IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
69 West Washington Street, Suite 3500 • Chicago, Illinois 60602-3027 • www.dph.illinois.gov

September 9th, 2020

Re: ILPQC Promoting Vaginal Birth Quality Improvement Initiative

Dear Hospital Administrator:

In November 2020, the Illinois Perinatal Quality Collaborative (ILPQC) will launch the statewide obstetric quality improvement initiative, Promoting Vaginal Birth (PVB). This is an important statewide quality improvement initiative selected by the Illinois Department of Public Health (IDPH) Statewide Quality Council (SQC) and Perinatal Advisory Committee to achieve statewide and hospital nulliparous, term, singleton, vertex (NTSV) cesarean section rates at or below the Healthy People 2020 goal of 24.7%. ILPQC will work alongside hospital teams to achieve this goal through: optimizing labor management; implementing ACOG/SMFM protocols and guidelines for induction and labor management; provider, nurse, and patient education to support clinical culture change. This initiative will provide opportunities for labor and delivery quality improvement support for all Illinois birthing hospitals, including hospitals that have already achieved the goal NTSV cesarean rate.

As with any of our initiatives, we know that we cannot achieve lasting results without your active partnership. Attached you will find details on the resources and support that will be provided to all participating Illinois hospitals, as well as details on how to submit your hospital's team roster as a first step. We hope that you will join us in these efforts. We know that if we work together we will continue to bring about improvement in quality outcomes for both moms and babies across Illinois and make Illinois the best place to give birth and be born.

Should you have any questions on this initiative, or on anything related to perinatal quality outcomes, please feel free to reach out to either of us. We look forward to your partnership.

Very truly yours**,**

Ngozi Ezike, MD
Director
Illinois Department of Public Health

Ann Borders, MD, MSc, MPH
Executive Director
Illinois Perinatal Quality Collaborative

PROJECT OVERVIEW

While Cesarean section delivery is life-saving and critical in protecting the health of mother and fetus in some cases, Cesarean delivery rates vary widely across states and hospitals throughout the United States suggesting differences in practice patterns. In 2011, C-section rates were as high as 1 in 3 both nationally and in Illinois, suggesting an overuse of Cesarean delivery. C-section deliveries result in more major complications when compared to primary vaginal births and vaginal births after previous C-section.[i] An important group for targeted improvement is nulliparous, term, singleton, vertex (NTSV) deliveries as these first births are important in preventing the need for repeat Cesarean section and NTSV deliveries have standardized national guidelines for appropriate management. The Healthy People 2020 target rate for NTSV C-section deliveries is at or below 24.7%.

The goal of the Promoting Vaginal Birth (PVB) Initiative is to promote clinical culture change to optimize vaginal delivery, develop and implement standard protocols and guidelines for induction and C-section decision making, and educate providers, nurses, and patients on optimal labor management. The initiative will work to promote the use of ACOG/SMFM guidelines for 80% of NTSV C-section births with 80% of physicians/midwives educated on ACOG/SMFM labor guidelines and 80% of nurses educated on the guidelines[ii] in order to achieve statewide and individual hospital C-section rates consistent with the Healthy People 2020 goal at or below 24.7% by May 2022.

The PVB Initiative will kick off at the Virtual ILPQC Annual Conference on October 29th, 2020. We will hold our first monthly PVB webinar in December 2020, and will start monthly PVB data reports for teams in January 2021.

Please submit your hospitals PVB team roster by September 20th, 2020 to receive a printed PVB Toolkit or by **October 23rd, 2020** for initiative participation. Your PVB quality improvement team must include: a nurse champion and a physician champion with a Team Lead identified. Other key team members are recommended, including: QI professional, patient / family member, midwife / doula representative, and prenatal clinic / outpatient representative.

This initiative will support all birthing hospitals serving Illinois patients to implement best practice guidelines for safe prevention of NTSV C-section. Resources will be available to assist teams in implementing structural change including implementation of:

1. Labor support education for nurses, providers, and staff
2. Patient education support
3. Implementation of Decision Huddles/Debriefs to standardize decision making and support patient-centered approach
4. Updated standardized labor support protocols for a unit standard approach to labor management
5. Updated standardized protocols for a unit-standard approach for identification & treatment of labor challenges/abnormalities and fetal heart rate concerns
6. Checklist to support use of ACOG/SMFM criteria during cesarean decision making
7. Integration of order sets, protocols, & documentation for the safe reduction of primary cesareans into EMR
8. System for review of QI data including provider-level data with clinical team

Next Steps for Hospital Teams

1. Develop your PVB Quality Improvement team and submit the Promoting Vaginal Birth Roster Form by **9/20/2020** to receive a printed PVB Toolkit or by **10/23/2020** for initiative participation.
2. Attend the 2020 Virtual ILPQC 8th Annual Conference on **October 29th**. Hear from perinatal leaders from around the country and participate in the PVB Initiative Kick-Off. Registration is free and available at ilpqc.org. **Registration deadline is 10/26/2020.**

[i] Maternal Morbidity for Vaginal and Cesarean Deliveries, According to Previous Cesarean History: New Data From the Birth Certificate, 2013 by Sally C. Curtin, M.A., National Center for Health Statistics; Kimberly D. Gregory, M.D., M.P.H., Cedars-Sinai Medical Center; Lisa M. Korst, M.D., Ph.D., Childbirth Research Associates, LLC; and Sayeedha F.G. Uddin, M.D., M.P.H., National Center for Health Statistics

[ii] Safe prevention of the primary cesarean delivery. Obstetric Care Consensus No. 1. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:693–711.