

Review

Introduction

Birth is the most common principal diagnosis accounting for hospital stays in Australia. Provision of obstetric care necessitates the routine collection of standardised metrics, which can be utilised to improve that care. We sought to review of the role and evolution of clinical data in quality improvement in maternity care, and to describe a novel quality improvement data system in obstetric services in Australia.

Methods

We reviewed Medline via Ovid, searching for studies describing data-driven quality improvement initiatives implemented in healthcare. We also reviewed publications by key obstetric bodies (e.g. RANZCOG, RCOG and ACOG), and initiatives by organisations dedicated to ensuring quality and safety in healthcare (e.g. SaferCare Victoria).

Results

Among 17 articles identified in Medline, 2 met inclusion criteria, however both were limited by utilising largely high-level metrics (rather than granular clinical data) that were reported relatively infrequently. A review of projects by relevant bodies and organisations highlighted varied obstetric quality improvement initiatives, but most focused on clinical decision support and training.

Conclusion

Obstetrics is uniquely positioned to demonstrate how the clinical data that are routinely collected in care provision can be utilised to measure the quality and drive improvement of that care. There is substantial scope to improve quality improvement in maternity care.

Case: MatIQ

Background

Launched by the NSW Clinical Excellence Commission in 2021, the MatIQ system integrates with existing e-health infrastructure at all public birthing facilities to collate clinical data routinely collected during maternity encounters. Data are automatically updated weekly, to enable benchmarking of metrics among comparable facilities in near real-time. Searches are highly customisable, allowing for insights to be generated that pertain to the entire birthing population, to just select user-defined specific subsets of women.

Example

The below run chart demonstrates a trend in postpartum haemorrhage rates, with a trend towards an increase between November – January for a given facility of interest.

