Northwestern Memorial Hospital is a Level III academic medical center located in Chicago, Illinois. Over 11,000 patients were delivered in 2020.

**Problem**
Northwestern Memorial Hospital submits PC-02 Cesarean Birth data to the Joint Commission. The PC-02 measure reflects cesarean delivery rate in nulliparous, term, singleton, vertex patients (NTSV). In CY 2019, our PC-02 rate based on a sample size was 16.6%; in CY 2020 the rate increased to 24.1%. Data review identified three contributing factors: 1) the reason for cesarean is often not documented in the EMR, 2) if documented, the data in the delivery summary did not align with the clinical indication and 3) the clinical indication did not align with ACOG recommendations.

**Project Implementation**
- The ILPQC Promoting Vaginal Birth Initiative was launched in October 2020 in an effort to decrease our NTSV cesarean delivery rate.
- Reports were created to identify our entire NTSV population.
- A Grand Rounds was held in June 2021 to update the Department of the increasing cesarean rate trend and provide education on the ACOG/SMFM recommendations for cesarean delivery.
- A pre-cesarean communication tool was developed to assist in determining if ACOG/SMFM criteria was met prior to proceeding with the cesarean.
- Starting with CY 2021, on a quarterly basis, a graph is created displaying blinded NTSV cesarean practice rates. The graph is displayed on Labor & Delivery and distributed to the practices with their rates and cesarean indications. We plan to distribute the practice data in the future with individual rates.

**Conclusions**
Efforts to improve NTSV rates will continue through
- Data review/analysis;
- Education on ACOG/SMFM criteria and labor support management;
- Distribution of provider/practice data.

**Results**
NTSV Cesarean Section rate for CY 2021 through September is 23.1%.
In August 2021, 75% of NTSV cesarean cases met ACOG/SMFM criteria. Compliance with ACOG/SMFM criteria is highest for FHR concern cases followed by cesarean after induction and labor dystocia. Of note, NMH uses the definition of < 6 cm for cesarean after induction and ≥ 6 cm for labor dystocia regardless of induction status.

50% (4/8) of hospital measures are in place. Our team is working on the remaining four measures.

<table>
<thead>
<tr>
<th>Hospital Measure</th>
<th>Status through 8/2021</th>
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<tbody>
<tr>
<td>Implemented provider and nurse education and other strategies to achieve buy-in</td>
<td>Working on it</td>
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<tr>
<td>Implemented standardized protocols/processes for induction, labor support management and response to labor and fetal heart rate abnormalities</td>
<td>In place</td>
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<tr>
<td>Implemented and integrated PVB order sets, protocols, and documentation into the EMR</td>
<td>In place</td>
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<tr>
<td>Implemented cesarean decision checklist using ACOG/SMFM labor guidelines</td>
<td>In place</td>
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<tr>
<td>Implemented decision huddles and/or decision debriefs with appropriate care team to standardize use of ACOG/SMFM guidelines and checklist</td>
<td>Working on it</td>
</tr>
<tr>
<td>Implemented workflow process to incorporate shared decision making with the patient</td>
<td>Working on it</td>
</tr>
<tr>
<td>Implemented standardized patient education with positive messaging promoting vaginal birth strategies and techniques for women and families</td>
<td>Working on it</td>
</tr>
<tr>
<td>Integrated process to review and share data that includes provider-level data with labor and delivery clinical teams</td>
<td>In place</td>
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**Acknowledgements/Hospital Team**
**NMH Promoting Vaginal Birth Team**
Physician Champion: Emily Donelan MD
Nurse Champion: Marissa Wernick, Manager L&D
Team Leader: Deborah Miller, Quality
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