

COLIN Elective Delivery Team: Plan to Measure Success

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Elective Delivery Outcome Measures

- Need to demonstrate a measurable success
- Non-medically indicated deliveries <39 weeks gestational age (induction or cesarean)
- Statewide population-based estimate
- Data measure from a data set
 - Available in every COLIN state
 - Available on a timely regular basis
 - Comparable between states

Possible Measurement Options

- Hospital reporting of Joint Commission measure PC-01
- Early linked hospital discharge and birth certificate reporting
- Birth certificate reporting

Birth Certificate Measurement

- Over estimates elective delivery rates due to limited number and underreporting of conditions
- Available in all states on a timely basis with electronic birth certificate reporting
- State public health agencies can provide provisional reporting on a quarterly basis
- Algorithm must be comparable using either the old and new birth certificate reporting format
- Could monitor regional and hospital progress

Birth Certificate Measurement

- Health providers may shift classification of these births to medically indicated/spontaneous labor
- Decrease in the elective delivery rate is associated with decrease in the early term deliveries (37 and 38 completed weeks)
- Confirm decrease in elective delivery rate with a concomitant decrease in early term rate

Measurement Methods

- Limit to singleton term births (>37 weeks) to instate residents in non-military delivery hospitals
- Elective delivery:
 - Early term
 - Induction or cesarean
 - No spontaneous labor
 - No birth certificate conditions identified by the Joint Commission
- Number of elective deliveries divided by early term deliveries

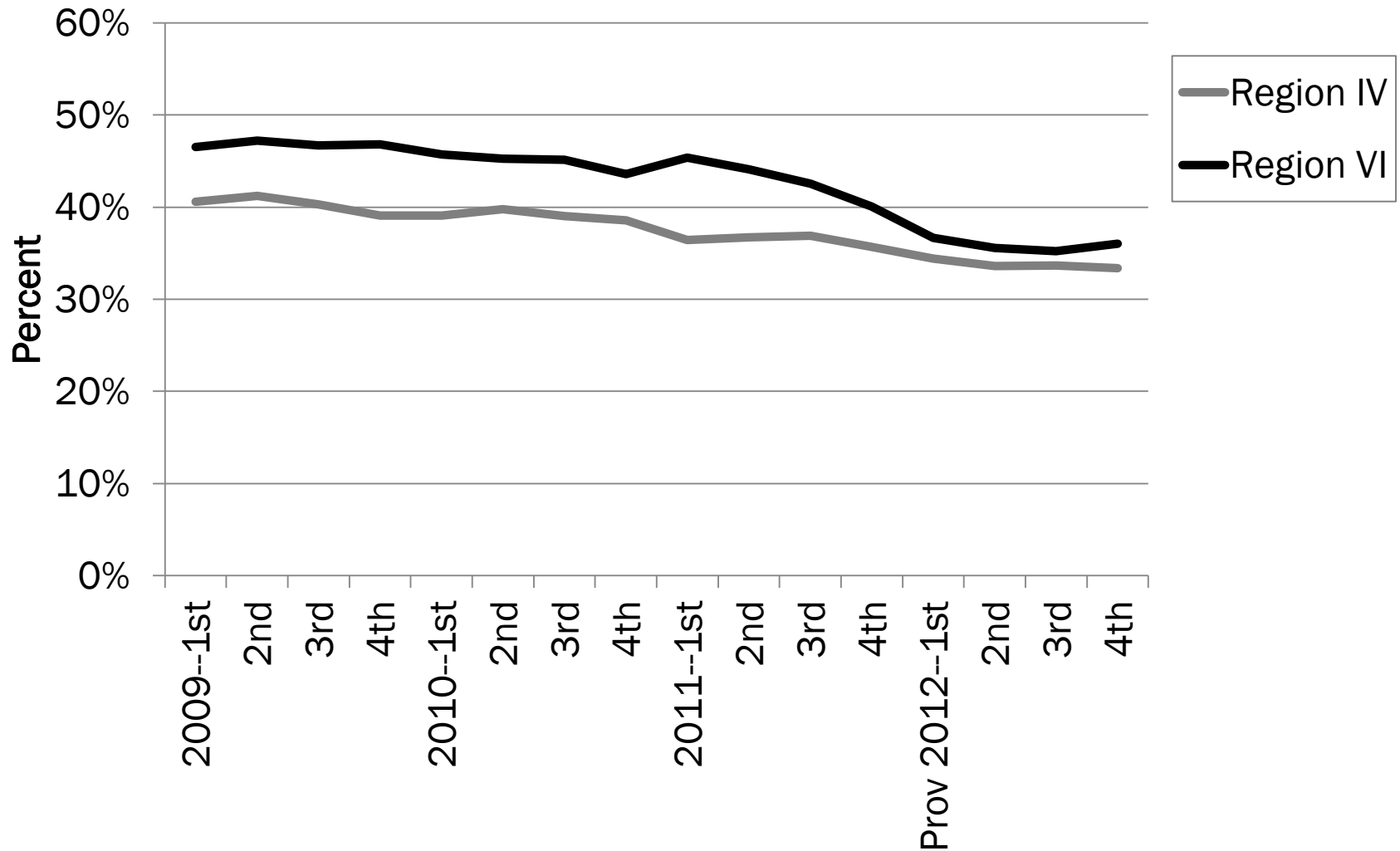
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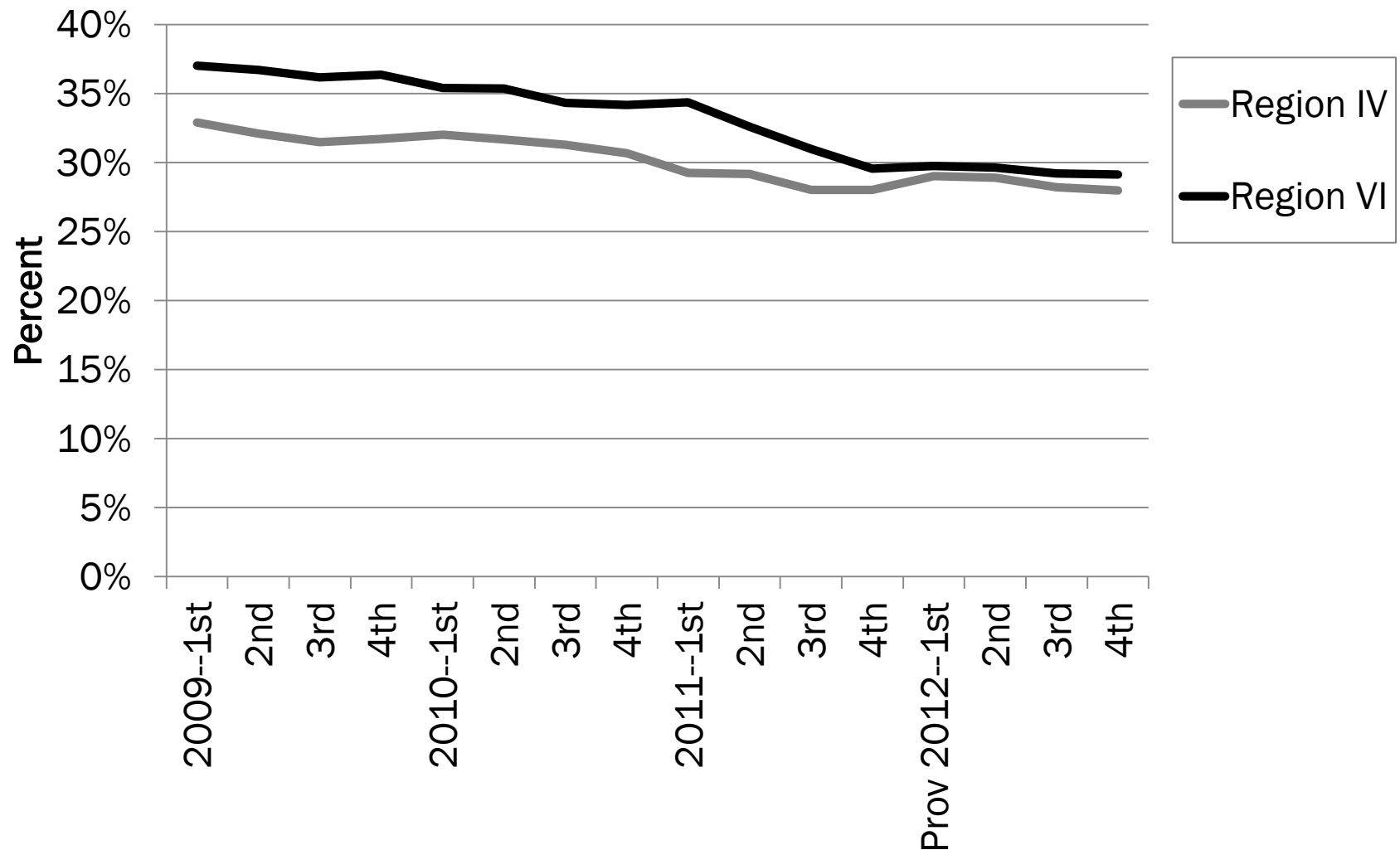
Different from the Joint Commission Measure

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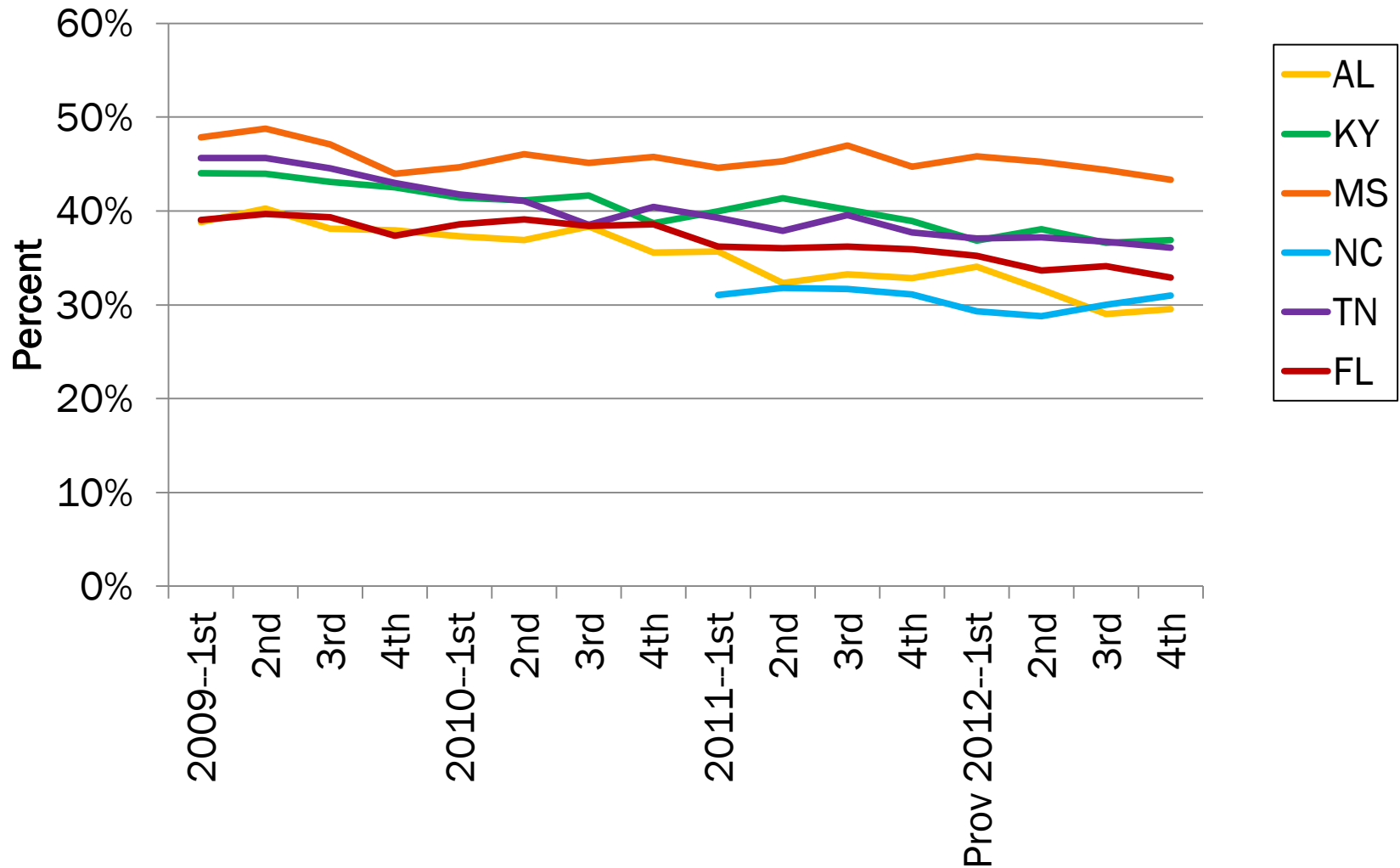
Percent of Non-Medically Indicated Deliveries Among Singleton Early Term Deliveries, Reg. IV & VI (Provisional)



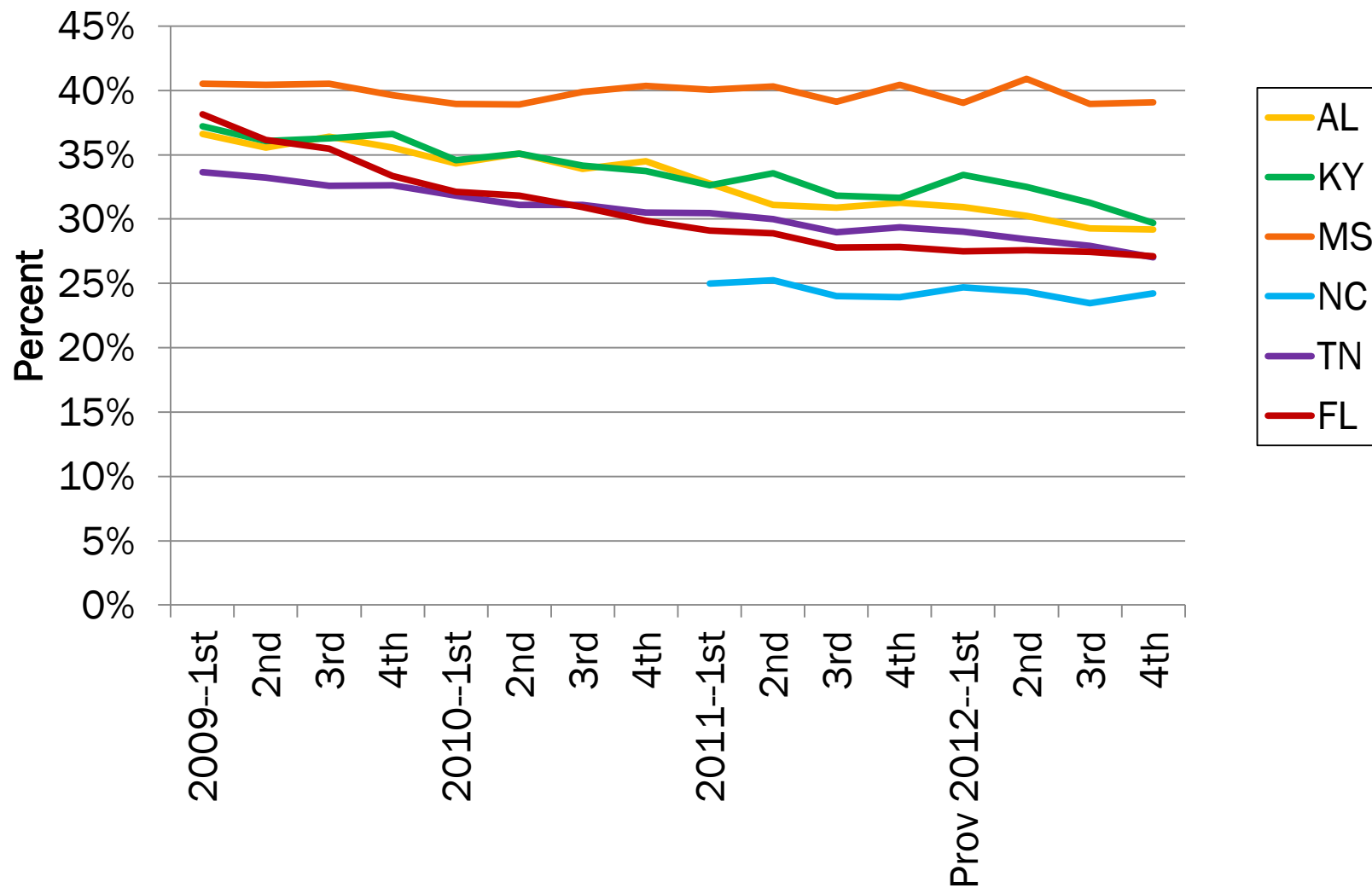
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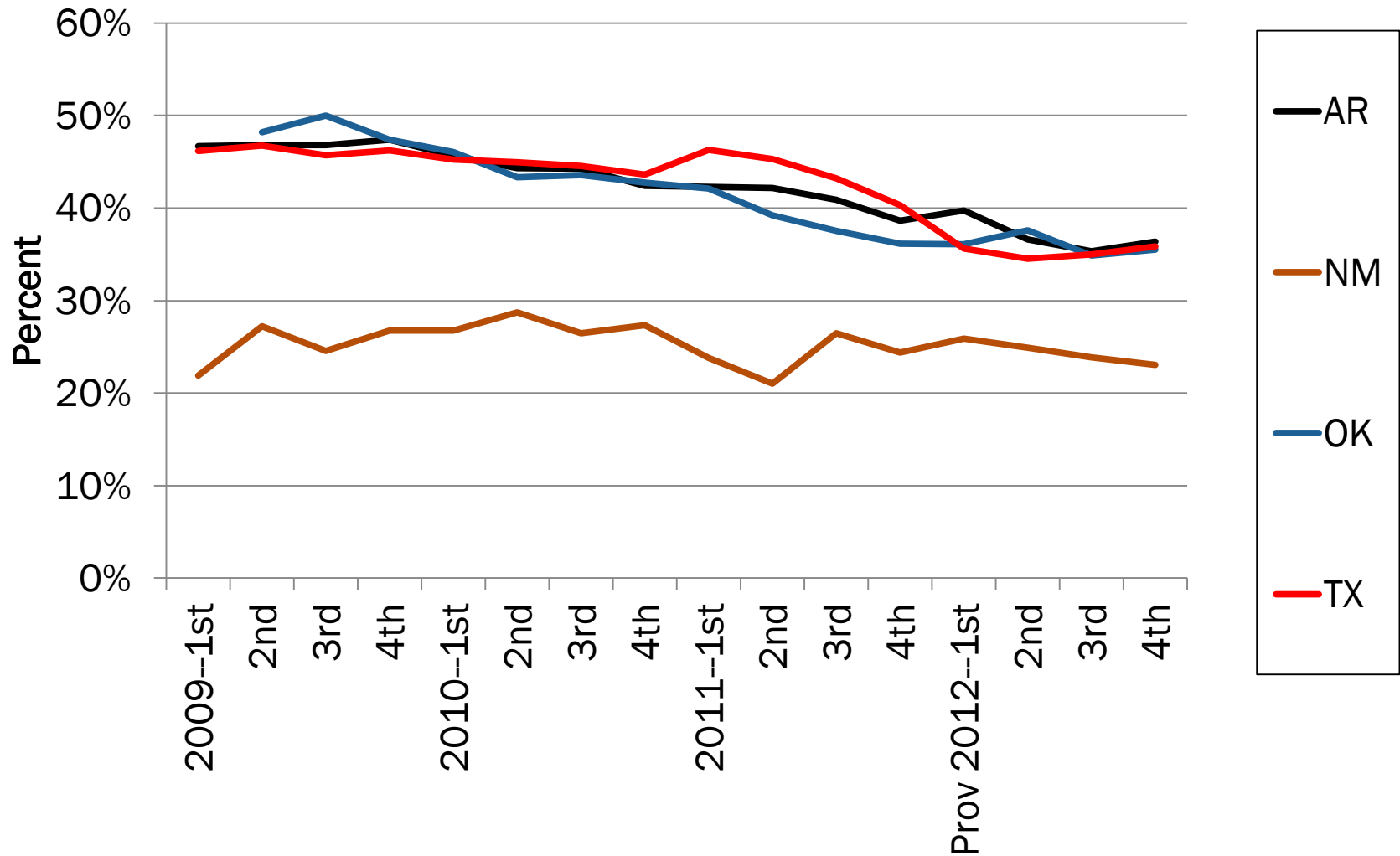
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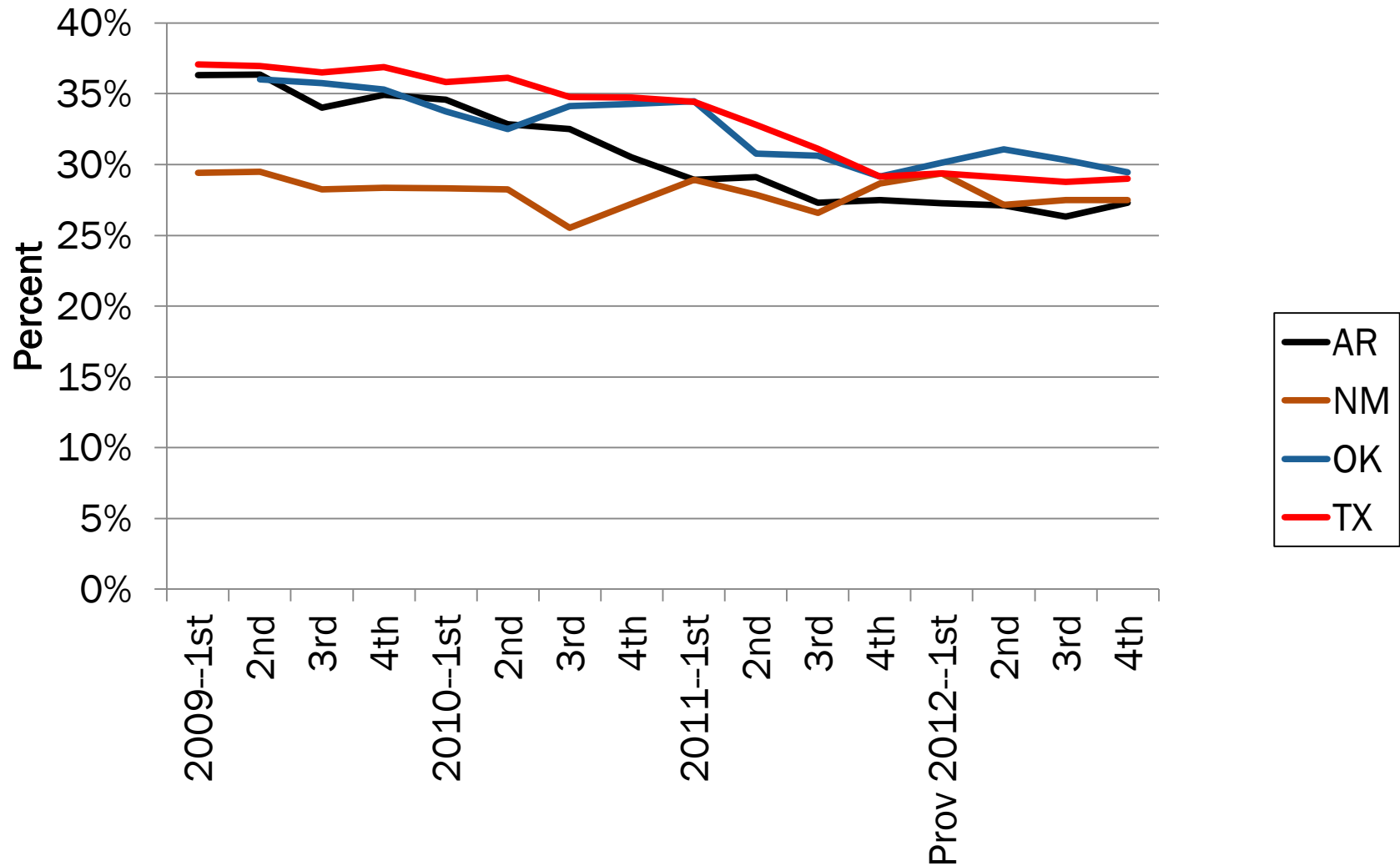
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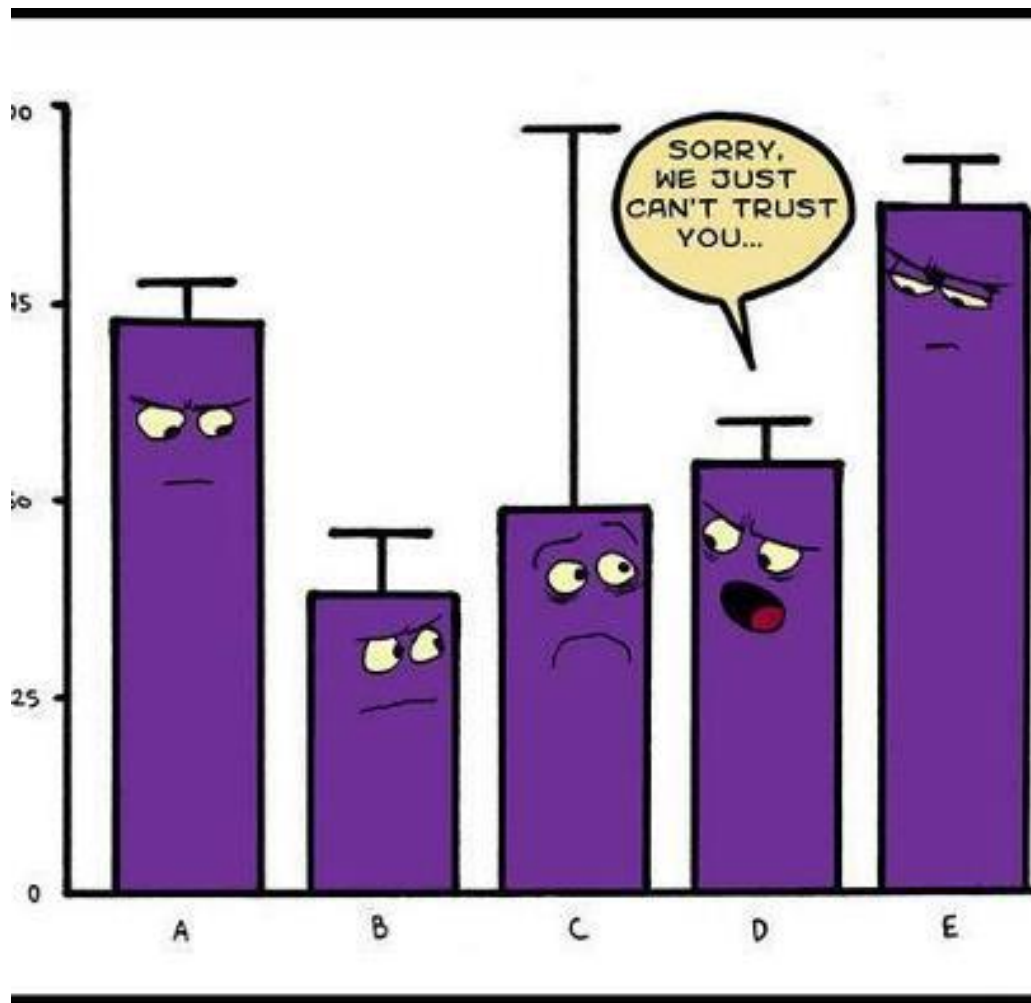


Percent of Non-Medically Indicated Deliveries Among Singleton Early Term Deliveries, Reg. IV & VI (Provisional)



Percent of Early Term Deliveries Among Singleton Term Deliveries, Region VI (Provisional)





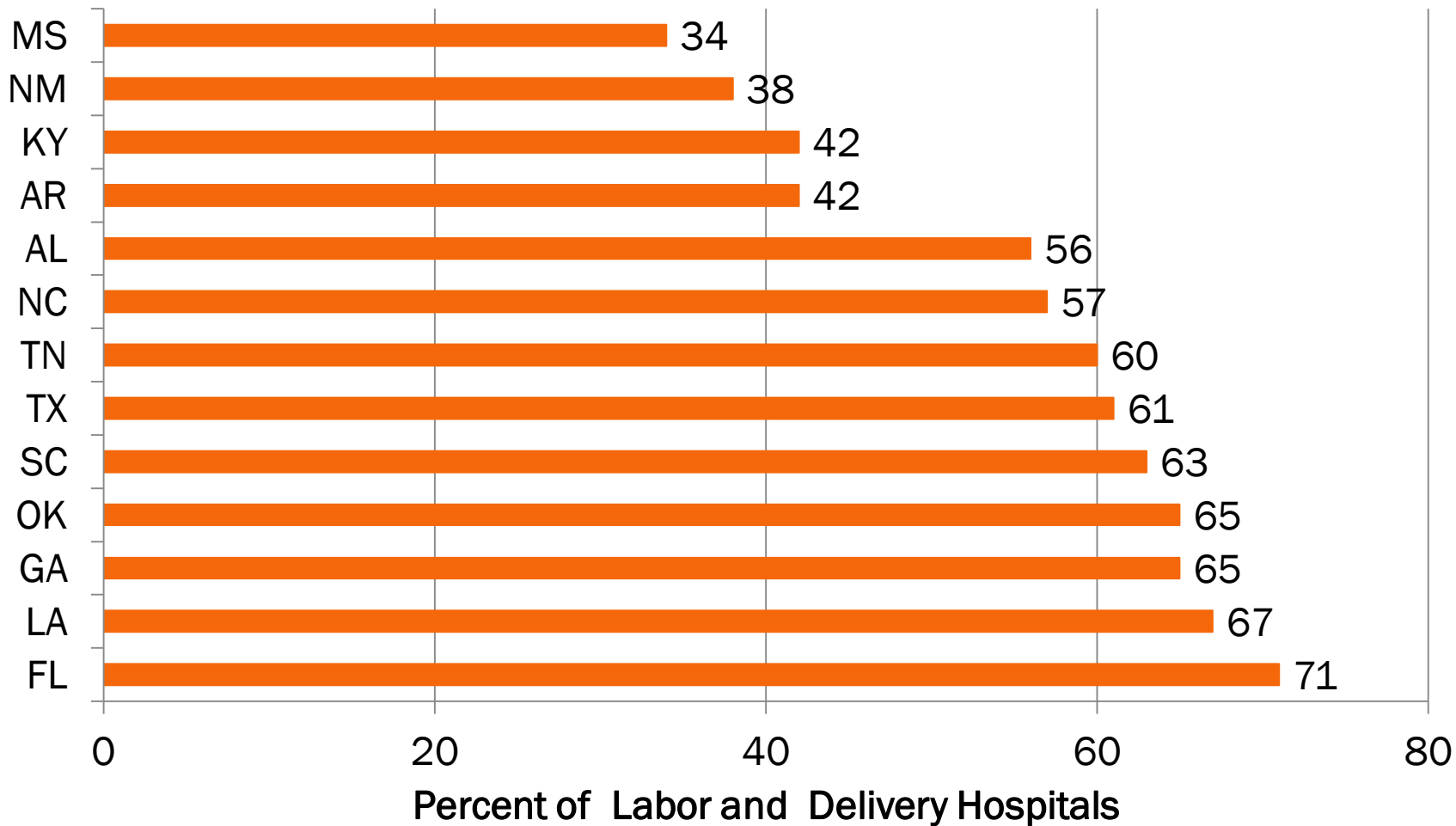
Initial Conclusions

- State trends in the singleton elective delivery rate and early term birth rate are similar.
- Since 2009, progress can be seen across most states in reducing elective delivery rates.
- State progress appear to have plateaued in 2012.
- These findings need to be confirmed by other data sources if possible

Unpublished National Survey Hospital Hard Stop Policy

- Phone survey of OB nurse managers or charge nurses in all U.S. labor and delivery hospitals (AHA database)
- Conducted between July 1, 2012 and August 31, 2012
- Asked about the presence of a hard stop policy on elective deliveries prior to 39 weeks
- Responses were obtained from 2,312 of 2,641 hospitals (87.7%)
- Concordance was 70.5% on a 10% retest sample

Percent of L&D Hospitals with “Hard Stop” Policy Southern States, July 1 to Aug. 31, 2012



Implications

- Initial efforts to reduce elective deliver appear to be successful.
- Further efforts should intensify to focus of remaining issues and hospitals building on current successes.

Thanks to State Vital Statistics and MCH
Epidemiology Units!

COLIN Elective Delivery Team