Impacting Pregnancy Outcomes

Can we really do something to improve the neonatal outcome of an inevitable preterm birth?
Can we impact the primary C-section Rate?
DSRIP 2.0 Maternal Safety Bundle

- Measure 1 is the number of nulliparous women at term with a singleton baby in a vertex position delivered by C-section.

- Measure 2 is the number of patients at risk for preterm delivery >24wks and <34wk gestation receiving antenatal steroids prior to delivering preterm newborns.
Recognizing Need for Steroids?

- Entire OB team to be in tune to signs/symptoms preterm labor and be diligent with patient education.

- Steroids indicated $\geq 24$wks and $<34$wks when signs/symptoms preterm labor and/or medical conditions exist that would cause concern for delivery within 7 days. Usual course is one dose, followed by second dose 24hrs later.
Why are steroids so important?

• Corticosteroid administration prior to anticipated preterm birth is one of the most important antenatal therapies available to improve newborn outcomes.
• Neonatal morbidity and mortality is significantly decreased if antenatal steroids are given within the 7 days prior to delivery.
• Even if delivery suspected to be imminent, any time with the steroids on board is thought to improve neonatal outcome.
Can we prevent a C-section?

- We can lower the C-section rates through our actions and education as health care providers
- Factors to assess:
  - Weight gain excessive
  - Initial prenatal HgbA1c
  - Timing of GTT at 24-28wks with prompt referral and intervention with + diabetes screen
  - Education, education, education
  - Avoidance of the elective induction of labor
Why Do We Want to Avoid a C-section

- Increased risk for placental abnormalities, uterine rupture (risk 1-2%)
- Increased risk for repeat C-section. With each subsequent C-section, maternal and perinatal morbidity and mortality increase.
Questions