center's Office of Perinatal Quality Improvement (OPQI) convened perinatal providers and Oklahoma birthing hospital staff to develop a collaborative to eliminate early, elective deliveries. The Oklahoma Every Week Counts (EWC) Collaborative began recruiting hospitals for a voluntary "hard stop" effort in January 2011. Currently, they have 55 of the 59 birthing hospitals in the state enrolled, affecting more than 95 percent of all births in the state. Since launching this initiative, the state has seen a 77 percent reduction in the rate of inductions and scheduled cesareans prior to 39 weeks without medical indication.

With 55 of 59 birthing hospitals enrolled in the Every Week Counts Collaborative, the state has seen the number of non-medically indicated inductions prior to 39 weeks drop from 6.16 percent in December 2010 to 1.53 percent in December 2012.

Steps Taken:

- A meeting was convened in 2009 with Oklahoma birthing hospitals to discuss issues around the need to improve birth outcomes for mothers and infants. The hospitals were open to working on strategies (e.g., eliminating non-medically indicated inductions) and requested a collaborative approach with technical assistance and resources.
- In 2010, funding for the Oklahoma Office of Perinatal Continuing Education was eliminated by the state legislature due to budget cuts. However, through the Title V Maternal and Child Health Program's leadership, with full support and approval by the state health official, **Terry Cline**, Title V federal funding was realigned and OPQI was established to focus on perinatal quality improvement.
- OPQI began distributing recruitment brochures to birthing hospital CEOs and nursing directors in January 2011, and began to collect commitment forms from hospitals interested in participating in the collaborative.
- OHA received an initial grant from the March of Dimes and OSDH committed their support to ensure there was no cost for hospitals to join the collaborative. If certain requirements were met, participating hospitals were offered a \$1,000 stipend.
- From December 2010 to March 2011, OPQI staff made individual calls to the identified EWC hospital teams, materials and instructions were distributed, and baseline data was collected and submitted.
- The learning sessions launched on April 28, 2011 with 52 of 59 hospital teams participating. OPQI staff used the [March of Dimes/California Maternal Quality Care Collaborative Toolkit](#) to teach best practices and protocols to educate and train obstetric teams from hospitals. Additional learning sessions were held in July and October 2011, and a fourth session in July 2012.

- The March of Dimes patient education materials were distributed to all participating hospitals and a PSA was aired in both June and November of 2011 to raise awareness of the risks of early elective deliveries.

Results:

- Currently, 55 of 59 Oklahoma birthing hospitals are enrolled, affecting more than 95 percent of births in the state.
- Hospitals continue to send monthly data to the EWC Collaborative, allowing the collaborative to create quarterly aggregate and individual hospital comparative reports.
- Out of total inductions, there has been a 73 percent decrease between Q1 2011 and Q4 2012 data of those babies induced before 39 weeks without medical indication, and a 75 percent decrease in non-medically indicated scheduled C-sections for the same time period.
- Fourth quarter reports from 2012 reveal a 77 percent decrease in non-medically indicated scheduled C-sections and inductions prior to 39 weeks.
- Birth certificate data show an 8 percent increase in births at 39-42 weeks and an 11 percent decrease in births at 36-38 weeks from Q1 2011 to Q4 2012.

Lessons Learned:

- The three-pronged approach of the EWC Collaborative to eliminate non-medically indicated inductions prior to 39 weeks was a key to the success. The efforts included: the EWC Collaborative among Oklahoma birthing hospitals (data collection, schedule process change, and “hard stop” policy); individual patient education through the March of Dimes patient education materials; and public awareness through the [“Masterpiece” PSA](#).
- Actively reaching out and engaging with partners was essential. This hospital-based initiative’s success was driven by OSDH partnering with OPQI, OHA, and others to reach out and support the hospitals as they worked together to improve birth outcomes in Oklahoma.
- Receiving timely data allowed the EWC Collaborative to provide quarterly reports back to the hospitals—something they would have struggled to do on their own. In addition, the hospitals could see the aggregate data and compare themselves to the other hospitals in the collaborative.
- Accessing and reporting birth certificate data validated the work because it confirmed what was seen in the hospital reports.

For more information:

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