

Creating Interdisciplinary Collaboration to Reduce NTSV Cesarean Sections

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Problem

NTSV CIS rates fluctuate above the Healthy People 2022 rate of 24.7 %

national standard and improve maternal and neonatal outcomes Goal is to follow standards of care to reduce NTSV cesarean births to the

- Assess Bishop score prior to IOL to ensure best method and improve
- Establish interdisciplinary huddles to discuss progression and options to assist with labor progression
- Improve process for shared decision making

Hospital Demographics

- Level 2 with extended capabilities 1000 deliveries a year
- Staff includes RNs, OB techs and Obstetricians

Project Implementation

- Provided education at staff meetings related to PVB objectives, labor dystocia checklist, team huddles and shared decision making
- PI for documentation of Bishop score assessment prior to induction
- Education for labor positions related to fetal position.
- Collaborated with Manager to purchase CUB positioning device
- Collaborating with physicians to discuss patient progress and
- Encouraged staff to attend spinning babies and ILPQC Labor Support Classes





Results

- The LD RNs utilized the board and laminated handouts to choose positions for labor.
- Currently reviewing Bishop score documentation and providing education.

The percentage of Bishop score documented for the months of May-July 2021 are 20% complete with each required component



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Conclusions

We are continuing to review opportunities for improvement. We will provide education to our staff decision making and physician and nurse huddles discussing cesarean section regarding Bishop scores and nurse interventions. We also hope to improve the process related to shared

Acknowledgements/Hospital Team

Entire LD RN team, including leadership and ancillary staff that work hard to ensure safe patient care and a safe clean environment.



Tomorrow starts today