

Promoting Vaginal Birth Key Driver Diagram

Drivers

Strategies

AIM

To support vaginal birth and reduce primary cesareans to reach the Healthy People goal for low risk cesarean section target rate of 24.7% by December 2021

1. Facilitate clinical culture change that promotes, and supports vaginal birth

2. Develop standardized processes for induction and labor support

3. Develop standardized protocols for identification and response to labor challenges / abnormalities

1. Create a QI team of providers, staff & administrators to lead the effort & cultivate buy-in
2. Educate physicians/midwives and nurses on ACOG/SMFM labor management guidelines and labor support techniques
3. Develop patient education with positive messaging to women and families about intended vaginal birth strategies/techniques that prevent cesareans through prenatal classes and patient education
4. Utilize care team huddles/debriefs to identify and review delivery decisions for consistency with process flows/protocols/checklist
5. Integrate order sets, protocols, and documentation for the safe reduction of primary cesareans into EMR
6. Share provider-level measures with department with the goal of working to transparency/open data
7. Implement policies, protocols and support tools for women who present in latent (early) labor to safely encourage early labor at home
- 8a. Implement policies and protocols for encouraging movement in labor and intermittent monitoring for low-risk women
- 8b. Implement policies and protocols for induction of labor
- 8c. Implement policies and protocols for pain management and labor support
9. Implement standard criteria for diagnosis and treatment of labor dystocia, arrest disorders and failed induction
10. Develop checklist for ensuring ACOG/SMFM criteria for c/s is met
- 11a. Implement training/procedures for identification and appropriate interventions for malpositions (e.g. OP/OT)
- 11b. Implement standardized assessment, and response to fetal heart rate concerns
12. Develop checklist for ensuring ACOG/SMFM criteria for c/s is met
13. Implementation of a workflow process for shared decision making (decision huddle with provider, nurse and patient to review treatment options, risk/benefits, and ACOG/SMFM guidelines)