

Dear Colleagues,

Thank you for joining us on June 25 on the informational call about the [IHI Perinatal Community](#). Overall, our Community is focused on collaborative, multi-disciplinary change in which relationship building and engaging conversations are the core components. Our goal is to always support the standard of care with a team approach. In clinical situations that do not have a clearly supported answer the solution is a team dialogue and plan at the local level.

We have published all of the reference materials from the call on our [website](#) and this document answers the remainder of the outstanding questions asked in the chat on the June 25 call. Should you have any remaining questions, please contact our Perinatal Community Coordinator Betty Janey via email at bjaney@ihi.org or phone at (310) 312-3607.

CHAT QUESTIONS/ANSWERS

1. Definition of Term- there is discrepancy in the use of the word "term" in ACOG documents. In ACOG's most recently published document, Number 561 April 2013, "Non-medically Indicated Early Term Deliveries" – **early term** is defined as 37 0/7-38 6/7 weeks of gestation.
2. All hospitals that presented during the call are members of the [IH Perinatal Improvement Community](#).
3. The Measurement Strategy for the IHI Perinatal Improvement Community is available publicly on [our website](#). The PC-01 measure is used for elective delivery and the Perinatal Trigger Tool is used for perinatal harm. Monitoring for unintended consequences, such as the stillbirth rate, is always part of the improvement work.
4. Estimated Fetal Weight: There is no substitute for EFW. It is a clinical skill that all OB providers should have as it is crucial first step to evaluation of abnormal fetal growth in the antepartum and intrapartum period. It can be performed many ways, including clinical evaluation, ultrasound or with the assistance of the multiparous patient with a prior delivery at term that did not have growth disorder. There is ample support in the literature for clinical estimates and ultrasound estimates at term that have similar ranges of error.
5. The information presented in the "Preventing the First Cesarean" NICHD Workshop is the result of a summit of standard setting organizations who reviewed the current data and research. The reference is Obstetrics & Gynecology: [November 2012 - Volume 120 - Issue 5 - p 1181–1193](#), doi: <http://10.1097/AOG.0b013e3182704880>