



Dear Colleagues:

I am writing to invite your hospital to participate in a statewide quality collaborative. The goal of this one-year initiative is to eliminate elective deliveries at gestational ages less than 39 weeks in the state of North Carolina. I am the Maternity Project Director for the Perinatal Quality Collaborative of North Carolina (PQCNC), an independent, state and federally supported organization formed in 2007 and committed to making North Carolina the best place to be born.

The focus on eliminating elective deliveries before 39 weeks' gestation was chosen for the following reasons:

1. There is a well-established ACOG recommendation not to perform elective deliveries prior to 39 weeks' gestation in order to avoid iatrogenic prematurity.
2. JCAHO, Leapfrog and AHRQ are or will soon be including the rate of elective delivery prior to 39 weeks' gestation as a quality marker.
3. Measurable outcomes to demonstrate impact are easily obtained.
4. Improvement in this process will help mothers, their infants, and hospitals.

Such deliveries have been shown to increase the risk of both maternal and neonatal complications, including higher rates of NICU admission, and to increase resource utilization by prolonging labors and increasing cesarean rates.

The collaborative will launch with a two-hour webinar on August 3 from 3:00 to 5:00pm to explain the chart review process. A one-day Action Learning Lab will be held in September to review the data from the chart review and for teams to create a plan for how to reduce these deliveries at their facilities. The session will be held September 16 at the Hawthorne Inn in Winston-Salem and repeated September 18 at the Sheraton in Chapel Hill; attendance at one session by the full team is required to participate. Continuing education hours will be offered to physicians and nurses who attend the learning session.

PQCNC is partnering with March of Dimes on this initiative to subsidize the cost of this collaborative, including overnight accommodations for those traveling long distances to attend the September learning session, breakfast and lunch at the meeting, and the development of a toolkit. PQCNC will host quarterly webinars throughout the year for teams to share their experiences and discuss the results reflected in the data and monthly conference calls to support those who are involved in collecting data for this project.

In order to participate, hospitals must agree to the following:

- A. Identify a physician and a nurse champion who will participate in the web and in-person meetings.
- B. Designate a hospital administrator, preferably either the Director of Risk Management or Quality, who will participate in the web and in-person meetings and support the initiative.



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- C. Review 50 charts of induced or scheduled cesarean births prior to January 1, 2009 to establish a baseline rate of elective deliveries under 39 weeks.
  - D. Attend the Action Learning Lab in September 2009 as a team (OB leader, nurse leader, risk manager and/or quality director; additional frontline staff and/or patient advocate are encouraged to participate) and develop an action plan to decrease the rates of elective deliveries under 39 weeks
  - E. Collect monthly data on all inductions and scheduled cesareans to be submitted via a secure web-based program developed by PQCNC.
  - F. Share successes and obstacles with other North Carolina delivering hospitals.

If your institution would like to send a team to the collaborative, or if you would like more information about this project or about PQCNC, please contact coordinator Keith M Cochran by using the “Contact Us” link at [www.pqcnc.org](http://www.pqcnc.org). Please respond no later than July 15 and provide names and contact information for the team members who will participate. Involvement with PQCNC is voluntary and there are no upfront costs.

As an organization, PQCNC will be coordinating at least one perinatal quality project per year. We encourage your organization’s ongoing involvement with PQCNC. As you may know, this year the March of Dimes assigned a failing grade (F) to North Carolina in terms of our prematurity rates. We have much to do as a state. All of us in North Carolina are working continuously to provide the best possible care for our patients. PQCNC hopes to make it as easy as possible for hospitals to participate in relevant, meaningful quality improvement collaboratives to improve the health of our mothers and babies. We certainly hope that you will choose to join us in this effort.

Nancy Chescheir, MD  
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Perinatal Quality Collaborative of North Carolina