PROMOTING VAGINAL BIRTHS TEAM

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Accomplishments
*Educated all OBs/RNs on SMFM/ACOG guidelines: included written information, laminated pocket card & sign-off that information was received
*Adopted Pre-cesarean Huddle checklist – format has evolved over time; initially used with one physician group and then expanded to all
*Included information on NTSV patients in morning staff huddles
*Posted laminated algorithms for guiding decision making around the unit
*Created smart phrases for ease of documentation: decision huddle, patient engagement
*Provided AJOG Opinion on Management of Category II FHR Tracings to all OBs/RNs
*Participated in Labor Culture Survey with 82% participation rate overall
*Attended the Labor Support course with ongoing information sharing
*Shared data with OB staff and providers on the ILPQC Initiative boards and at meetings

THE PROBLEM:
*Decrease the NTSV Cesarean Section rate to at or below 24.7% (Healthy People goal)
*Increase NTSV csections that meet ACOG/SMFM guidelines
*Adapt unit culture to support and expect vaginal births

NM Palos Hospital Promoting Vaginal Births

Percent of NTSV Cesarean Sections that Comply with ACOG/SMFM Criteria:

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Who Participated in Our Labor Culture Survey?

12 out of 20 Obstetricians
47 out of 47 Maternal Child Health RNs
9 out of 16 Anesthesiologists

82% Participation Rate

Addressing results is a work in progress!
NM Palos Hospital
Promoting Vaginal Births

Overall % of NTSV Cesareans that meet ACOG/SMFM Criteria

% of NTSV Cesareans for FHR concerns that meet ACOG/SMFM Criteria

% of NTSV Cesareans for Failed Induction that meet ACOG/SMFM Criteria

Conclusions:
*Our c-section rate is variable, but is improving
*Use of the pre-csection checklist improved staff/provider communication and awareness of ACOG/SMFM guidelines
*Documentation of patient engagement improved with implementation of smart phrases in the EMR
*Guidelines for cervical ripening may decrease our csection rate for Failed Induction

Potential Future Endeavors:
*increased use of intermittent auscultation for low risk patients
*promotion of mobility and delayed epidurals
*increased patient education on prodromal labor and alternative pain control options