



ACOG 2020 DISTRICT II VIRTUAL ANNUAL MEETING

Saad Khalil Memorial Junior Fellow Quality Improvement Challenge

Project Submission Form

Name: Jarrett Masson
Title: <input checked="" type="checkbox"/> Resident PGY: 4 Residency Program: SUNY Upstate
<input type="checkbox"/> Junior Fellow in Practice
<input type="checkbox"/> Junior Fellow in Training Fellowship Specialty:
Address: 220 S. Warren St, Apt # 402
City/State/Zip: Syracuse, NY, 13202
Email: jarrett.masson@gmail.com
Project Title: Incorporating Precesarean Vaginal Preparations into Routine Preoperative Infection Prophylaxis
1. Please describe the quality problem or issue: Despite the use of preoperative antibiotics and skin antisepsis, post cesarean endometritis rates are still high. The use of vaginal preparations prior to a cesarean delivery have been shown to reduce the risk of post operative endometritis, but has not taken up uniform popularity. It is a simple and cost-effective method for reducing rates of post operative endometritis.
2. AIM Statement: Incorporate the use of pre-cesarean vaginal preparations using povidone-iodine solution for women who are laboring or with ruptured membranes prior to the decision for cesarean delivery to reduce rates of post operative endometritis.

3. Team Members (please include title and role):

Name Title Role

Jarrett Masson, MD. PGY4.

Caroline Stroup, MD. Attending. PI.

4. Abstract: Please include the following components

a. Background information:

- i. Include relevance of this project, institutional information, baseline data for planning, impact of this project, and/or added value of this project.

b. Methods:

- i. Include rapid change cycles used (PDSA, DMAIC, etc.), team composition, meetings, any innovative or effective methods that are data driven. Include any multidisciplinary aspects of team building or integration of services to achieve desired result(s).

c. Results:

- i. Include appropriate metrics pre and post intervention.

d. Sustainability plans or control of project:

- i. Include efforts or planning for sustainability of the project for institutional and patient benefit.

Background: Post cesarean endometritis rates remain high despite routine antibiotic and skin antisepsis use. Vaginal preparations with povidone-iodine solution have been shown to reduce post cesarean endometritis rates by more than 50%. By incorporating the use of pre-cesarean vaginal preparations for women who are laboring or with ruptured membranes prior to the decision for cesarean delivery, the goal is to change policy at our institution and ultimately reduce rates of post cesarean endometritis.

Methods: Study population included women admitted to Crouse labor and delivery who met the criteria for a pre-cesarean vaginal preparation. This included patients who had been laboring or with ruptured membranes prior to the decision for the cesarean section. Both residents and nurses were informed of and briefly educated on the incorporation of a precesarean vaginal preparation. The pre-operative checklist was modified in order to document in each patient's chart whether or not they received a vaginal preparation. After incorporation of precesarean vaginal preparations, a chart review was performed to identify patients who met criteria for a vaginal preparation, and which of these patients actually received one. The study aimed to measure compliance with vaginal preparations in patients who qualified.

Results: Throughout the study period, there was an increase in compliance starting from 0% and progressing to 69% when compared by week. There was an average of 13 cesarean sections each week that qualified for a vaginal preparation. When comparing each week, there was a steady increase in the amount of vaginal preparations that were performed.

Sustainability plans: The goal of incorporating precesarean vaginal preparations as a routine care at our hospital is certainly possible. By making this an official hospital policy, changing EMR order sets, and education L+D nurses further, performing precesarean vaginal preparations can increase in prevalence and certainly decrease rates of postpartum endometritis. Future residents can further the quality improvement project to make this possible.

