

June 18, 2012

AHA BOARD SUPPORTS POLICIES TO ELIMINATE EARLY-TERM, NON-MEDICALLY NECESSARY DELIVERIES

AT A GLANCE

The Issue:

America's hospitals are committed to protecting the health and well-being of all patients, especially newborns. Research demonstrates that early-term, non-medically necessary deliveries result in higher neonatal intensive care unit (NICU) admissions and increased health complications for babies. To ensure that every infant can reach his or her highest potential for health, the AHA Board of Trustees recently adopted a formal position supporting policies to eliminate early-term, non-medically necessary deliveries.

AHA Call Series:

The AHA this summer will host a conference call series featuring speakers from hospitals that have implemented policies to eliminate early-term, non-medically necessary deliveries. Topics include:

- Implementing a Hospital Policy on Early-Term, Non-Medically Necessary Deliveries: An Overview. *Thursday, June 28 from 1:00 to 2:15 p.m. EASTERN Time.*
- The Role of Medical Staff Leaders in Eliminating Early-Term, Non-Medically Necessary Deliveries. *Thursday, July 19 from 1:00 to 2:15 p.m. EASTERN Time.*
- Essential Components of a Plan to Eliminate Early-Term, Non-Medically Necessary Deliveries: Data Collection, Strategy and Monitoring. *Thursday, August 2 from 1:00 to 2:15 p.m. EASTERN Time.*

To register for one or more of the calls, please visit <http://www.surveymonkey.com/s/ZWDPG87>. For questions about the call series, please contact AHA member relations at 1-800-424-4301.

What You Can Do:

- ✓ Share this advisory with your senior management, senior leader for quality, and chief medical and nursing leaders.
- ✓ If your hospital does not have a policy to eliminate early-term, non-medically necessary deliveries, consider adopting such a policy.
- ✓ Participate in the conference calls on early-term, non-medically necessary deliveries.
- ✓ If your hospital has already eliminated early-term, non-medically necessary deliveries and you wish to be a mentor for other hospitals, contact us at the email addresses below.

Further Questions about this Issue:

Contact Nancy Foster, AHA vice president of quality and patient safety, at nfoster@aha.org or Evelyn Knolle, AHA senior associate director for policy, at eknolle@aha.org.

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BACKGROUND

Babies delivered at 37-41 weeks gestation are considered to be at “term.” Early-term deliveries occur during the first two weeks of this period, at 37 or 38 weeks gestation. Early-term, *non-medically necessary* deliveries are defined as labor inductions or cesarean sections performed at 37 or 38 weeks gestation that have no medical or obstetrical indications.

Research shows that early-term, non-medically necessary deliveries result in higher neonatal intensive care unit (NICU) admissions and increased health complications for babies. The American College of Obstetricians and Gynecologists recommends against inducing labor or performing cesarean sections before 39 weeks gestation *unless medically indicated*. Nevertheless, the practice of non-medically necessary delivery before 39 weeks continues. According to one estimate, early-term, non-medically necessary deliveries may comprise 10-15 percent of all deliveries.

Government leaders and several national advocacy groups are calling on physicians, hospitals and payers to stop early-term, non-medically necessary deliveries. Their efforts have culminated in national public education campaigns, federal and state policies aimed at reducing early-term, non-medically necessary deliveries, and coordinated efforts among state hospital associations and individual hospitals to implement “hard stop” policies.

A number of hospitals and hospital systems already have implemented hard stops, which include adopting new scheduling procedures that require physicians to provide a medical indication prior to performing an early-term delivery or to seek permission from the department chair or another authorized person.

The implementation of hospital policies to eliminate early-term, non-medically necessary deliveries requires resources to track data, educate physicians and nurses, and monitor progress. In addition, some hospitals have reported a loss of revenue due to lower NICU admissions. Nevertheless, these hospitals, and the AHA, believe the benefits of protecting the health of newborns comes first.

AT ISSUE

Last fall, members of the AHA's Maternal and Child Health Governing Council proposed that the AHA Board of Trustees take a position urging hospitals to eliminate non-medically necessary deliveries prior to 39 weeks gestation. AHA members and staff discussed the issues related to early-term, non-medically necessary deliveries this spring during the Regional Policy Board meetings. AHA also solicited feedback from members of its Physician Leadership Forum.

These discussions revealed overwhelming support for an AHA board position on early-term, non-medically necessary deliveries. On May 21, the AHA's Board of Trustees approved the following position:

America's hospitals are committed to protecting the health and well-being of all patients, including newborns. Increasing evidence demonstrates that elective deliveries prior to full-term gestation put babies at risk, and established clinical guidelines now advise against performing early-term (37 or 38-weeks gestation), non-medically necessary deliveries.

Improving the nation's health care system requires enhancing patient care and the health of populations through the most effective use of resources. With those goals in mind, eliminating elective deliveries prior to full-term gestation is a priority for hospitals and will lead to better quality, value and health for patients and communities.

To ensure that every infant can reach his or her highest potential for health, AHA supports policies to eliminate early-term, non-medically necessary deliveries.

NEXT STEPS

The AHA will hold a series of conference calls featuring speakers from hospitals that have eliminated early-term, non-medically necessary deliveries. If your hospital has not adopted a policy related to early-term, non-medically necessary deliveries, or if you are in the midst of implementing such a policy, we encourage you to participate in these calls to learn more about the strategies and best practices used by hospitals.

The focus of each call is described below.

- Implementing a Hospital Policy on Early-Term, Non-Medically Necessary Deliveries: An Overview. This call will briefly highlight the risks to newborns and provide information from two hospital systems that have implemented policies to eliminate early-term, non-medically necessary deliveries. **THURSDAY, JUNE 28 FROM 1:00 TO 2:15 P.M. EASTERN TIME.**
- The Role of Medical Staff Leaders in Eliminating Early-Term Non-Medically Necessary Deliveries. This call will focus on the role of medical staff leaders in successfully adopting policies to eliminate early-term, non-medically necessary deliveries. **THURSDAY, JULY 19 FROM 1:00 TO 2:15 P.M. EASTERN TIME.**
- Essential Components of a Plan to Eliminate Early-Term Non-Medically Necessary Deliveries: Data Collection, Strategy, and Monitoring. This call will provide information on collecting the data needed to carry out policies on eliminating early term, non-medically necessary delivery and effective methods of monitoring these policies. **THURSDAY, AUGUST 2 FROM 1:00 TO 2:15 P.M. EASTERN TIME.**

For more information and to register for these calls, visit:

<http://www.surveymonkey.com/s/ZWDPG87>.