



# NM Palos Hospital Promoting Vaginal Births



## PROMOTING VAGINAL BIRTHS TEAM

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## THE PROBLEM:

- \*Decrease the NTSV Cesarean Section rate to at or below 24.7% (Healthy People goal)
- \*Increase NTSV csections that meet ACOG/SMFM guidelines
- \*Adapt unit culture to support and expect vaginal births

## Accomplishments

- \***Educated** all OBs/RNs on SMFM/ACOG guidelines: included written information, laminated pocket card & sign-off that information was received
- \***Adopted** Pre-cesarean Huddle checklist – format has evolved over time; initially used with one physician group and then expanded to all
- \***Included** information on NTSV patients in morning staff huddles
- \***Posted** laminated algorithms for guiding decision making around the unit
- \***Created** smart phrases for ease of documentation: decision huddle, patient engagement
- \***Provided** AJOG Opinion on Management of Category II FHR Tracings to all OBs/RNs
- \***Participated** in Labor Culture Survey with 82% participation rate overall
- \***Attended** the Labor Support course with ongoing information sharing
- \***Shared** data with OB staff and providers on the ILPQC Initiative boards and at meetings

Percent of NTSV Cesarean Sections that Comply with ACOG/SMFM Criteria:

	Baseline	Jan	Feb	Mar	April	May	June	July	Aug
FHR Concerns	90	100	100	0	100	100	67	100	100
Induction	71	0	0	N/A	67	50	100	100	100
Labor Dystocia	0	0	N/A	N/A	N/A	50	N/A	N/A	50
Overall	78	33	100	20	80	71	88	100	86

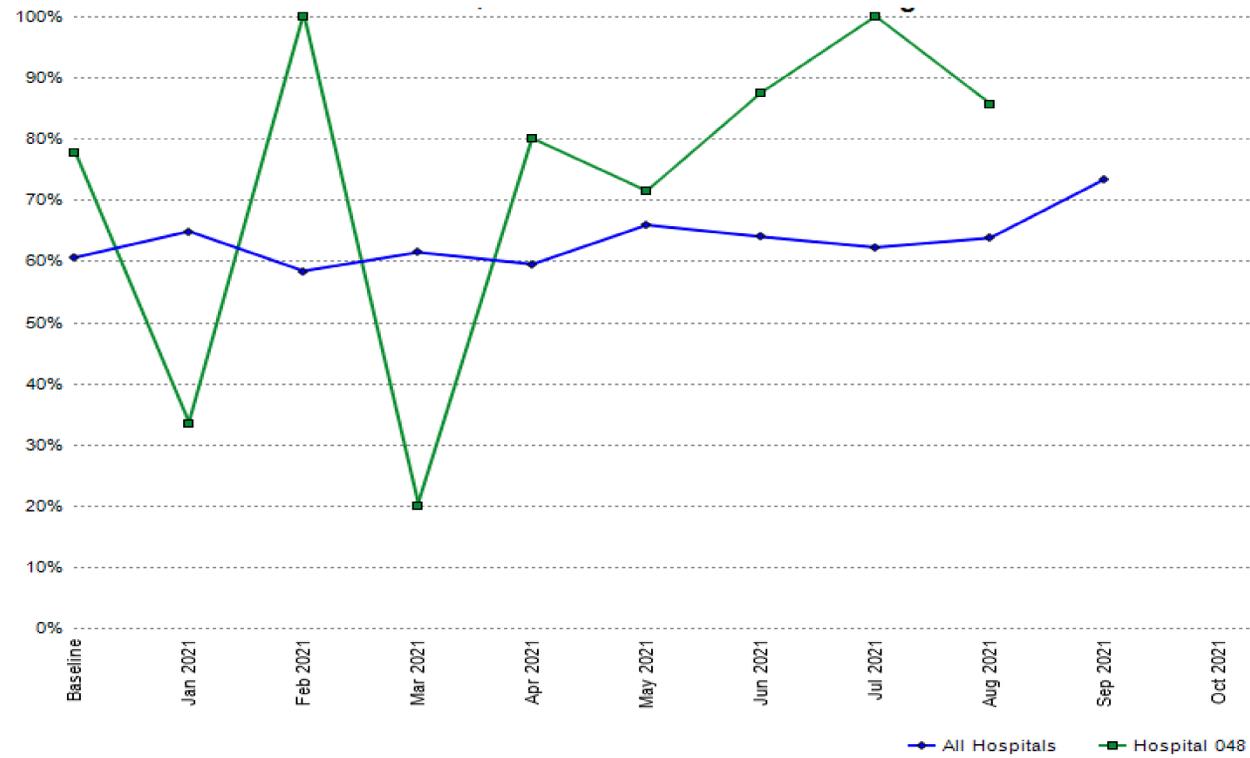
## Who Participated in Our Labor Culture Survey?

12 out of 20 Obstetricians  
 47 out of 47 Maternal Child Health RNs  
 9 out of 16 Anesthesiologists

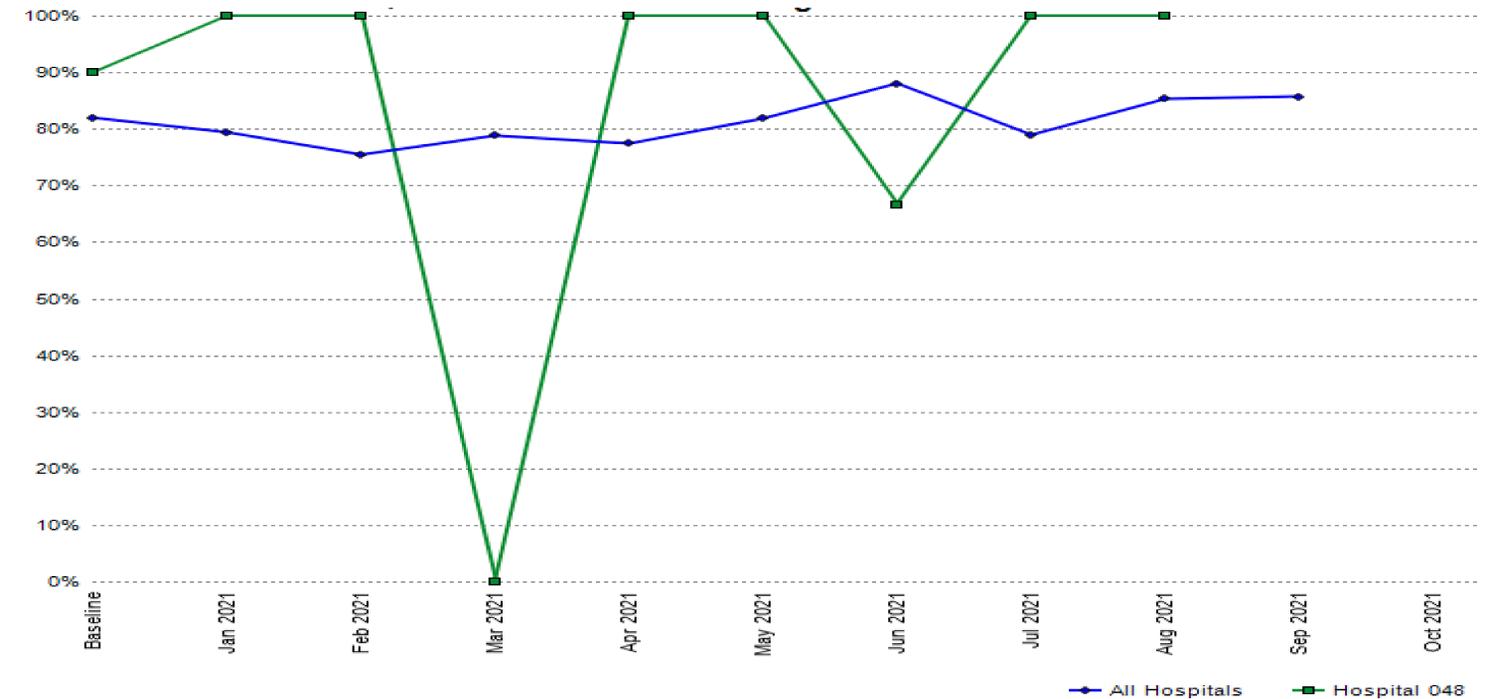
82% Participation Rate

Addressing results is a work in progress!

## Overall % of NTSV Cesareans that meet ACOG/SMFM Criteria



## % of NTSV Cesareans for FHR concerns that meet ACOG/SMFM Criteria



### Conclusions:

- \*Our c-section rate is variable, but is improving
- \*Use of the pre-csection checklist improved staff/provider communication and awareness of ACOG/SMFM guidelines
- \*Documentation of patient engagement improved with implementation of smart phrases in the EMR
- \*Guidelines for cervical ripening may decrease our csection rate for Failed Induction

### Potential Future Endeavors:

- \*increased use of intermittent auscultation for low risk patients
- \*promotion of mobility and delayed epidurals
- \*increased patient education on prodromal labor and alternative pain control options

## % of NTSV Cesareans for Failed Induction that meet ACOG/SMFM Criteria

