



## Antenatal Corticosteroid Treatment (ACT) Pilot September 2015 – December 2016

### Background

Since 2007, perinatal champions from five of the most populous states (California, Florida, Illinois, New York, Texas), which represent nearly 40% of the births in the U.S., have been working together to improve birth outcomes.

Following the initial success of the Big 5 State early elective delivery pilot, (results published in *Obstetrics and Gynecology* Vol. 121, No. 5, May 2013) leaders have been planning the launch of the next Big 5 State initiative, improving the utilization of antenatal corticosteroids.

### The Pilot

25-50 hospitals from the Big 5 States will be selected to participate in the ACT pilot. Chosen hospitals will begin working together in September on improving antenatal corticosteroid utilization and will commit to having all process improvements in place at their institution by January 1, 2016.

Monthly ACT webinars and technical assistance calls will be conducted throughout the project to:

- Increase understanding and timing of ACT administration
- Standardize the assessment of imminent delivery
- Ensure availability of ACT on L&D
- Clarify and document ACT for maternal transports
- Improve documentation and reporting of ACT administration

### March of Dimes Big 5 State Perinatal Collaborative will:

- Build a supportive collaborative learning environment to support hospitals with driving change
- Work with physician and nurse champions to roll out the project
- Conduct technical assistance meetings to facilitate implementation and usability of ACT tools
- Support educational events and Grand Rounds
- Convene monthly webinars to support hospitals in driving change
- Prepare interim and final reports and disseminate findings to participating hospitals and nationally through publications and conferences

### Why Antenatal Corticosteroid Treatment (ACT)?

- Proven reduction in neonatal morbidity and mortality
- Goal of 100% administration to eligible at-risk mothers 23-34 weeks gestational age not met
- Optimal timing of ACT 24 hours – 7 days prior to preterm delivery often not achieved
- Lack of standardized ACT protocols leads to inconsistent medical practice
- Poor documentation of ACT
- ACT is a PC-03 Joint Commission National Quality Measure

### Hospitals will:

- Identify and assemble a QI implementation team
- Commit to a telephone interview with the March of Dimes to discuss the pilot program
- Complete pre- and post-implementation survey
- Standardize ACT processes and procedures
- Develop, add or amend ACT hospital policy to document standardization of ACT processes
- Ensure ready availability of ACT on L&D
- Track ACT rates among patients who deliver between 23 and 34 weeks gestation
- Sign Data Use Agreement and submit monthly data to Health Catalyst (third party)
- Participate in 9 of 12 one-hour Big 5 State webinars

**Hospital applications can be requested by emailing [FPQC@health.usf.edu](mailto:FPQC@health.usf.edu)**