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Background:

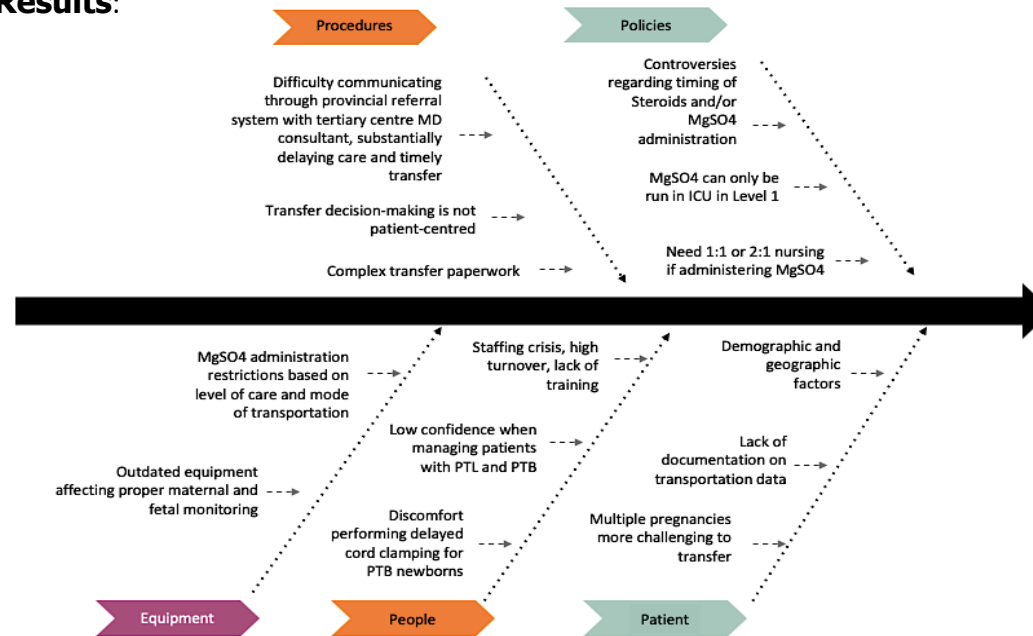
- In Canada, up to 28% of infants <29w are born outside a tertiary centre and require transportation. The rate of severe brain injury in outborn infants (<33w) across Canada is 14.7% vs. 8.2% when born at a tertiary care centre.
- In-utero transfer to a tertiary level hospital is the most effective intervention. However, preterm birth (PTB) in a non-tertiary center can be unavoidable.

Objective:

- Understand regional and system barriers that exist in Eastern Ontario with respect to high-risk maternal transport when presenting in threatened preterm labour (PTL)
- To develop and implement an educational bundle of care seeking to increase the uptake of steroids for lung maturation and MgSO4 for neuroprotection when PTB is unavoidable at a Level 1 or 2 centre

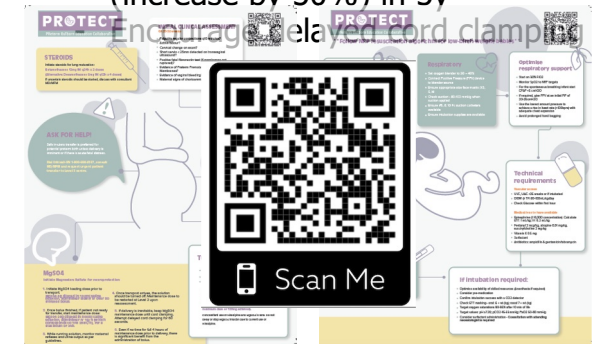
Methods: CNMRP Level 1 and 2 centres volunteered to review 8 cases randomly selected from their centres, 4 in which transfer of patients in TPTL was successful and 4 in which it failed. Through semi-structured interviews of exploratory focus groups, process map the components of care and create a Fishbone diagram for root cause analysis.

Results:



Proposed change (“wildly important goal”):

- Increase the number of high-risk mothers transferred to tertiary level centers in a timely manner
- When delivery inevitable, ensure:
 - Timely antenatal steroid first dose administration (increase by 50%) in 5y
 - Timely MgSO4 administration bolus (increase by 50%) in 5y



Implementation strategy:

- Maternal and neonatal care bundles for emergency use created to support referral teams
- Bundles outlining clinical care frameworks using national guidelines and best practices for use in the emergency management of PTL/PTB