Promoting Vaginal Birth

Hospital Characteristics
- 3100+ deliveries per year
- 10% of OB volume is high risk
- 35 Physicians
- 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

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.
- 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.