Outcomes After Implementation of A Hard Stop Policy
Limiting Elective Delivery Prior to 39-Weeks

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Introduction

The American Congress of Obstetricians and Gynecologists (ACOG) have recommended avoidance of elective delivery prior to 39 weeks without a medical indication. Our urban hospital implemented a ‘hard stop’ policy to prevent elective delivery prior to 39 weeks’ gestation. The purpose of this study was to evaluate outcomes prior to- and post-implementation of this policy.

Results

• The entire dataset revealed n=21,867 women; however, after exclusion criteria was applied including those with missing data the final sample was n=18,503 with PRE n=9,806 and POST n=8,697.
• There was a significant reduction in stillbirth rates (p=0.023) PRE n=16 stillbirths and POST n=3 stillbirths.
• A trend was observed in special or intensive neonatal care admission rates (p=0.06) PRE n=867 and POST n=587.
• There was no significant difference (p=0.718) in macrosomia PRE n=942 and POST n=591.

Discussion

Giving birth at a gestational age short of 39 weeks is the second leading cause of all infant mortality, and the leading cause of neonatal mortality in the United States. Much evidence supports the claim that birth before the gestational age of 39 weeks is associated with worse outcomes including stillbirths, increased risk of poor long-term growth, cognitive and language deficits, and longer hospital stays. The magnitude of increased births at less than 39 weeks may be largely due to a culture of convenience coupled with lenient policies and guidelines regarding elective delivery. However, better adherence to guidelines demonstrates better fetal health outcomes.

Materials and Methods

A retrospective analysis was conducted on macrosomia (MS), stillbirth rates (SB), and special or intensive neonatal care admission rates (SINC) in all term singleton deliveries prior to policy implementation (PRE) January, 2005-January, 2008 and post policy implementation (POST) January, 2010-June, 2012. Data were retrieved from an electronic medical record via Philips’ OB Tracevue. Data were analyzed using SPSS 20.0.

Conclusion

• Adhering to ACOG’s recommendation to avoid elective delivery prior to 39 weeks’ gestation without a medical indication demonstrated improved fetal outcomes which refutes previously published literature citing that a policy limiting elective delivery before 39 weeks of gestation actually increased macrosomia and stillbirth rates.
• Further research should be conducted to investigate the benefits of a ‘hard stop’ policy to reduce stillbirths and special or intensive neonatal care rates.

References