### Background

NY State has approximately 250,000 births annually, ranking 3rd in the nation. Preterm birth is the leading cause of infant mortality, and New York ranks 8th nationally in infant mortality and 22nd in premature births. Preterm birth affects more than 500,000 babies, or 1 of every 8 infants born in the United States. It is the most frequent cause of infant death, and the leading cause of long-term neurological disabilities in children. Preterm birth costs the U.S. health care system more than $26 billion each year.

Preterm births have been increasing, with up to two thirds of this increase attributable to late preterm (34 to 36 6/7 weeks gestational age) and early term (37 to 38 6/7 weeks gestational age) births. The percentage of cesarean section (c-section) deliveries in NYS increased by over 51% between 1996 and 2010. Maternal and infant health risks are increased with preterm deliveries.

The NYSPQC-OIP is an initiative of the NYSDOH and 17 NY State Regional Perinatal Centers (RPCs), which implemented an Improvement Model to address education of patients and physicians, optimal dating criteria, standard practice criteria, and communication. RPCs use a standard data collection tool for monthly reporting of scheduled deliveries (inductions and c-sections) defined as ≥38 and <39 weeks gestational age. Ten outcome measures were tracked, and detailed reasons for delivery collected.

### Methods

Improvement measures were calculated for each measure and run charts were presented for each RPC to review as they implemented “Plan, Do, Study, Act” tests of change.

### Results

Between September 2010 and May 2012, of 6,552 scheduled deliveries occurring between 36 9/7 and 38 6/7 weeks gestation at participating RPCs, 4,032 (61.5%) were c-sections and 2,520 (38.5%) were vaginal births.

### Summary

Among scheduled deliveries, those without medical indication decreased by 62% including:
- Decrease in inductions by 54%;
- Decrease in c-sections by 64%;
- Decrease in Neonatal Intensive Care Unit (NICU) admissions by 45%; and
- Increase in maternal education about the risks and benefits of preterm delivery by 49%.

In NYS, next steps included expanding the Obstetrical Intervention Project from participating RPCs to all obstetric birthing hospitals. The NYS Partnership for Patients (NYSPFP) has also joined the NYSPQC-OIP in this expansion. The NYSPFP is a joint effort by the Healthcare Association of New York State and the Greater New York Hospital Association under the National Partnership for Patients Initiative sponsored by the Centers for Medicare and Medicaid Services.

### Conclusions

### New York State Perinatal Quality Collaborative - Obstetrical Improvement Project (NYSPQC-OIP)

**Reducing Preterm Scheduled Deliveries without Appropriate Medical Indication**

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