



Cumulative incidence curve showing the time in hours on the x-axis and the proportion of women delivered on the y-axis (log-rank $p=0.002$).

Additional secondary outcomes

| | Foley n=185 | PGE2 n=191 | P |
|-----------------------------|----------------|---------------|-------|
| Cesarean indications | - | - | 0.59 |
| Fetal heart rate tracing | 41% | 33% | - |
| Labor dystocia | 54% | 63% | - |
| Other | 5% | 4% | - |
| Clinical chorioamnionitis | 6% | 8% | 0.38 |
| Uterine tachysystole | 0% | 3% | 0.06 |
| Neonatal ICU admission | 16% | 18% | 0.58 |
| 5 minute Apgar <7 | 1% | 1% | >0.99 |

61 5-year experience with PROMPT (PRactical Obstetric Multidisciplinary Training) reveals sustained and progressive improvements in obstetric outcomes at a US hospital

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OBJECTIVE: Multiple health organizations recommend simulation training to supplement traditional experiential methods. Yet, the core elements of a successful program (eg, who, content, frequency, high vs. low fidelity, and the inclusion of communication and teamwork drills) are unclear. While prior OB simulation efforts have

improved provider knowledge and confidence, patient outcomes fared less well, often leading to increased C/S rates; one team reported a worse outcome after simulation training. The only OB program tested by RCT and found to improve OB outcomes is PROMPT (www.promptmaternity.org). From the UK, we Americanized PROMPT and initiated mandatory, annual training of all OB personnel with the goal of including all healthcare workers who could be involved in an OB emergency.

STUDY DESIGN: We began teaching PROMPT in August 2008. Here, we compare 2006-2012 annual rates of C/S, 5min Apgar<7, UA pH<7.00, shoulder dystocia (SD), brachial plexus injury at discharge (BPI) per SD, BPI per VagDel and perinatal hypoxic ischemic encephalopathy (HIE) per delivery using an events/trials approach to evaluate changes in annual proportions over time. Attendance of Family Medicine, Neonatology and Anesthesia is poor despite encouragement.

RESULTS: Table.

CONCLUSION: Mandatory PROMPT was associated with a significant and progressive decrease in rates of BPI/SD and BPI/VagDel while lowering the C/S rate. There was also a favorable decline in HIE. All improvements occurred despite a growing OB volume, increasing numbers of young providers, and poor participation of L&D involved but non-OB physicians. Review of individual cases suggests nonparticipants and off L&D events disproportionately contributed to the remaining poor outcomes. Combined with international results, these first US outcomes support recommendations that annual training in a 'PROMPT' like program be mandatory for all health-care workers whose duties include L&D.

| | Trainees per Year (MDs only) | Total Deliveries | C/S Rate | UA pH<7.00 | HIE | SD | BPI per SD | BPI per Vag Del |
|------|---------------------------------|---------------------|-------------|---------------|--------------|--------------|---------------|--------------------|
| 2006 | 0 | 1,436 | 29% | 8 (0.56%) | NA | NA | NA | NA |
| 2007 | 0 | 1,541 | 28% | 18 (1.17%) | NA | 30 (1.9%) | NA | NA |
| 2008 | 99 (25) | 1,513 | 31% | 1 (0.07%) | 2 (0.13%) | 28 (1.8%) | 3 (10.7%) | 0.29% |
| 2009 | 54 (26) | 1,587 | 30% | 2 (0.12%) | 2 (0.12%) | 48 (3.0%) | 5 (10.4%) | 0.44% |
| 2010 | 124 (28) | 1,529 | 26% | 5 (0.65%) | 2 (0.13%) | 37 (4.8%) | 2 (5.4%) | 0.18% |
| 2011 | 143 (32) | 1,643 | 23% | 3 (0.18%) | 1 (0.06%) | 45 (2.7%) | 0 (0.0%) | 0.00% |
| 2012 | 114 (29) | 1,720 | 23% | 10 (0.58%) | 1 (0.05%) | 50 (2.9%) | 0 (0.0%) | 0.00% |

Apgar <7 at 5 min not shown.

NA, not available.