

## **Early Elective Inductions & Deliveries**

Nonmedically indicated delivery, including cesarean delivery, inductions of labor, and cervical ripening should not occur before 39 0/7 weeks of gestation.<sup>1</sup>

Infants born earlier are at greater risk of infant mortality and are more likely to suffer breathing, feeding, and developmental problems.<sup>2,3</sup>



Medical indications justifying an elective delivery prior to 39 weeks are detailed in <u>The Joint Commission manual</u>.<sup>4</sup>



Reduce demand and barriers, provide clear clinical direction, and use standardized forms (more info in The Leapfrog Group's Before 39 Weeks Gestational Age Toolkit).<sup>5</sup>

## Primary Cesarean (TJC PC-02)

Increased cesarean births do not result in reductions in morbidity & mortality, and cesarean-related health risks include increased rates of infection, hemorrhage, and hospital readmission.<sup>6,7</sup>



Women who self-identify as Black are disproportionately more likely to have a cesarean in SC. The SCBOI Birth Equity Workgroup is working to identify and expand evidence-based clinical and community-based initiatives that address this and other racial inequities in SC. Get meeting information <a href="here">here</a>.



SC Birth Outcomes Initiative (SCBOI) launched the Supporting Vaginal Birth (SVB) Initiative in 2014 and has provided several tools to support your hospital in preventing primary cesareans in its SVB <u>bundle</u>.8



Additional information may be reviewed in three SCBOI SVB <u>webinars</u> and AIM's printable Safe Reduction of Primary Cesarean Birth <u>bundle</u>.<sup>9,10</sup>



Learn more from the Institute for Healthcare Improvement regarding the safe reduction of NTSV cesarean births in this <u>short video</u>.

## SOURCES

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- 2 Centers for Disease Control and Prevention. (2021). Preterm birth. Reproductive health. Retrieved from <a href="https://www.cdc.gov/reproductivehealth/maternalinfant-health/pretermbirth.htm">https://www.cdc.gov/reproductivehealth/maternalinfant-health/pretermbirth.htm</a>.
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- 4 The Joint Commission Table Number 11.07: Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation (TJC2022B1). Retrieved from <a href="https://manual.jointcommission.org/releases/TJC2022B1/TableOfContentsTJC.html">https://manual.jointcommission.org/releases/TJC2022B1/TableOfContentsTJC.html</a>.
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- 6 Zipori Y, Grunwald O, Ginsberg Y, Beloosesky R, Weiner Z. The impact of extending the second stage of labor to prevent primary cesarean delivery on maternal and neonatal outcomes. American journal of obstetrics and gynecology. 2019 Feb 1;220(2):191-e1.
- 7 Leapfrog hospital survey (2022). Factsheet: Maternity care. Retrieved from <a href="https://ratings.leapfroggroup.org/sites/default/files/inline-files/2022%20Maternity%20">https://ratings.leapfroggroup.org/sites/default/files/inline-files/2022%20Maternity%20</a> Care%20Fact%20Sheet.pdf
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- 9 SC Healthy Connections Medicaid. South Carolina Birth Outcomes Initiative webinars. Retrieved from https://vip.scdhhs.gov/boi/site-page/archives.
- 10 Alliance for Innovation on Maternal Health. Safe Reduction of Primary Cesarean Birth Bundle. Retrieved from <a href="https://saferbirth.org/psbs/safe-reduction-of-primary-cesarean-birth">https://saferbirth.org/psbs/safe-reduction-of-primary-cesarean-birth</a>.