**Goal:** Reduce the number of scheduled deliveries performed without an appropriate medical indication between 36 0/7 and 38 6/7 weeks gestation.

**Project Aim:**
Within 18 months, we aim to improve maternal and newborn outcomes, and improve capability within New York State for ongoing quality improvement/ transformation of healthcare by applying evidence-based healthcare system change interventions in New York State birthing hospitals. The obstetrical intervention is: Reducing the number of scheduled deliveries performed without appropriate medical indication between 36 0/7 and 38 6/7 weeks gestation.

**Primary Drivers**
- Awareness of expected risks & benefits of late preterm/early term delivery by patients, consumers
- Dating criteria: optimal estimation of gestational age using ACOG Criteria
- Hospital and physician practice policies prevent delivery <39 weeks without medical indication
- Awareness of expected risks & benefits of late preterm/early term delivery by a clinician
- Foster a culture of safety and improvement

**Changes**
- Inform consumers of risk/benefits of deliveries < 39 wks
- Communicate to patient/clinic/hospital ultrasound results
- Promote need for early dating to practitioners and consumers
- Public awareness campaign

- Promote need for early dating to practitioners and consumers
- Promote sonography < 20 weeks to establish dates
- Document criteria used to establish EDC
- Appropriate use of fetal maturity testing
- Empower nurses/schedulers to require dating criteria
- Identify a specific contact for authorization dispute re: dating
- Provide patient with hard copy results of ultrasound

- Empower nurses/schedulers to require dating criteria
- Document rationale and risk/benefit for scheduled deliveries at 36 0/7 to 38 6/7 weeks gestation
- Document discussion with patient about the above
- Both patient and MD to sign consent statement for scheduled delivery between 36 0/7 to 38 6/7 weeks
- Physician awareness campaign: what are the reason(s) for scheduled delivery?
- Maximize access to Delivery and OR for optimal scheduling
- Facilitate scheduling policies that respect ACOG criteria

- Prenatal caregivers receive feedback from postnatal caregivers about neonatal outcomes of scheduled deliveries
- Ensure complete and accurate handoffs OB/OB and OB/Peds
- Document discussion with patient about risk/benefits of late preterm/early term delivery
- Promote need for early dating to practitioners and consumers

- Continuous monitoring of data & discussion of this effort in staff/division meetings
- Project outcomes posted on units and websites
- Develop ways to include staff and physician input about communications and handoffs
- Connect with organizational initiatives on safety and use existing approaches as possible
- Empower nurses/schedulers to require dating criteria

**Rev. July 2012**