

2. Hospital & QI Team Overview

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Morgan Madison, MD
Doula/Maternal
Health Educator: Mary Sommers
QI Professionals: Karen Finerty
Gayle Riedman, CNM

3. MNO-OB Data

Screening

We created a team of providers (physicians, midwives, nurse educators, nurse leadership, QI staff, doula representative) to cultivate maternity unit buy-in. Team meets regularly.

Reviewed sample of NTSV CS women with spontaneous labor and dystocia code, for analysis of consistency with ACOG/SMFM guidelines.

4. MNO-OB Progress

Develop program for orientation staff for labor support techniques, including caring for patients with regional anesthesia.

Develop a program with positive messaging for patients intending vaginal birth strategies for use throughout pregnancy and birth.

Develop OB specific resources for patients, and staff.

Education Campaign

Step 1: Developed a program for orientation of new staff members, 5 nurses beginning this summer to be trained in normal physiological birth. Residents and Maternal Child Health Fellows also to have included in their orientation Promoting Vaginal Birth Tool Kit and training on labor support.

Step 2: Role out training for rest of staff

Step 3: Implement policy to introduce Doulas into model of care

Step 4: Introduce principles of shared decision-making

5. IPLARC/IPAC or MNO Overflow

6. PVB

PVB QI Team

The team meets regularly and will continue to evaluate readiness to build a provider and maternity unit culture that promotes vaginal birth. Team to review charts and also look at positive data from practices/providers that have lowest rates of C-sections (lower than 23%) to incorporate lessons learned from both perspectives.

Use this space for overflow and additional information your team would like to share.

Readiness of team includes already strong collaborative model of care that utilizes all members of the health care delivery system, including a systemic approach to integration transport out of hospital settings from a free standing birth center. There is increased opportunity with this collaborative objective to further share resources/perspectives between birth disciplines including further integration of doulas.

There are elements of each of the ten steps to support vaginal birth and reduce primary cesarean present in current system. The team's first step is to assess our readiness to proceed. Secondly, we began initial data collection. Our next step is to begin the education of new staff as part of their orientation. Three orientations/trainings in labor support and normal physiological birth will occur by August 2020.

In addition, we are developing guidelines for integrated doulas as part of the birth "huddle" with providers and introducing principles of shared decision-making.