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Preliminary Investigation on The Continuous Quality Improvement Project of Gaozhou People's Hospital - Technical Report

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Keywords: Episiotomy; Puerperae; Maternal injury; Perineal; Vaginal delivery

Improvement Purpose

Improvement purpose can reduce the damage to the perineal and pelvic floor muscles of the puerperae and reduce the maternal injury, which is beneficial to the postpartum rehabilitation of the puerpera and the improvement of the postpartum quality of life.

Current Situation Survey

- a) Survey methods: Retrospective examinations were conducted from 2021-01-01 to 2021-03-31, subjects: 624 women with vaginal delivery, including 103 women who underwent episiotomy during vaginal delivery.
- b) Findings: The episiotomy rate for vaginal delivery in the first quarter of 2021 was 16.5%.

Setting The Target Value

Current status: The episiotomy rate of vaginal delivery in the first quarter of 2021 is 16.5%. The goal of this campaign is to reduce the rate of episiotomy for vaginal delivery from 16.5% to less than 15%. The childbirth behavior advocated by WHO recommends that the episiotomy rate should be at most

20%, and at the same time, it should be controlled within 5% as much as possible [1]. The incidence of maternal and neonatal birth trauma in vaginal delivery" [2], which requires adequate assessment of maternal perineal conditions, reduction of episiotomy, and measures to prevent deep perineal lacerations and reduce maternal birth trauma. Looking back on the average episiotomy rate of 14.49% in the obstetrics department of our hospital within three years, the target value was set to be lower than 15 %.

Cause Analysis

Through the fishbone diagram analysis, 12 small reasons are obtained (Figure 1). There are 11 members in this issue, who voted by vote, and each person will score 5 points, 3 points, and 1 point according to feasibility, economy and effectiveness. Rating, the total score is 55 points. According to the rule of twenty-eight, the small reasons for the score above 44 are used. After scoring, a total of 4 factors were selected, namely 1. Lack of assessment scales; 2. Lack of weight management during pregnancy; 3. Lack of childbirth-related knowledge education; 4. Lack of new concept training in the department.

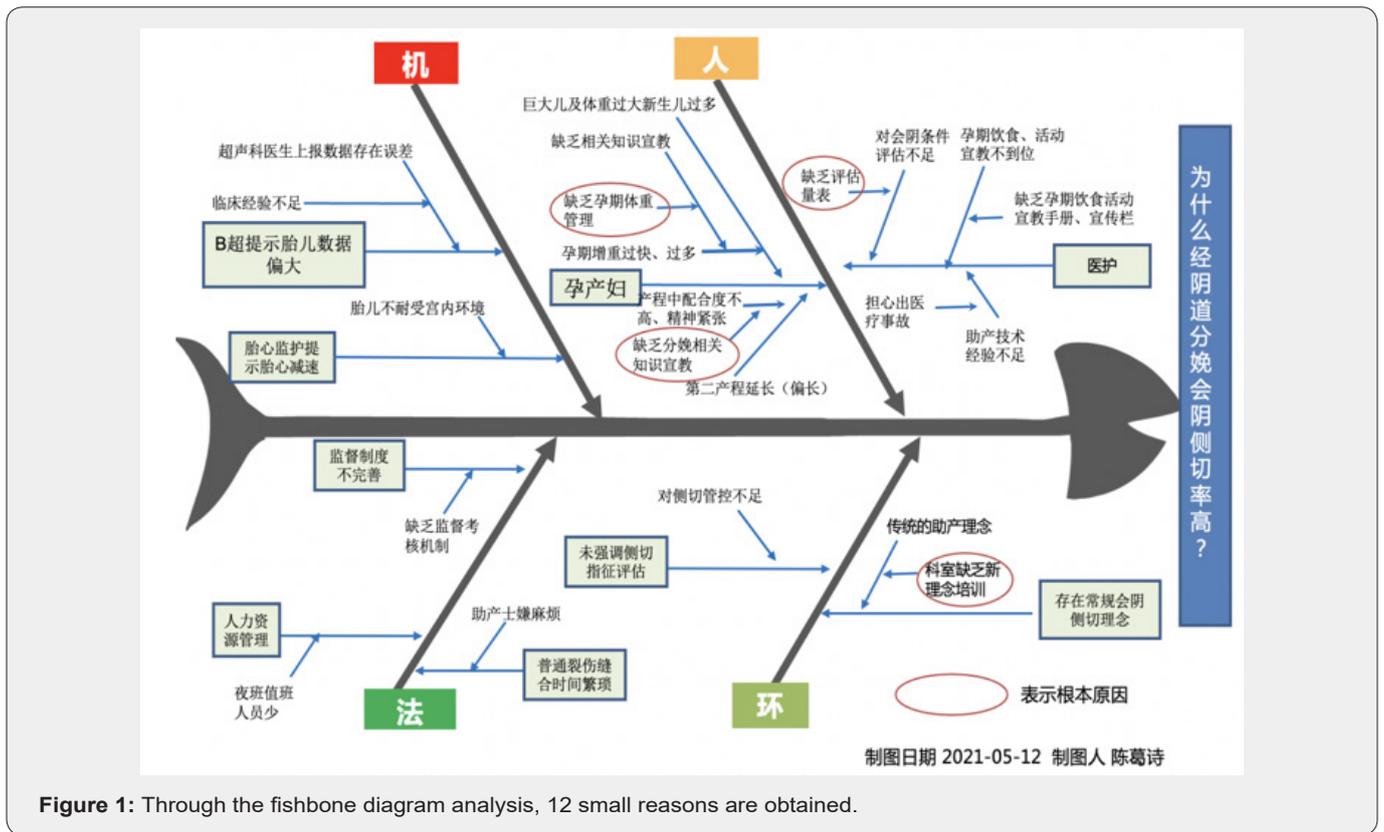


Figure 1: Through the fishbone diagram analysis, 12 small reasons are obtained.

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