Healthcare Organization Commitment

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Commitment Details

Commitment Name
Optimize the Administration of Antenatal Corticosteroids (ACS) for Impending Preterm Births

Participants
KuoJen Tsao, MD
Dr. Rahul Gupta, MD, MPH, MBA, FACP

What Patient Safety Challenge does your Commitment address?
Commitment Start Date
01/01/2016

How Many Hospitals Will This Commitment Represent
0

Action Plan
We have a Data Collection Form that can be entered into a data collection system developed by HealthCatalyst. In addition, the Big 5/6 ACT initiative is using the Preterm Labor Assessment Toolkit (http://www.marchofdimes.org/professionals/preterm-labor-assessment-toolkit.aspx), developed in collaboration with MOD and California volunteers, to standardize these clinical evaluations. The project has identified and is attempting to address the barriers, such as: lack of standardized assessment of preterm labor to ensure the patient will deliver in 7 days; tracking ACT in the EHR, since most EHRs do not support dose timing or when the course is completed; maternal transport, since many of the hospitals do not have clear guidelines or communication pathways for handing off a preterm labor patient and her ACT; 24/7 access to antenatal steroids in L&D; and standardizing knowledge and practice to ensure efficient and appropriate use of ACT. This project is still in the pilot phase and we are in the process of developing strategies to overcome these challenges. The success of this initiative will depend on building a culture of perinatal safety in the participating institutions, and integrating outpatient departments and offices, as well as referral hospitals into this culture of perinatal safety. This culture of perinatal safety should benefit pregnant women and their babies beyond this specific initiative. With the national spread of this initiative, we would want it to impact all women 24-34 weeks gestation who may give birth in the next 7 days. Working with a national organization like the Patient Safety Movement will be important in expanding this initiative throughout the U.S. Our goal is to promote this initiative nationally so that appropriate indicated use of ACS will become a perinatal safety practice and lack of use will be recognized as a medical error.

Commitment Timeline

Impact Details

Lives Lost in Last Calendar Year
0

How many lives do you expect to spare from harm in the next calendar year?
0

How many lives do you expect to save in the next calendar year?
0
Methodology for Determining Lives Saved
We estimated in the following manner the number of neonatal deaths that would be prevented if all pregnant women, and therefore all fetuses, between 24 and 34 weeks gestation would be treated appropriately with ACS. In 2013, 377,655 babies were born preterm, and 15,675 of these babies died during the first year of life [Martin JA et al., 2015]. Of the 15,675 babies born preterm who died during the first year of life, there were 12,998 neonatal deaths [Mathews TJ et al., 2013]. Roberts and Dalziel reported an overall reduction of neonatal deaths by .31 or 4,029 [Roberts D et al., 2006]. Therefore, approximately 4,000 neonatal deaths could be prevented by appropriate use of ACS in 100% of women for whom it would be indicated. Some of these deaths are being prevented already with current ACS practices. All healthcare organizations and services should have policies and protocols in place for ACS to reduce preventable morbidity and mortality. References: Martin JA, Osterman MJK, Kirmeyer SE, Gregory ECW. Measuring gestational age in vital statistics data: Transitioning to the obstetric estimate. National vital statistics reports; vol 64 no 5. Hyattsville, MD: National Center for Health Statistics, 2015. Mathews TJ, MacDorman MF, Thoma ME. Infant mortality statistics from the 2013 period linked birth/infant death data set. National vital statistics reports; vol 64 no 9. Hyattsville, MD: National Center for Health Statistics, 2015. Roberts D, Dalziel SR. Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth. Cochrane Database Syst Rev 2006; 3:CD004454.