We thank Drs Yagel et al for their comment and appreciate that they have not been able to confirm an association between maternal age and obstetric anal sphincter injuries in their own obstetric service. In fact, this association did not reach significance in our own study \((P = .13)\). However, there is evidence in the literature that, at least in some populations, sphincter trauma may indeed be more prevalent in older women having their first child,\(^1,^3\) and this also seems to be the case for levator trauma.\(^4,^6\)

Hence, we would like to reiterate the main conclusion of our article: advancing maternal age increases the risks of multiple negative birth outcomes, including pelvic floor trauma, and such increased risk should be disclosed antenatally. The risk profile of vaginal vs cesarean birth clearly varies from one individual to the next, and one of the main variables is maternal age. The older someone is at the time of her first birth, the greater the potential benefit of avoiding vaginal birth.

Philip Rahmanou, MD, MRCOG
Department of Urogynecology
Gloucestershire Hospitals National Health Service Foundation Trust
Gloucestershire, United Kingdom
Philip.Rahmanou@glos.nhs.uk

Hans P. Dietz, PhD
Department of Urogynecology
Sydney Medical School Nepean
University of Sydney
Penrith, Australia

Dr Dietz received unrestricted educational grants from GE Medical.
Dr Rahmanou reports no conflict of interest.

REFERENCES

© 2017 Elsevier Inc. All rights reserved. http://dx.doi.org/10.1016/j.ajog.2017.05.034
Comment on “Clinical perspective: creating an effective practice peer review process—a primer”

TO THE EDITORS: We congratulate Dr Gandhi and colleagues1 for sharing their experience in peer review programs for obstetrics and gynecology as well as highlighting the important role that formal peer review plays in assessing and improving quality of care. As the authors point out, the lack of peer-reviewed literature is surprising and the authors should be commended for helping to fill that void.

In building our own peer review program, we noticed the tendency to focus on obstetrics as a high-risk, high-liability specialty and noted that the list of possible events and examples in Table 1 does this as well. Due to this, we chose to develop parallel obstetrics and gynecology peer review committees that meet separately.

At our hospital, additional events that trigger review by our gynecologic peer review committee include prolonged hospital stay, surgical findings in disagreement with the primary preoperative diagnosis, unplanned/unscheduled procedure at surgery, intraoperative damage to a non-gynecologic organ system, admission to an intensive care unit, readmission or reoperation within 30 days,2 and in-hospital mortality of any patient not under palliative care.

Additionally, we thought it was important to include any cases put forth for an ad-hoc review even if an issue was not on the list of indications that would automatically trigger a review. Our committee has received cases via this mechanism from resident physicians, nurses, and other staff that would not have otherwise met peer review criteria but the care or course resulted in discomfort among at least one staff member. We include bedside nursing and surgical staff as well as trainees on the peer review committees. Finally, we provide written feedback for all cases that the committees review. In this manner, positive reinforcement is given to teams that experienced adverse events despite excellent clinical care, multidisciplinary teamwork, and seamless communication. We believe these 3 aspects all serve to promote an overall culture of safety in our department.3

Kavita Shah Arora, MD, MBE
Department of Obstetrics and Gynecology
MetroHealth Medical Center
Case Western Reserve University
Cleveland, OH
kavita.shah.arora@gmail.com

Jeffrey Mangel, MD
Edward Chien, MD, MBA
Department of Obstetrics and Gynecology
MetroHealth Medical Center
Case Western Reserve University
Cleveland, OH
kavita.shah.arora@gmail.com

REFERENCES

© 2017 Elsevier Inc. All rights reserved. http://dx.doi.org/10.1016/j.ajog.2017.05.039

REPLY

We appreciate the authors’ comments and interest in the peer review process. Our list of review criteria was provided as a useful starting point and will work well in most institutions.1 Additional review criteria are of course welcome and should be tailored to individual departmental needs. Thoughtful processes such as that described by the authors are important components of quality improvement efforts for any hospital.]

Steven Leigh Clark, MD
Baylor College of Medicine and Texas Children’s Hospital
Houston, TX
slclark@bcm.edu
slclark@3rivers.net

Manisha Gandhi, MD
Baylor College of Medicine and Texas Children’s Hospital
Houston, TX

The authors report no conflict of interest.

REFERENCE

© 2017 Elsevier Inc. All rights reserved. http://dx.doi.org/10.1016/j.ajog.2017.05.038