

# Table 18. Key Strategies to Manage Labor Abnormalities and Safely Reduce Cesarean Births

## 1 Create Highly Reliable Teams and Improve Interprofessional Communication at Critical Points in Care

- Develop protocols and institutional policies that promote and support teamwork and effective communication
- Create a culture of collegiality and mutual respect
- Implement formal programs for the development and ongoing evaluation of teamwork and communication (e.g. TeamSTEPS®)
- Promote standardized communication techniques to improve efficiency and clarity of communication (e.g. SBAR)
- Promote situational awareness through impromptu huddles, team rounds, and debriefings
- Develop Rapid Response Teams

## 2 Implement Standard Diagnostic Criteria and Standard Responses to Labor Challenges and Fetal Heart Rate Abnormalities

- Utilize standard diagnostic criteria and algorithms to reduce and respond to labor dystocia
- Implement policies for the safe use of oxytocin
- Endorse NICHD categories and standardize responses to abnormal fetal heart rate patterns and uterine activity
- Standardize induction of labor (e.g. patient selection, scheduling, and induction process)

## 3 Utilize Operative Vaginal Delivery in Eligible Cases

- Ensure initial training and ongoing physician competency in forceps and vacuum extraction

## 4 Identify Malposition and Implement Appropriate Interventions

- Identify malposition early (ideally by early second stage of labor), and employ the use of ultrasound if unable to clearly define the position of the vertex with digital exam and Leopold's Maneuvers
- Promote rotation of the vertex from an OP position with maternal positioning including during second stage, and manual or instrumented rotation by an experienced, well trained provider
- As long as incremental descent is being made, and fetal and maternal statuses permit, allow for longer durations of the second stage (e.g. at least 4 hours for nulliparous women and at least 3 hours for multiparous women)

## 5 Consider Alternative Coverage Programs (Laborist Models and MD/CNM Collaborative Practice Models)

- Laborist models of care promote on-site readiness, remove the time-based and economic incentives to perform cesareans, and lend to the retention of core knowledge and skills
- Midwifery care has been identified as an underused maternity service, with the potential to curb costs, improve overall outcomes, and reduce rates of cesarean

## 6 Develop Systems that Facilitate Safe, Patient-Centered Transfer of Care Between the Out-of-Hospital Birth Environment and the Hospital

- Develop relationships with local out of hospital providers in order to increase collaborative communication and facilitate safe and respectful transfer of care

## 7 Reduce Liability-Driven Decision Making by Focusing on Quality and Safety

- Educate providers on the benefits of a well-designed quality improvement program to reduce cesarean
- Specifically address the situations that contribute the most to obstetric liability claims
- Well-chosen cesareans are sometimes necessary to prevent avoidable maternal and fetal harm. The goal of a quality improvement program to reduce cesarean is not to prevent cesarean birth "at all costs"

## Create a Culture of Collegiality and Mutual Respect

An important feature of effective communication is the ability to speak assertively without fear of retribution. Empowering all members of the team to participate in communication with an equal voice increases the likelihood that all observations will be shared.<sup>209</sup> Members of high-functioning teams hold themselves accountable to speak up and make their concerns known. Through this process, the team is able to reach a conclusion on the patient's status and the safest and best plan of care. Allowing all participants of the team, including the patient, to be heard and understood is critical to the communication process. Effective communication and respect also involves deep listening, which includes questioning to verify information