

Tennessee Forms Joint Collaborative to Reduce Early Elective Deliveries

Tennessee signed on to the ASTHO President's Challenge to reduce preterm births by 8 percent by 2014 and has been working to curb early elective deliveries through a public/private stakeholder partnership.

A perfect storm of interest and activity at the federal and state levels around reducing medically unnecessary elective deliveries before 39 weeks gestation drove the Tennessee Department of Health (TDH) to take advantage of the opportunity and convene a group of stakeholders. The public/private joint collaborative did more together than they ever could have accomplished independently. By simultaneously tackling early elective deliveries from several angles, the group was able to bring down Tennessee's rate among reporting hospitals five-fold in less than a year.

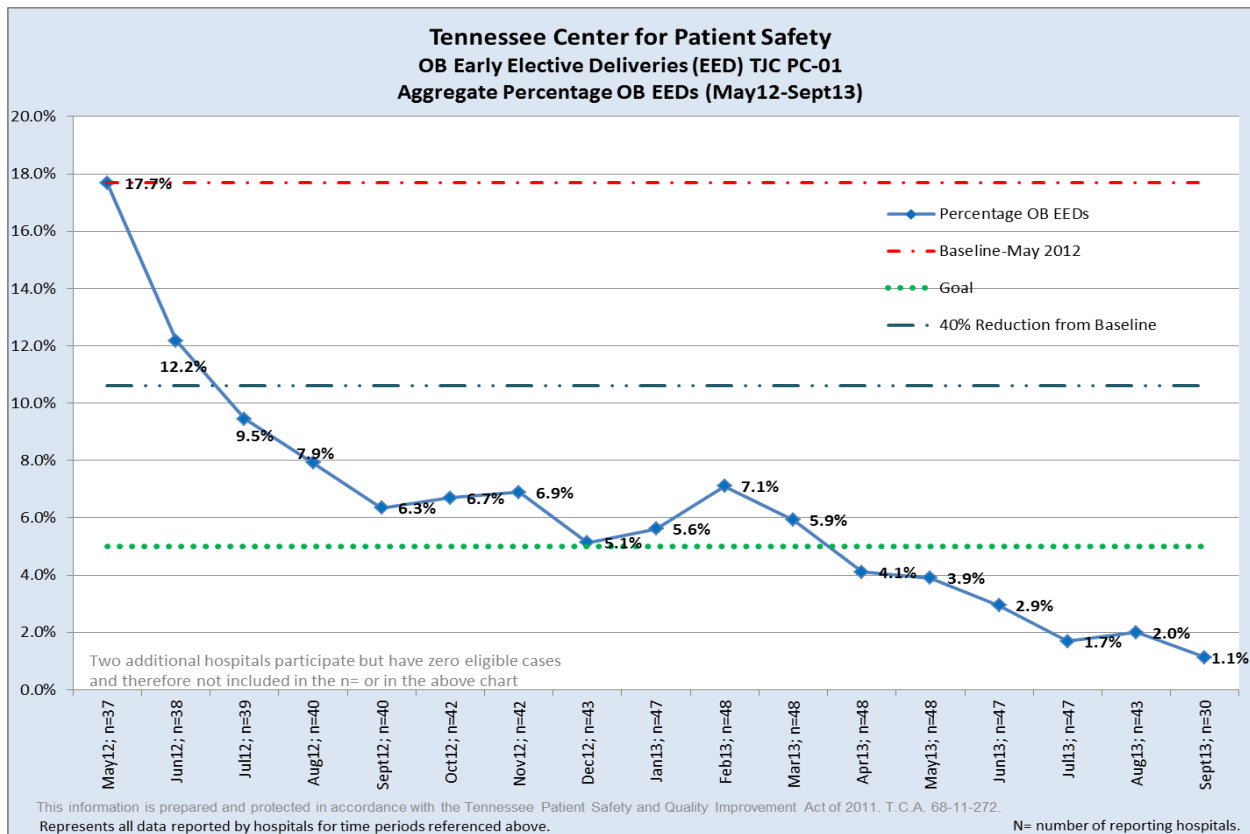
Steps Taken

- TDH convened several groups working on birth outcomes to leverage resources and approach early elective deliveries collaboratively. The joint collaborative, called Tennessee Healthy Babies are Worth the Wait, included TDH, the March of Dimes, the Tennessee Hospital Association (THA), and the Tennessee Initiative for Perinatal Quality Care (TIPQC).
- TDH signed on to the [ASTHO President's Challenge](#) to reduce preterm births in the state by 8 percent by 2014.
- Beginning in September 2012, the joint collaborative met once a month to discuss member progress, how to help each other, and how to move forward collectively.
- In October 2012, TIPQC sent a joint letter asking all of Tennessee's hospital CEOs to sign a public commitment pledge to enact hard-stop policies by December 2012 and submit data on the early elective deliveries happening in their hospitals. The letter was co-signed by the department of health, March of Dimes, the Tennessee Hospital Association, TIPQC, and leaders in obstetric and maternal fetal medicine.
- The hospital association and TIPQC's work with hospitals and providers was very effective in reducing early elective deliveries. THA is the state's hospital engagement network (HEN), a CMS-funded organization that helps identify best practices and disseminates them to other hospitals and healthcare providers. Because THA is a HEN, it's able to provide a variety of in-kind resources to support the elimination of early elective deliveries. THA collected robust, real-time data from hospitals as they implemented the hard-stop policies and provided technical assistance to hospital leadership.
- Meanwhile, the March of Dimes and TDH felt that the missing piece in the campaign was public awareness and directed their energies and resources toward educating parents-to-be.
- As part of the statewide public awareness campaign, the group encouraged Gov. Bill Haslam to [declare](#) November 2012 "Prematurity Awareness Month." The declaration encouraged everyone to participate in activities to raise awareness on Nov. 17, which was World Prematurity Day.

- All of Tennessee's hospitals signed a public pledge to enact a hard-stop policy for early elective deliveries.
- Getting 100 percent of the hospitals to sign on took over a year.
- The governor declared November "Prematurity Awareness Month."
- The state's early elective delivery rate is down to less than 4 percent among reporting hospitals.

- Statewide public service announcements aired on cable channels and 13 bus wraps in Memphis urged pregnant women not to rush their babies' birthdays.
- The ads continue to direct viewers seeking more information to TDH's [website](#) and [educational materials](#) from the March of Dimes.

Results



- One hundred percent of the state's hospitals signed the public commitment pledge to end early elective deliveries before 39 weeks.
- In May 2012, before the joint collaborative formed, 17.7 percent of the state's births were the result of early elective deliveries.
- One year later, in May 2013, the percentage of early elective deliveries among reporting hospitals was consistently less than 4 percent.
- TIPQC and THA collect data on early elective deliveries from willing hospitals. The public/private partnership between TIPQC, THA and TDH means that TDH has access to the aggregate information and uses it to inform public health and prevention activities and for policymaking. Without the collaborative relationship, however, TDH would not have access to the data.
- The real-time feedback from hospitals implementing hard-stop policies allowed the joint collaborative to tweak the policies and support services as more hospitals signed the pledge.
- The public awareness campaign was a great example of leveraging resources toward a common goal. Every organization participated and contributed to the whole. For example, the March of



Tennessee Healthy Babies are Worth the Wait

Dimes provided some of its [Worth the Wait](#) campaign materials, THA paid to develop television spots, and TDH used Maternal and Child Health Bureau block grant money to fund bus wraps.

Lessons Learned

- Collaboration was an essential part of the state's success. The Tennessee Healthy Babies are Worth the Wait's organizations did more together than any of the members could have done individually.
- THA and TIPQC were essential partners because they had established relationships with hospitals, a trusted working relationship, and data collection mechanisms already in place.
- The March of Dimes and TDH provided flexible resources and staff time, as well as national name recognition.
- The public/private nature of this partnership allowed data sharing across sectors, so both sides of the equation can be more effective in their work.

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