

Optimizing Outcomes, Reducing Risk for the Obstetric Patient

This issue of Forum addresses many opportunities for the improvement of obstetrical care and the reduction of malpractice claims against obstetrical clinicians. Below is a brief summary.

Patient Assessment

- Preconception: promote smoking cessation and weight control.
- Prenatal: obtain full medical and obstetrical history.
- Patients with history of preterm births: maintain vigilance, e.g.,
 - monitor cervical length with periodic transvaginal ultrasounds, and
 - consider administering weekly 17 alpha-hydroxyprogesterone.

Consent

- Discuss proposed actions, risks, benefits, and alternatives with the patient and her partner early on and throughout the patient's pregnancy.
- Discuss with the patient her plans and expectations for childbirth.
- Confirm with the patient and her partner that the patient is the one best able to make decisions during labor.

Stillbirth

- Initiate preconception counseling regarding weight, aiming to optimize weight prior to pregnancy.
- Encourage smoking cessation.
- Control blood glucose levels.
- Fetal ultrasound: evaluate for presence of congenital anomalies.
- Minimize higher order multiple gestations (triplets or more).
- Monitor fetal growth with periodic fetal ultrasounds for high risk pregnancies.
- Assess fetal activity using fetal kick counts.
- Have a low threshold for fetal evaluation with reports of decreased fetal activity.

Shoulder Dystocia

- Be familiar with the evidence-based risk factors for shoulder dystocia:
 - history of previous shoulder dystocia,
 - macrosomia,
 - gestational diabetes,
 - small maternal stature, and
 - operative vaginal delivery: forceps or vacuum.

Quality Measures

- Select and monitor pertinent process and outcome indicators to identify opportunities for improving quality and safety of obstetric care in the ambulatory and hospital setting.
- Provide education and "practice" opportunities for providers (e.g., simulation, team training, effective communication, emergency response drills, use of guidelines/algorithms).
- Perform routine rounds in Labor and Deliver two or more times a day to facilitate situation awareness, cross-monitoring, and collective appreciation for the plan of care.

Miscellaneous

- Periodically evaluate staff cognitive skills, such as with written examinations as specified by ACOG, AWHONN, ACNM, or AAFP.
- Convert to computer-assisted medication prescribing and order entry and electronic medical records.