

HOSPITAL CHARACTERISTICS

**MAGEE-WOMENS
HOSPITAL**

- ▶ Pittsburgh, PA
- ▶ 304 beds
- ▶ www.upmc.com/Hospitals/Facilities/Hospitals/Magee/Pages/Home.aspx

S . T . E . E . E . P .



SAFE

A decrease in preventable NICU admissions.



PATIENT-CENTERED

It encourages the safest, fastest way to have a baby and lower inappropriate cesarean sections.

TEAM MEMBERS

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REDUCING CESAREAN RATES

The Problem

Inappropriate inductions of labor, defined as elective inductions less than 39 weeks gestation or when the cervix is not readily inducible, have a negative impact on patient safety. It increases the risk of cesarean birth, leads to longer and more complicated labor experiences, and increases the risk of admission into neonatal intensive care units for the infant.

The Solution

An obstetrical task force was established at Magee-Womens to address a multitude of patient volume and staffing management issues within the birthing center. From a resource perspective, the birthing center was struggling to manage an uneven distribution of scheduled labor inductions. From a patient safety standpoint, the appropriateness of all inductions was in question.

A working multi-disciplinary team that included front-line nurses examined current practices and addressed induction irregularities, and developed obstetrical guidelines and criterion for elective inductions. The American College of Obstetricians and Gynecologists (ACOG) guidelines for inductions of labor were then reviewed by the task force and adopted department-wide with minor changes.

An important factor for the success of this program was buy-in from the medical staff. Initial reaction to suggested guidelines ranged from skeptical to hostile, as physicians objected to oversight of their medical decision making. Early on, it was decided not to present the guidelines as a way to decrease inductions, but rather as a way to decrease inappropriate inductions, specifically focusing on elective inductions less than 39 weeks or those inductions with an unfavorable cervix. By presenting the guidelines as a quality initiative specifically focused on ensuring the optimal outcomes for mother and baby, resistance lessened.

Results

In 2004, our overall induction rate was 25 percent, which dropped to 20 percent in 2005. The rate of cesarean delivery after elective induction in primagravidas was 37 percent in 2004, dropping to 25 percent in 2005 but much higher than the overall primagravida cesarean birth rate of 15 percent. In 2004 and 2005, 12 percent of elective inductions were less than 39 weeks gestation at the time of induction. These inductions did not meet ACOG criteria for elective induction and increased the risk of avoidable NICU admissions.

Since then, the overall induction rate is has been sustained around 17 percent. The elective induction rate is 8 percent.

The number of elective inductions before 39 weeks of gestation has been decreased from 12 percent to virtually zero, decreasing the risk of a baby requiring an NICU admission.