

Appendix 3. Comparison of Select Questions from the Preimplementation and Postimplementation Surveys^{†} (revised April 25, 2013)¹**

Question	Preimplementation Response		Postimplementation Response		<i>P</i>
	n	(%)	n	(%)	
Does your hospital currently have a written policy in place for scheduling nonmedically indicated deliveries less than 39 weeks?					
Yes	1	4.3	21.5	91.5	<0.001
No	22.5	95.7	2	8.5	
Total	23.5		23.5		
Is there strong obstetric or maternal-fetal medicine leadership in place at your hospital to enforce a policy to prevent the scheduling of nonmedically indicated deliveries less than 39 weeks?					
Yes	20	83.3	22	91.7	0.38
No	4	16.7	2	8.3	
Total	24		24		
Does your hospital have formal hospital scheduling guidelines for inductions or cesareans deliveries less than 39 weeks?					
Yes	5	22.2	22.5	100.0	<0.001
No	16.5	73.3	0	0.0	
Other	1	4.4	0	0.0	
Total	22.5		22.5		

Oshiro BT, Kowalewski L, Sappenfield W, Alter CC, Bettegowda VR, Russell R, et al. A multistate quality improvement program to decrease elective deliveries before 39 weeks. *Obstet Gynecol* 2013;121.

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Is there currently consistency among practitioners in determining medically vs nonmedically indicated deliveries?

Not at all	2	8.3	0	0.0	
Somewhat	11	45.8	1	4.2	
Mostly	11	45.8	15	62.5	
Completely	0	0.0	8	33.3	
Total	24		24		<0.001

Are nurses empowered to call into question nonmedically indicated deliveries less than 39 weeks?

Not at all	9.5	41.3	0	0.0	
Somewhat	7	30.4	1	4.3	
Mostly	1.5	6.5	0	0.0	
Completely	5	21.7	22	95.7	
Total	23		23		<0.001

Follow-up provider education was delivered in the past year.[‡]

Yes	10.5	43.8	18	75.0	0.03
No	13.5	56.3	6	25.0	
Total	24		24		

*The two hospitals reporting scheduling data as one unit were given a weight of 0.5 for each response.

[†]Responses from hospitals were only included if the question was completed on pre and post surveys.

[‡]This question was worded slightly differently in the presurvey and postsurvey.

¹ April 25, 2013: This appendix was updated to correct several errors. The following two footnotes were erroneously deleted and now appear in the table: “*The two hospitals reporting scheduling data as one unit were given a weight of 0.5 for each response. [†]Responses from hospitals were only included if the question was completed on pre and post surveys.” In addition, the preimplantation response percentages for the question, “Does your hospital have formal hospital scheduling guidelines for inductions or cesareans deliveries less than 39 weeks?” were incorrectly listed as 20.8, 75.0 and 4.2. The correct values for this column are 22.2, 73.3, and 4.4 and now appear in the table.