

Promoting Vaginal Birth



NTSV Cesarean Rate: Comparing 2020 & 2021

Hospital Characteristics

3100+ deliveries per year 35 Physicians

10% of OB volume is high risk 68 L&D Nurses

QI Team

Dr. Linda Anderson-OB Medical Director Pat Bradley- System Director of Women Services Danielle LaBarre- Director of Patient Services, Obstetrics Bridget Hlad & Gina Wielgus- Clinical Leaders Jennifer Malnati- L&D Educator Sandee Hayes- OB Data Registrar

Problem

- > January-December 2020 NTSV cesarean rates fluctuated from 13-37%
- Lack of knowledge regarding ACOG/SMFM criteria for NTSV cesareans

Project Implementation

Adapt

Use audits to tailor education & Continue to monitor trends

Plan

Educate MDs & RNs Assess labor culture Generate excitement

Study

Monitor trends for C/S rates & % meeting ACOG criteria

Do

Audit every C/S Updated MDs & RNs with stats and trends

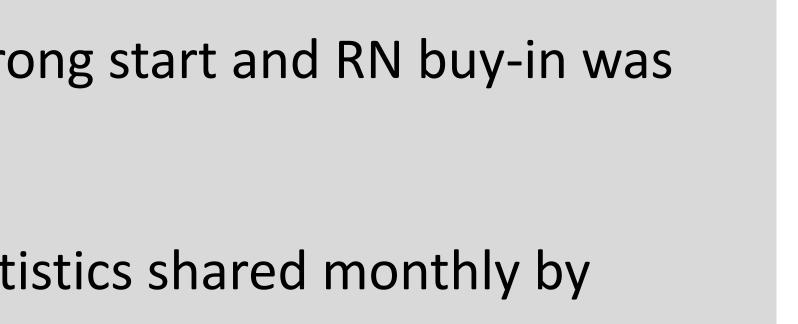
Results

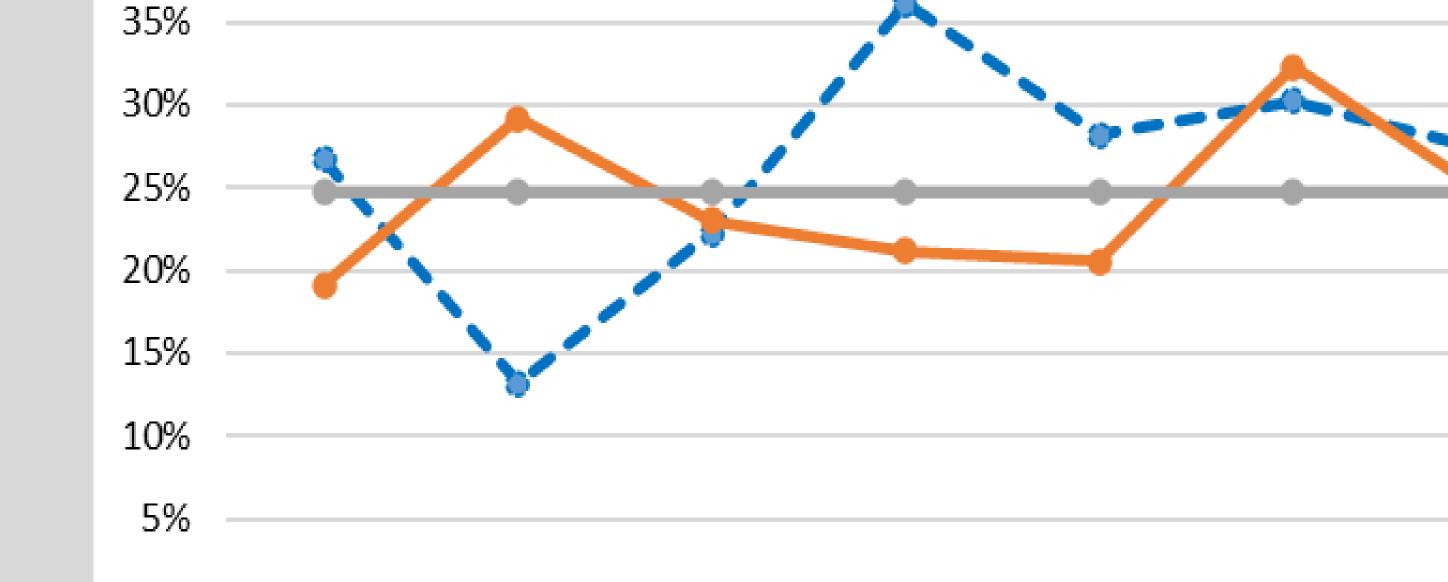
Successes:

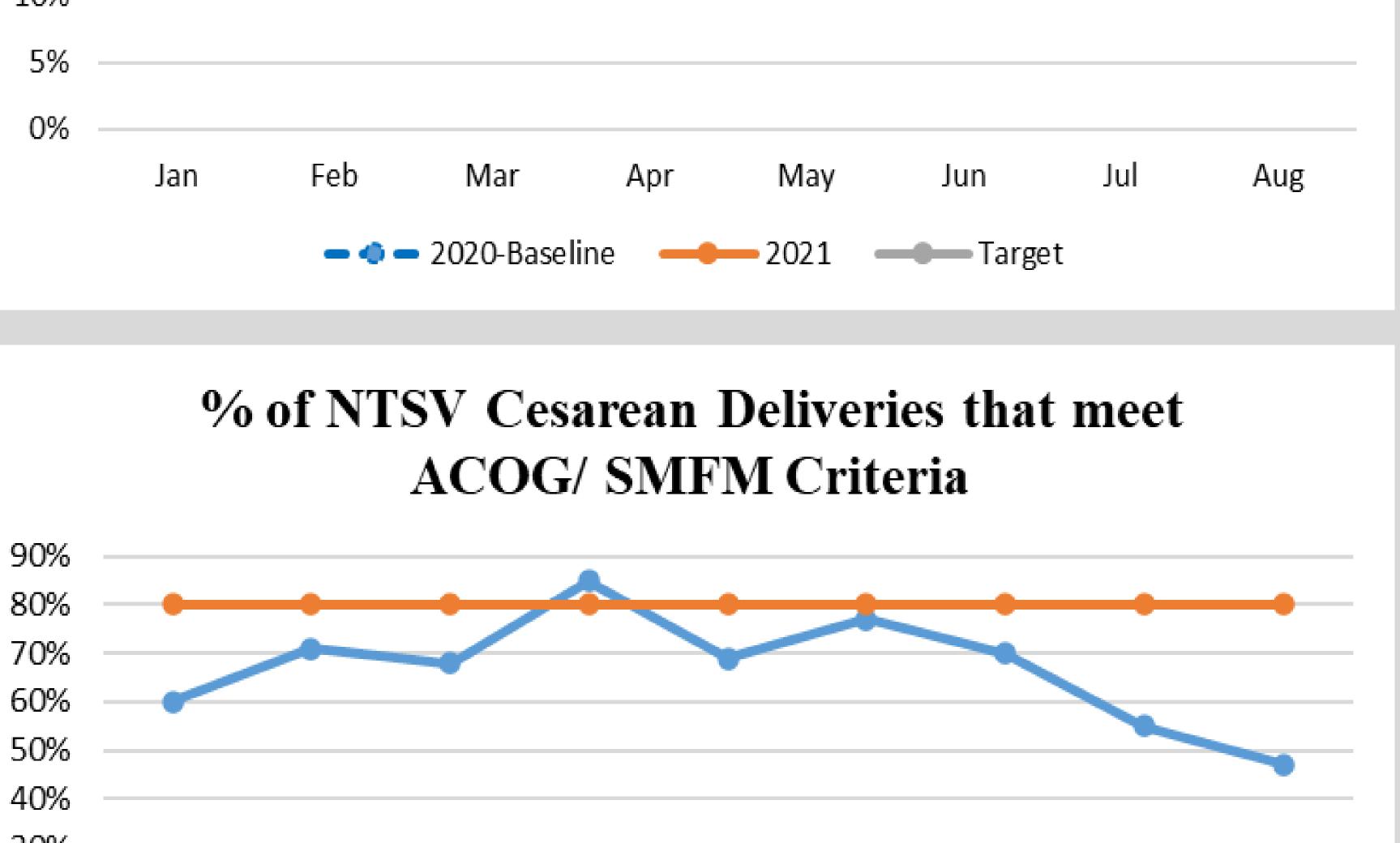
- ✓ February '21: Project had a strong start and RN buy-in was achieved quickly
- ✓ February '21: Non-blinded statistics shared monthly by provider & by group
- ✓ May '21: Nurses enjoyed attending Spinning Babies classes and shared knowledge with co-workers
- ✓ May '21: Cesarean decision guidelines were implemented
- ✓ MDs educated monthly since rollout on definitions, statistics and areas for improvement by OB Medical Director
- ✓ Achieved near 100% compliance in meeting ACOG/SMFM criteria for fetal intolerance in 2021

Areas for Improvement/Barriers:

- ☐ Reinforcement is needed among both RNs & MDs
- ☐ Labor dystocia and failed induction categories need attention and plans of action
- ☐ Implement chart reviews or case studies of categories with consistent fallout to improve rates
- ☐ Explore new options such as outpatient cervical ripening
- ☐ Non-favorable elective inductions remain a challenge







2021

— % Met Criteria

Aug

Conclusions

- Our team learned we needed to approach this initiative by focusing on short term goals in order to achieve the desired outcome.
- Staff nurses and physicians are the determining factor whether the unit will be successful, so a strong effort was directed at buy-in.

10%

Baseline

- We learned delays are inevitable. COVID-19 and the nursing shortage created an unexpected detour that required the plan to be amended.
- Going forward, our plan is to revisit the overall goal and progress in staff meetings.
- We plan to revitalize the project and involve staff and physicians in case reviews to highlight areas of improvement