

Got a minute?



B. Lemyre, I. Filion, S. Dove, N. Kijek, L. Lemay, K. Kodintseva, M. Nemer, M. Chan, D. El-Chaâr

AIM

Improve the rate of DCC in babies born <29 weeks from 30% to 50%

IMPORTANCE

DCC reduces mortality and morbidity

PDSA CYCLE / CHANGE PLAN

1. Finalize DCC protocol

- Aligned with thermoregulation protocol

2. Educate team

- Narrated presentation
- DCC videos: vaginal and c-section birth

3. Update team on results

- Grand rounds presentation
- Regular NICU-MFM rounds

RESULTS

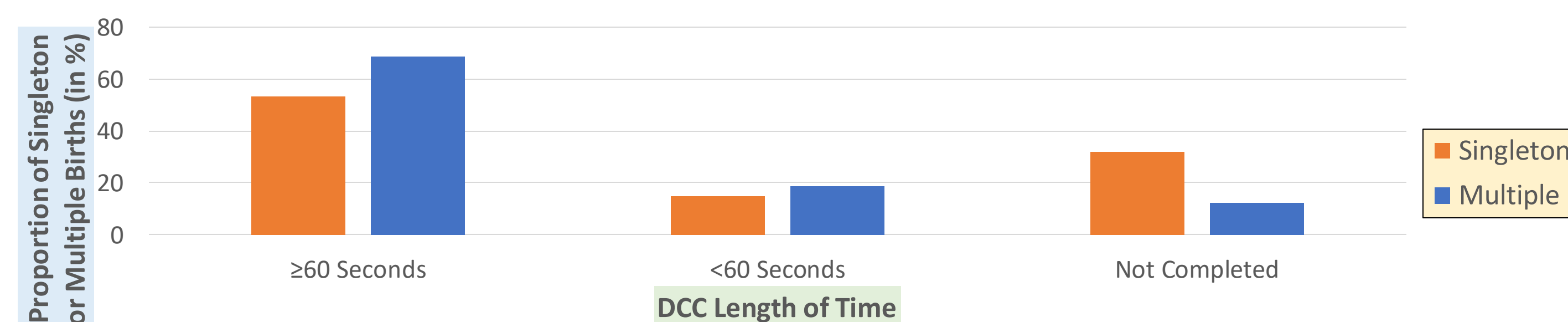
DCC protocol
April 2023

Pre –implementation data
April – June 2023

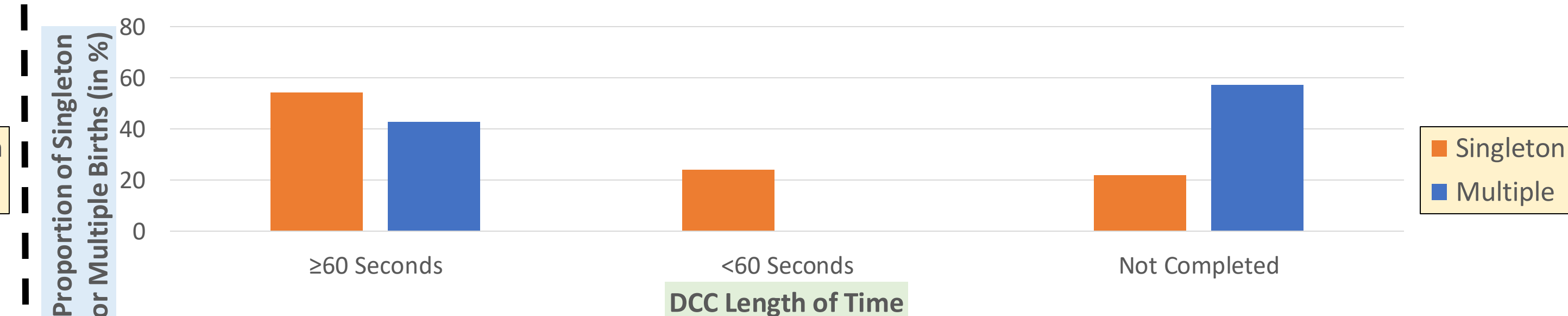
Education
July-August 2023

Post-implementation data
September - November 2023

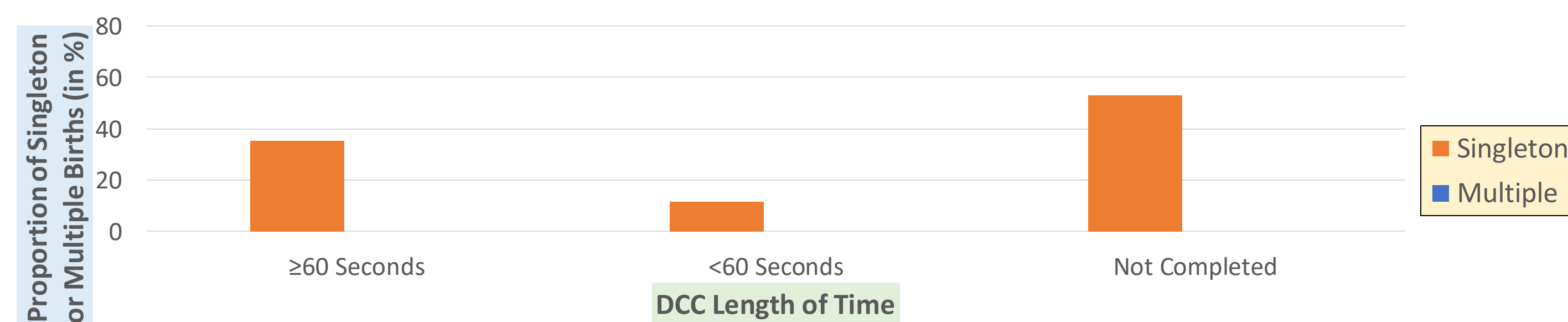
DCC Duration for Infant $\leq 34+0$ GA Deliveries (Pre-Education)



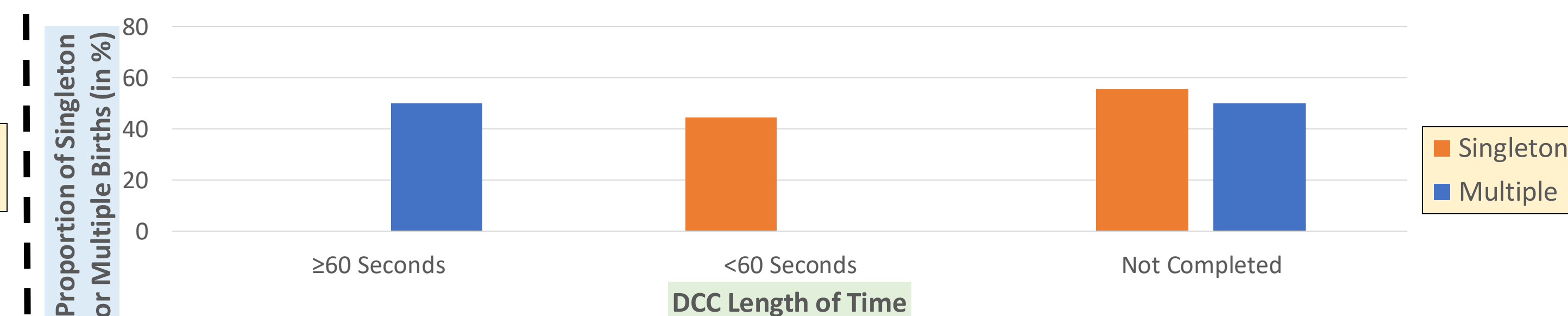
DCC Duration for Infant $\leq 34+0$ GA Deliveries (Post-Education)



DCC Duration for Infant $\leq 29+0$ GA Deliveries (Pre-Education)



DCC Duration for Infant $\leq 29+0$ GA Deliveries (Post-Education)



LESSONS LEARNED / NEXT PHASE

1. Improve documentation of duration of DCC and reasoning for not performing DCC (e.g., newborn admission to NICU)
2. Provide additional education or lead focus groups with obs-gyn and NICU teams with regards to DCC for multiples and $\leq 29+0$ GA
3. Emphasize that delivering provider is starting NRP with tactile stimulation during DCC vs immediate handing off to NICU team if not breathing immediately: wait 30 sec