



# Phase 1

## WV Quality Collaborative For Eliminating Non-Medically Indicated Elective Preterm Deliveries Prior to 39 Weeks Gestation

*WV Health Care Authority, in Collaboration with:*

- *West Virginia Perinatal Partnership*
- *West Virginia Health Improvement Institute*
- *March of Dimes – WV Chapter*



# Phase 1

- 14 hospitals representing more than 70% of WV deliveries participated
- Monthly meetings to discuss successes and failures
- Access to website and listserv to share information



# Phase 1

## Primary Goal :

Eliminate deliveries when gestational age is less than 39 weeks and no medical indications are documented



# Phase 1

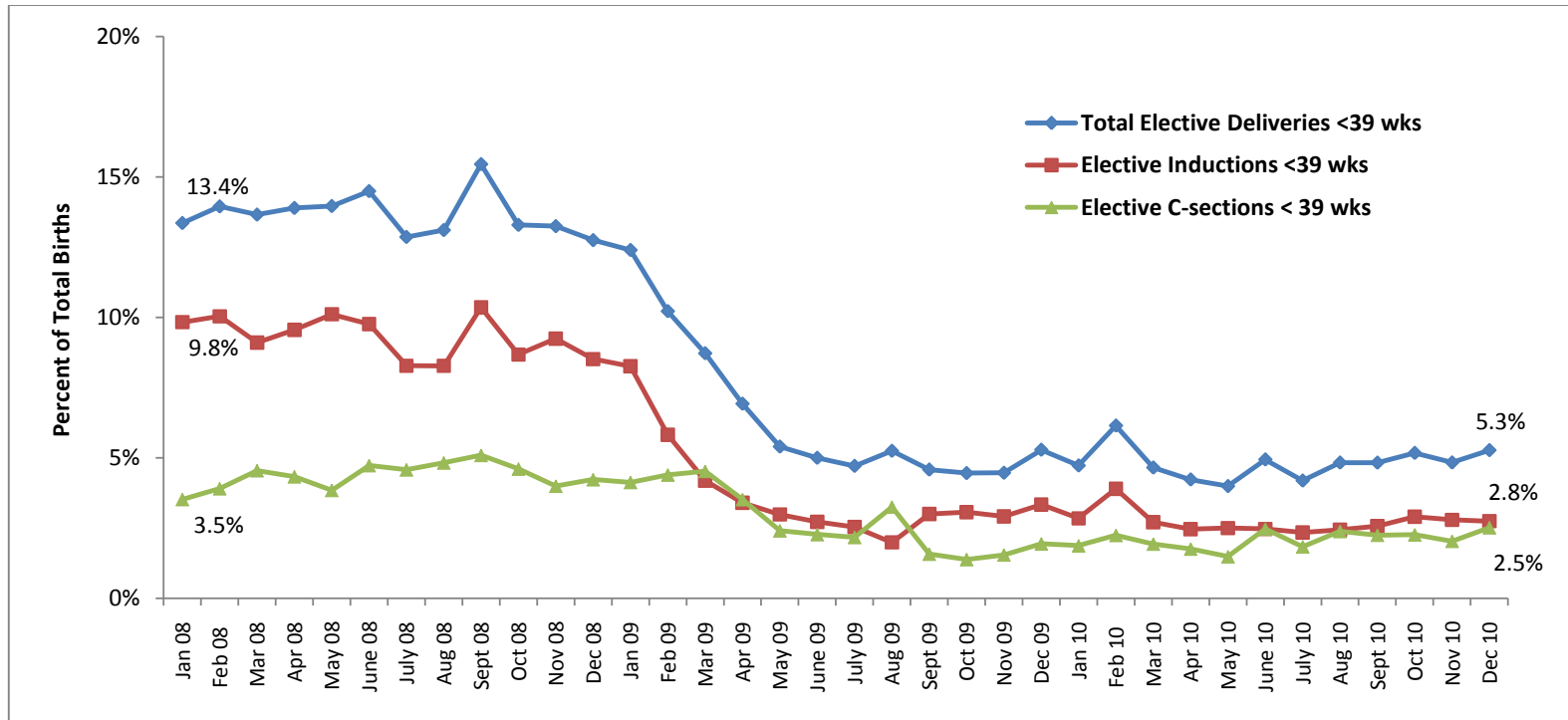
- Data gathered from WV birth certificate data by WV Office of Health Statistics monthly
- 2008 data baseline

**WEST VIRGINIA OB QUALITY COLLABORATIVE**

*West Virginia Perinatal Partnership • West Virginia Health Care Authority • March of Dimes-West Virginia Chapter*

**Non-Medically Indicated Elective Births Prior to 39 Weeks Gestation by Month**

**West Virginia, January 2008 – December 2010\***



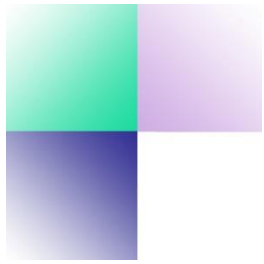
\*Preliminary 2010 data.

Data Source: Birth Certificate Data, West Virginia Health Statistics Center.

# Phase 1

## LESSONS LEARNED

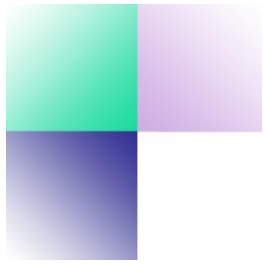
- Education of patients, providers and staff necessary
- Better recording of birth certificate data required
- Revisions needed to birth certificate format (in process)



# Phase II

## First Baby Initiative

A Partnership Project of the  
West Virginia Perinatal Partnership,  
the West Virginia Health Care Authority,  
the March of Dimes, West Virginia Chapter  
and the West Virginia Birthing Hospitals



# Phase II

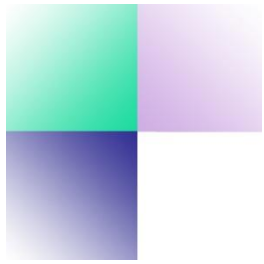
## First Baby Initiative

### **CHAMPIONS**

Dr. Luis Bracero  
Dr. William Holls  
Dr. David C. Jude

### **STAFF**

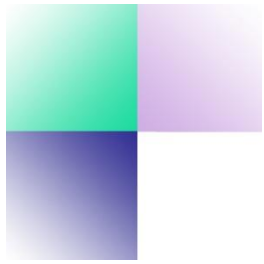
Nancy Tolliver  
Ann Stottlemyer  
Joyce Daniels  
Amy Wenmoth



# Phase II

## First Baby Initiative

- 25 participating hospitals as of 7/28/11
- Each hospital has team
- Initial educational meeting
- Monthly conference calls to identify and share information

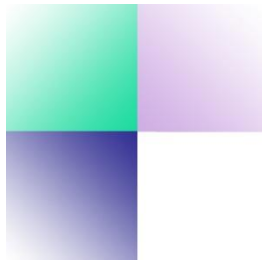


# Phase II

## First Baby Initiative

### PROJECT GOALS FOR FIRST TIME MOTHERS

- Reduce c-section rate
- Reduce early admissions rate
- Reduce labor induction rate
- Improve birth outcomes

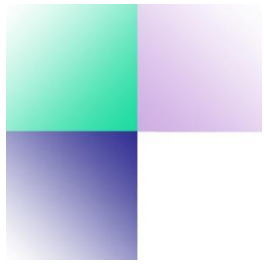


# Phase II

## First Baby Initiative

### SPECIAL RISKS FOR FIRST TIME MOTHERS

- 37% had labor induced, 41.2% (2009)
- Of labor inductions, 50.9% had no documented MRF
- More than 30% of those induced ended in c-section



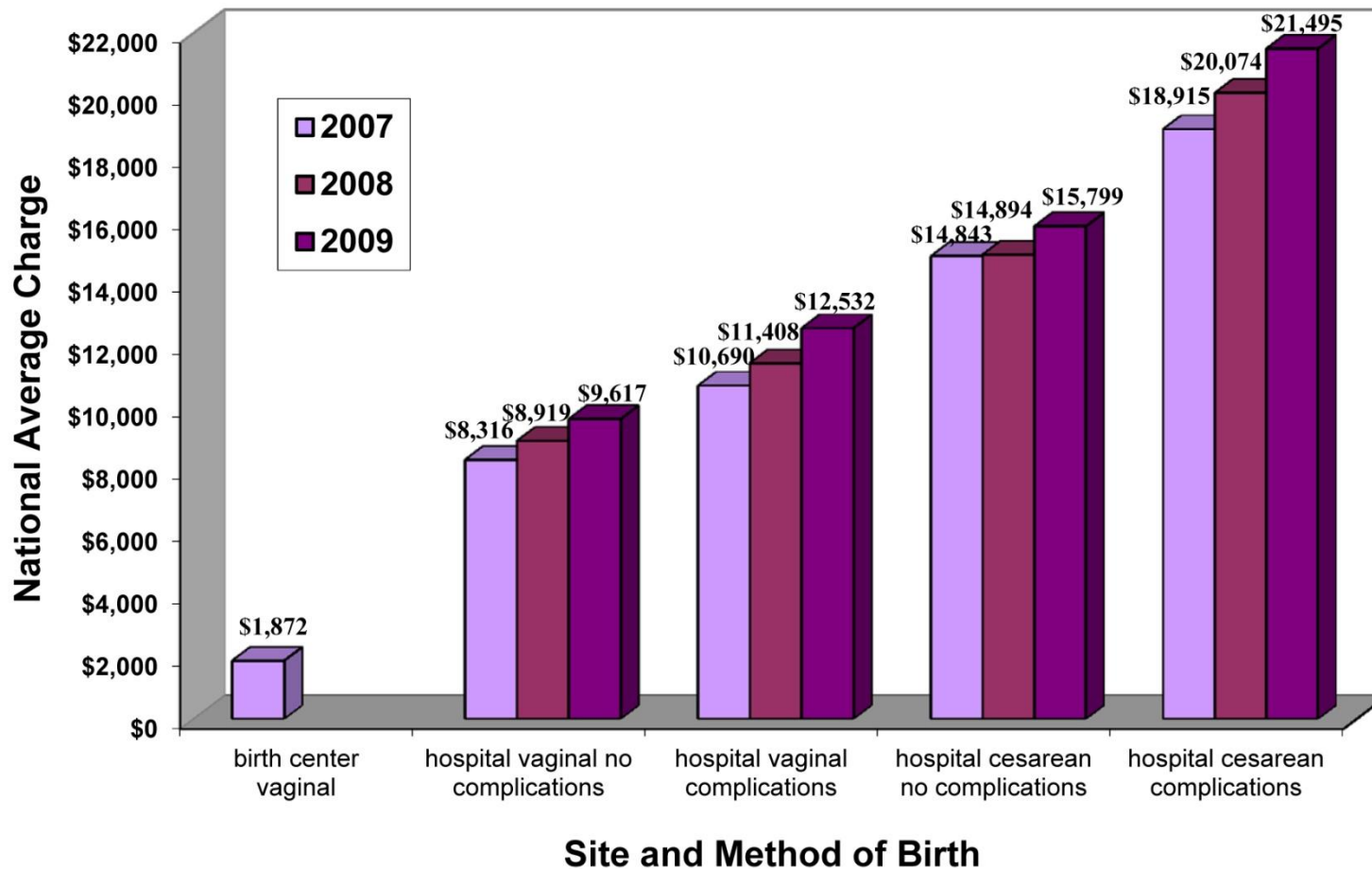
# Phase II

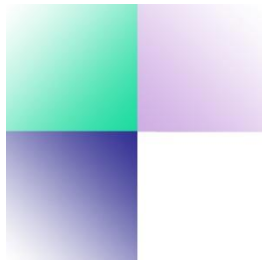
## First Baby Initiative

### SPECIAL RISKS FOR FIRST TIME MOTHERS (Cont'd.)

- 7% experienced two or more complications of L & D (data source: WV birth certificate 2001 - 2005)
- Other studies show:
  - Twice the rate of epidural
  - Almost twice the babies admitted to NICU

## Average Facility Labor and Birth Charge By Site and Method of Birth, United States, 2007-2009





# Phase II

## First Baby Initiative

### MONTHLY TELECONFERENCES

- Second Wednesday of every month (dates in packet)
- Share change concepts implemented
- Share barriers faced
- Share solutions applied
- Review data reports and progress

# WEST VIRGINIA PERINATAL PARTNERSHIP

A PROJECT OF THE WEST VIRGINIA HEALTHY KIDS AND FAMILIES COALITION AND WEST VIRGINIA COMMUNITY VOICES  
FUNDED BY THE CLAUDE WORTHINGTON BENEDUM FOUNDATION



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## Focal Points

FIRST BABY INITIATIVE

TRANSPORT

HOSPITAL  
GUIDELINES

RISK SCREENING

## West Virginia First Baby Initiative



The West Virginia Perinatal Partnership is pleased to be collaborating with the West Virginia Health Care Authority, March of Dimes-WV Chapter, and West Virginia hospitals in a project to improve health outcomes of mothers and their babies. The "West Virginia First Baby Initiative" is a quality improvement initiative that seeks to reduce cesarean sections in first-time mothers.

**An introductory meeting will be held on July 29, 2011, beginning at 9:00 AM at the Embassy Suites in Charleston. In addition to presentations on the latest research related to improving first-time mother and infant outcomes, the meeting will feature a presentation on a model project in pre-term birth prevention by Dr. David Lagrew of Saddleback Memorial Center, Laguna Hills, California.**

Under the leadership of Maternal Fetal Medicine specialists Dr. Luis Bracero and Dr. William Holls, and Obstetrician/Gynecologist Dr. David C. Jude, hospitals will be encouraged to examine practices and focus on reducing cesarean section rates among low-risk nulliparous women. Each WV hospital participating in the First Baby Initiative will identify a team of the people to be responsible for planning, implementing, and measuring progress on the project within their facility.

The project will also include a process to identify and share information about change concepts being employed by the participating maternity providers. From September 2011 through May 2012, teams will participate in monthly teleconferences to share tools and lessons learned and to generate ideas to address barriers and identify resources.

Medical research has long studied the effects of elective labor induction and of cesarean delivery on mother and baby. West Virginia, like most of the US and Canada, has seen a rise in the rate of elective primary cesarean delivery and in elective labor induction, in part due to the widespread perception that these procedures are of little or no risk to healthy women. West Virginia has experienced some of the highest rates of labor induction and c-sections in the

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PARTICIPANTS-ONLY  
AREA

## First Baby Initiative Oversight Committee

**Champions:** Luis Bracero, MD, FACOG, CAMC Women and Children's Hospital, and Professor, Obstetrics and Gynecology, WVU Health Sciences Center, Charleston; William M. Holls, MD, Professor and Director of Labor & Delivery & Maternal and Fetal Medicine Outreach, Department of Obstetrics and Gynecology, West Virginia University School of Medicine, and David C. Jude, MD, FACOG, Professor and Interim Chairman, Department of Obstetrics and Gynecology, Joan C. Edwards School of Medicine at Marshall University

**Committee Members:** Nancy Atkins, WV Medicaid, Charleston; Cindy Beane, WV Medicaid, Charleston; Melissa Baker, WVDHHR, Charleston; James Becker, WV Medicaid, Charleston; Sue Binder, WV March of Dimes, Charleston; Phyllis Bradley, RN, Camden Clark Hospital, Parkersburg; Martha Carter, RN, NM, FamilyCare Health Center, South Charleston



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- TRANSPORT
- HOSPITAL GUIDELINES
- RISK SCREENING
- TELECONSULTATION

## Mission



*We are a statewide partnership of health care professionals and public and private organizations working to improve perinatal health in West Virginia.*

- We want health care providers to be able to best care for pregnant women and their babies.
- We encourage new laws that promote better health for pregnant women and their babies.
- We create opportunities for perinatal professionals to share their expertise with each other.
- We spread the latest knowledge about perinatal health through educational programs.
- We work to reduce tobacco and drug use among pregnant women and foster oral health care in pregnant women and infants.
- We study research and trends in mother/child health and work to distribute that information.

[GET INVOLVED](#)

[READ MORE ABOUT US AND OUR ACCOMPLISHMENTS SO FAR](#)

[READ OUR 2010 WORKPLAN \(PDF\)](#)

[GOTO THE 2010 PERINATAL SUMMITS PROCEEDINGS PAGE](#)

## First Baby Initiative Announced

The West Virginia Perinatal Partnership is pleased to be collaborating with the West Virginia Health Care Authority, March of Dimes-WV Chapter, and West Virginia hospitals in a project to improve health outcomes of mothers and their babies. The "[West Virginia First Baby Initiative](#)" is a quality improvement initiative that seeks to reduce cesarean sections in first-time mothers.

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## News and Events



Connect to Care  
Webcasts

### WV Newborn Metabolic Screening--2010 Report

The first report of screening for the Newborn Metabolic conditions identified 67 confirmed cases of metabolic conditions in 2010. Click [here](#) for complete report. Address questions to Anne Williams, RN, BSN, MS-HCA, Director Office of Maternal, Child and Family Health, Bureau for Public Health, WV Department of Health and Human Resources ,350 Capitol Street, Room 427 Charleston, WV 25301-3714 (304) 356-4442 [Anne.A.Williams@wv.gov](mailto:Anne.A.Williams@wv.gov)

### Proceedings of the 2011 Central Advisory Council meeting available.

You may view the agenda of the May 20, 2011 meeting and presentations of the working committees [here](#).

2011 Conferences on Environmental Toxicity and Neurodevelopmental Disorders


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wvperinatal.org/fbi.htm

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## West Virginia First Baby Initiative

The West Virginia Perinatal Partnership is pleased to be collaborating with the...  
...to improve...  
...and their...  
...Baby...  
...ment...  
...cesarean

**First Baby Initiative Committee**

**Champions:**  
MD, FACOG, C...  
and Children's...  
Professor, Obi...  
Gynecology, V...  
Sciences Cent...  
William M. Hol...  
Professor and...  
Labor & Deliv...  
and Fetal Med...  
Department of...  
Gynecology, V...  
University Sch...  
Medicine, and...  
MD, FACOG, F...  
Interim Chair...  
Department of...  
Gynecology, J...  
School of Med...  
Marshall Unive

**Committee M**

An introduct...  
at the Embas...  
latest resear...  
the meeting...  
prevention by **Dr. David Lagrew of Saddleback Memorial Center, Laguna Hills, California.**

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The project will also include a process to identify and share information about...  
...the concepts being employed by the participating maternity providers. From

9:00 AM  
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RISK SCREENING

## West Virginia First Baby Initiative

### Confidential Data

**NOTICE: Data accessible through this page is preliminary and is subject to refinement and correction throughout the First Baby Initiative project time period and beyond. Because the data is preliminary, the data is intended only for the internal use of participating hospitals to address the goals and objectives of the West Virginia First Baby Initiative.**

### Reports

Aggregated data for West Virginia hospitals will be update and posted here before the second Tuesday of the month during the term of the project.

[Selected Statistics for West Virginia Resident First-Time Mothers 2001-2005,](#)

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**WEST VIRGINIA OB QUALITY COLLABORATIVE**

*West Virginia Perinatal Partnership • West Virginia Health Care Authority • March of Dimes-West Virginia Chapter*

**Hospital Data - Phase 1 Update and Phase 2 Baseline Data**

Data Source: Birth Certificate Data, West Virginia Health Statistics Center

July 29, 2011

**Hospital: NAME**

**Phase 1: Non-Medically Indicated Births <39 Weeks Gestation**

Participant in Phase 1: NO

Indicator		2008			2009			2010**		
		Total Births	#	% of Births	Total Births	#	% of Births	Total Births	#	% of Births
<b>1. Elective Inductions &lt;39 Weeks</b> = Induced births <39 weeks with no medical risk factor	Hospital									
	WV Total*	21,443	1,991	9.3%	21,298	779	3.7%	20,755	563	2.7%
<b>2. Elective C-sections &lt;39 Weeks</b> = Non-induced c-sections <39 weeks with no medical risk factor or complication	Hospital									
	WV Total*	21,443	935	4.4%	21,298	587	2.8%	20,755	435	2.1%
<b>3. Total Elective Births &lt;39 Weeks</b> = Elective Inductions + Elective C-sections	Hospital									
	WV Total*	21,443	2,929	13.7%	21,298	1,366	6.4%	20,755	998	4.8%

\* WV Total = Births occurring in all West Virginia hospitals

\*\* Preliminary 2010 data

**Hospital: NAME**

**Phase 2: First Baby Initiative**

**Indicator 1: Primary C-sections - Preliminary 2010 Data**

		NULLIPAROUS Singleton Births			MULTIPAROUS Singleton Births			TOTAL Singleton Births		
		# Births	Primary C-sections		# Births	Primary C-sections		# Births	Primary C-sections	
			#	% of Births		#	% of Births		#	% of Births
Total Singleton Births	Hospital									
	WV Total*	8,729	2,996	34.3	11,439	955	8.3	20,168	3,951	19.6
Singleton Births with Vertex Presentation	Hospital									
	WV Total*	8,388	2,678	31.9	11,123	738	6.6	19,511	3,416	17.5

Interpretation Example: In 2010, 34.3% of nulliparous singleton births that occurred in WV were delivered by c-section.

**Indicator 2: Inductions - Preliminary 2010 Data**

	# Births	NULLIPAROUS Singleton Births				MULTIPAROUS Singleton Births				TOTAL Singleton Births					
		Inductions with No MRF or Congenital Anomalies				Inductions with No MRF or Congenital Anomalies				Inductions with No MRF or Congenital Anomalies					
		<39 Weeks		<41 Weeks		<39 Weeks		<41 Weeks		<39 Weeks		<41 Weeks			
		#	% of Births	#	% of Births	#	% of Births	#	% of Births	#	% of Births	#	% of Births		
Hospital	250														
WV Total*	8,729	249	2.9	1,583	18.1	11,439	300	2.6	1,583	13.8	20,168	549	2.7	3,166	15.7

Interpretation Example: In 2010, 18.1% of nulliparous singleton births that occurred in WV were induced prior to 41 weeks gestation with no documentation of a medical risk factor or congenital anomaly.

**Indicator 3: Primary C-sections after Induction vs. Spontaneous Labor\*\* - Preliminary 2010 Data**

		NULLIPAROUS Singleton Births			MULTIPAROUS Singleton Births			TOTAL Singleton Births		
		# Births	Primary C-sections		# Births	Primary C-sections		# Births	Primary C-sections	
			#	% of Births		#	% of Births		#	% of Births
Induced	Hospital									
	WV Total*	3,654	1,228	33.6	3,350	234	7.0	7,004	1,462	20.9
Spontaneous Labor**	Hospital									
	WV Total*	3,878	936	24.1	4,521	366	8.1	8,399	1,302	15.5

\* WV Total = Births occurring in all West Virginia hospitals

\*\* Spontaneous Labor = No induction of labor and method of delivery is either vaginal or unscheduled c-section.

Interpretation Example: In 2010, 33.6% of WV nulliparous singleton births that were induced resulted in a c-section, compared to 24.1% of nulliparous singleton births that experienced spontaneous labor.