

Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality
for Mothers and Babies

TALKING TO YOUR PATIENTS TOOLS FOR DIALOGUE

- Discuss the importance of 39+ weeks gestation multiple times during prenatal care.
- Use speaking points statistics from the March of Dimes.
- If pregnancy is normal/healthy, use the brain card to give visual examples of risks.
- Reiterate hospital policy: “Hospital policy does not allow me to schedule deliveries unless there is a medical reason. We instituted this policy because it is best for your baby to wait until s/he is ready to be born.”
- If patient requests elective delivery, provide them with **“Why the Last Weeks of Pregnancy Count”** brochures and plan for discussion at the subsequent prenatal visit.
- Encourage patients to have a dialogue about waiting 39+ weeks with their family and friends.
- Practice 39+ weeks promotional dialogue in staff meetings:
 - Babies need 39 weeks to develop important organs and gain weight. Allowing for this development can reduce SIDS, breathing difficulties and feeding and behavior problems.
 - Babies born before 39 weeks may have difficulty sucking and swallowing and this will make feeding more difficult.
 - Due dates may not be exactly right. If you induce labor or schedule a cesarean and the date is off by a week or more, the baby could be born too early.
 - Inducing labor may not work. If this happens you will be more likely to need a cesarean section.
 - Cesarean sections can cause problems in future pregnancies. The more cesarean sections you have, the more problems you and your baby may have.
 - Cesarean sections are major surgeries. It takes longer to recover from them than it does vaginal birth. Estimated recovery times are 2-4 days in the hospital and 4-6 weeks at home. Complications from surgery include infections and bleeding.

For more information or to schedule a Grand Rounds presentation on early elective deliveries,
please contact Linda Detman, PhD, at ldetman@health.usf.edu.

