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Optimizing Maternal and Neonatal Outcomes through Evidence-based Interventions for the at Risk Pre-term Labor Population

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Optimizing Maternal and Neonatal Outcomes through Evidence-based Interventions for the at Risk Pre-term Labor Population



Center of Women & Infants: Unit Practice Council (UPC)

Background / Problem

Timely implementation of risk-appropriate obstetric interventions can reduce perinatal mortality. The TJC issued new recommendations to improve maternal and neonatal outcomes with the implementation of new evidence-based maternal care interventions for the preterm labor (PTL) population at risk for delivery.

Goal

- To optimize maternal care and implement performance measures for the preterm labor population at risk for delivery as recommended by American College of Obstetricians and Gynecologists (ACOG), Florida Perinatal Quality Collaborative (FPQC) and The Joint Commission (TJC).

Method

Plan:

- Educate Obstetricians & RN staff on new performance measures
- Monitor of rates and times
- Collaborate with Obstetrical team
- Revise of Power Plans in Cerner
- Present data to OB Interdisciplinary Council, and departmental meetings.



Method Continued

Do:

- Established data collection team
- Researched benchmarks and establish data goals
- Provided education

Check:

- Ongoing monitoring of performance measures
- Address all fall outs

Act:

- Provided education regarding location of medication, supplies, and documentation
- Reinforced performance measures criteria/target goals and preterm labor best practice guidelines
- Revised electronic documentation in Cerner

Interventions

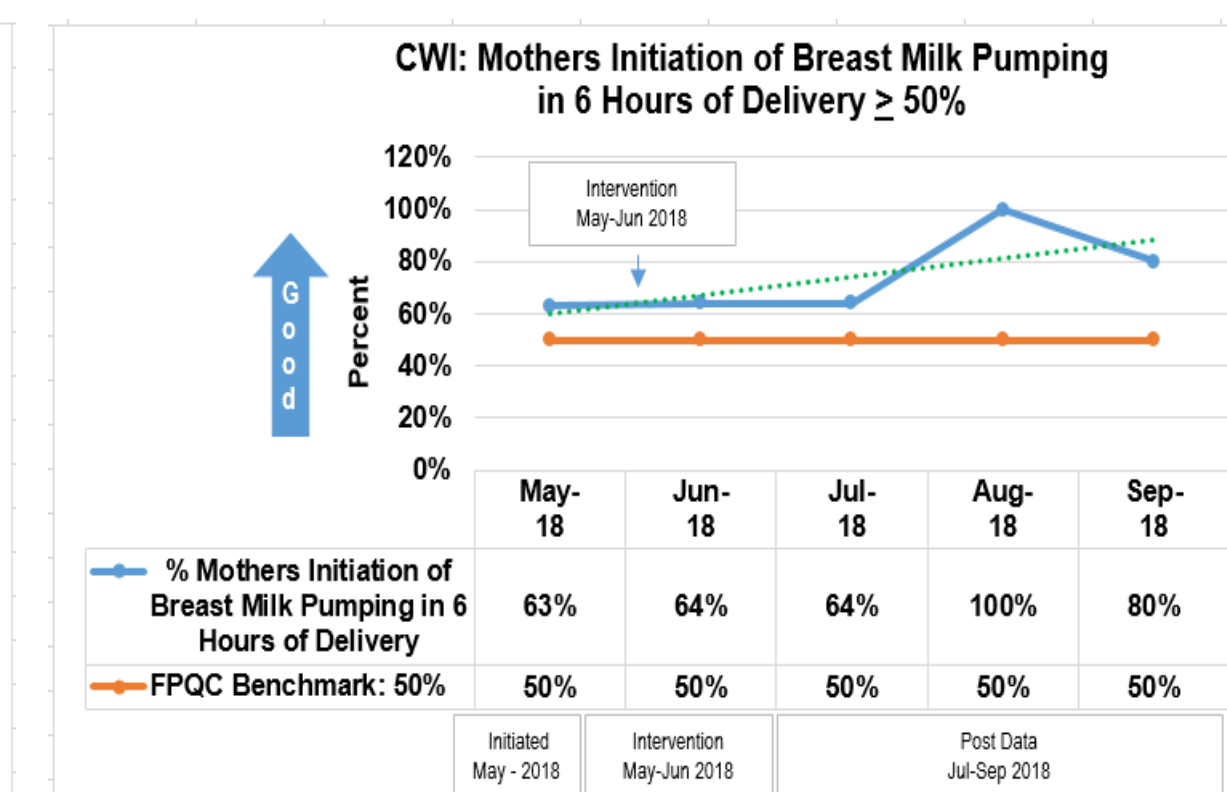
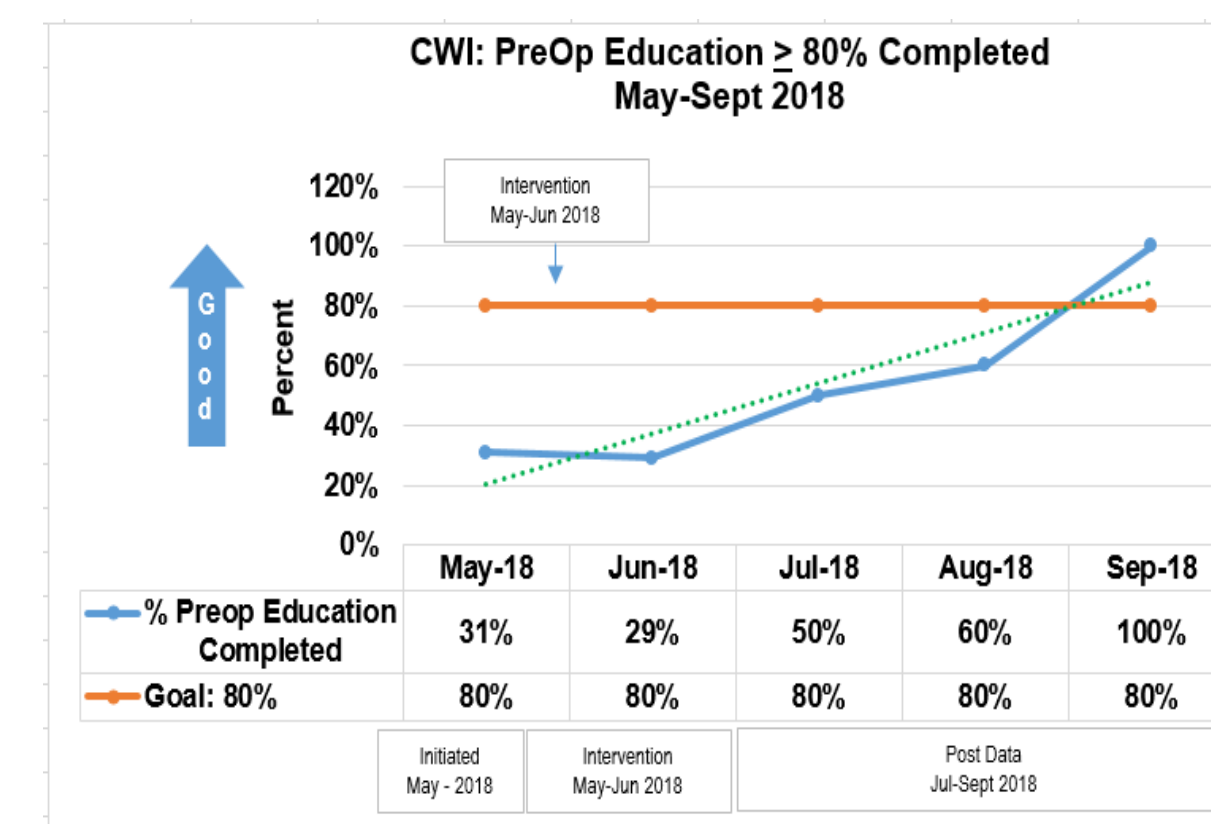
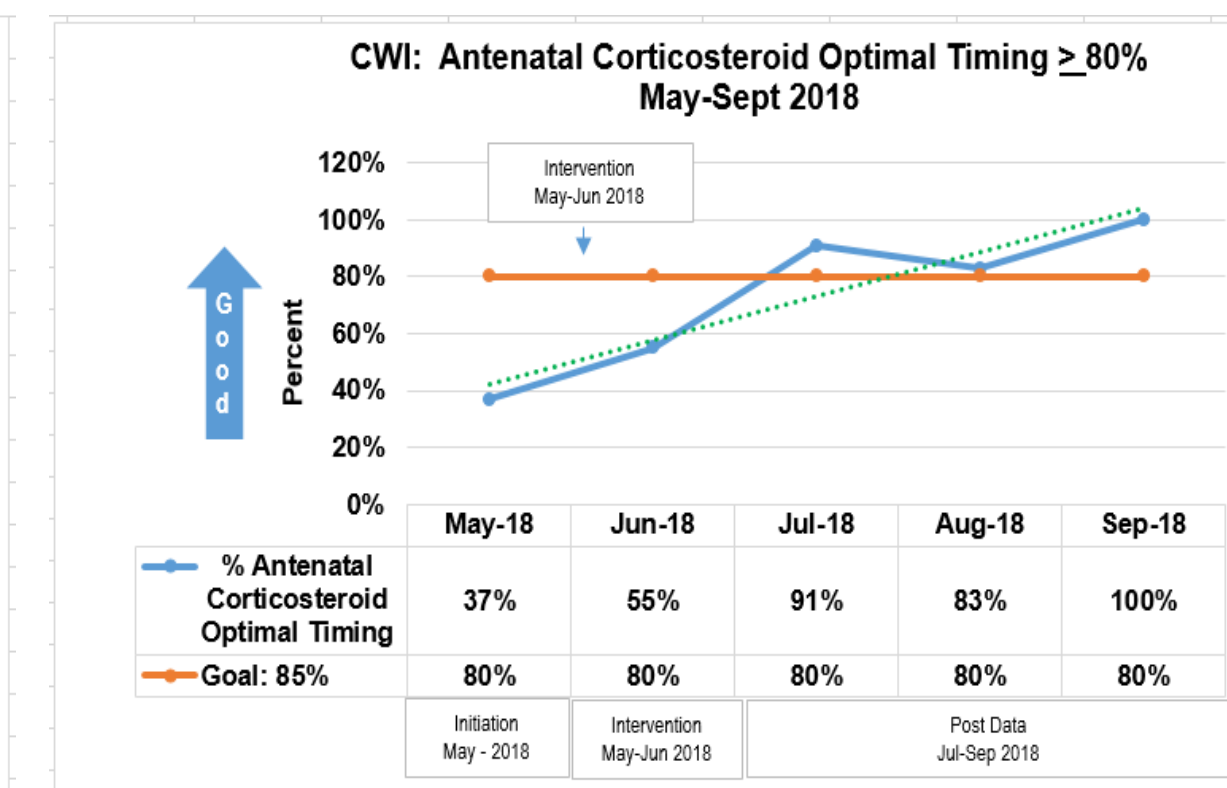
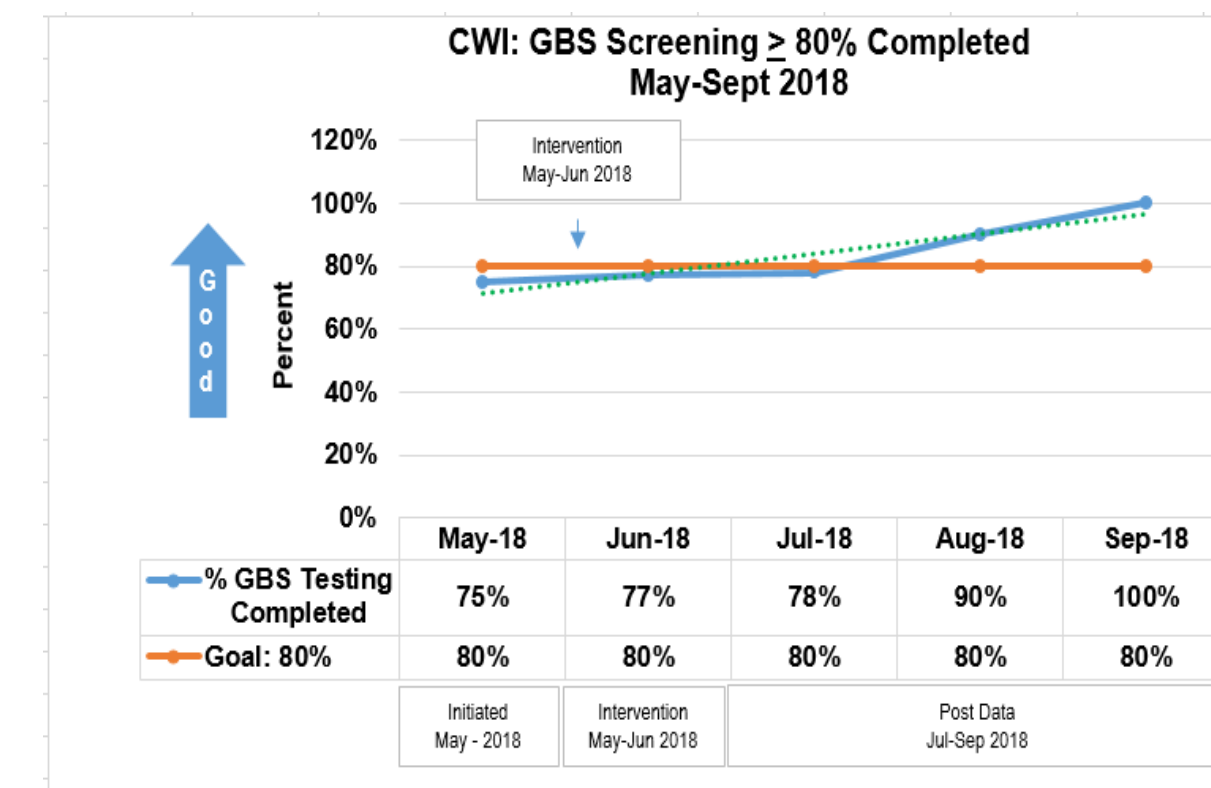
Performance Measures:

- Group B Streptococcal (GBS) screening
- Optimal timing of Antenatal Corticosteroid (ANC) administration.
- Education prior to delivery
- Initiation of breast milk pumping within six hours of delivery

Outcome

Increased our compliance rate for:

- GBS screening from 75% to 100%
- Optimal timing of ANC administration from 37% to 100%
- Education prior to delivery increased from 31% to 100%
- Initiation of breast milk pumping within six hours of delivery from 63% to 100%



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