

With over 5,500 births last year, ensuring excellent maternal and fetal care is of the utmost importance at OSF HealthCare. Six years ago, the OSF HealthCare OB Collaborative was formed, bringing together physicians, nurses and safety experts to reduce early elective deliveries. Since then, the collaborative has expanded to address a number of issues and standardize maternal and fetal practices.

Early elective deliveries are scheduled deliveries prior to 39 weeks gestation, usually for factors of convenience and not medically necessary. Thirty-nine weeks was once considered full-term, but evidence now shows that critical development happens in the final week or two weeks of gestation. Babies delivered before 40 weeks may face a range of issues that otherwise could have been avoided.

Dr. Kim Johnson, Director of Physician Practices and OB/GYN at OSF HealthCare St. Francis Medical Group in Escanaba, Michigan, explains the dangers of early elective deliveries.

***“The dangers of doing that is that kids are not fully developed before 39 weeks. They have respiratory issues, jaundice and can end up in the NICU with additional procedures and more separation from families. It’s just not the right thing to do.”***

The American College of Obstetrics and Gynecology and the March of Dimes have strongly advocated against early elective deliveries for over 30 years, urging physicians not to perform them unless medically necessary. In 2010, an estimated 17 percent of babies in the United States were delivered prior to 39 weeks. Through increases in advocacy and research, early elective delivery rates plummeted to 4.6 percent by 2013.

Dr. Johnson says the work of the collaborative now extends well beyond the issue of early elective deliveries, working to identify women at risk for a range of pregnancy-related conditions.

***“Early elective delivery was the kickoff to bring people together, but the other things we’re trying to address are quality and safety,” she said. “Another component we’re looking at is elevated blood pressure at the end of pregnancy, or preeclampsia. How can we identify at-risk patients and give our providers the ability to care for them in the best way?”***

With the addition of two new hospitals (OSF HealthCare Heart of Mary Medical Center in Urbana and OSF HealthCare Sacred Heart Medical Center in Danville), 2018 could bring up to 7,000 births in the OSF network. Dr. Johnson says the OB Collaborative brings together physicians from all regions to ensure quality of care and also encourage collective learning.

Above all, ensuring the highest quality of care at all facilities is the biggest goal of the collaborative. In a broad network with 13 hospitals of different sizes, Dr. Johnson says patients should always be able to expect excellent care wherever they are located.

***“We have facilities that range from as small as the one where I work, which is a 25 bed hospital, to OSF HealthCare Saint Francis Medical Center in Peoria with 600 beds. So how do we assure that each mom and baby that comes to any facility has an excellent outcome? That’s a lot of the work that the collaborative does – making sure that each facility is practicing at the same excellent standard.”***

The work of the collaborative was publicized when OSF HealthCare received the 2012 Quality Excellence Achievement Award, which recognizes Illinois hospitals and health systems leading in quality and transformative health care. The award was specifically related to improving obstetrical care through organizational collaboration.