

## Problem

- Our initial cesarean section rates have been on a steady climb for two years. As nurses we are disappointed by this and wanted to reverse the trend. We recognized that some nurses were less likely to provide adequate interventions and the effect it had on this rate. As we started to collect data there was an obvious need for education of staff and providers on current ACOG recommendations for cesarean sections and proper use of interventions like positioning. With the introduction of the ILPQC toolkit and education we felt we could definitely make a huge difference in this rate!

## Project Implementation

The PVB Initiative provided a template for turning our cesarean section rates around, and so our journey began:

- We formed a committee of seven staff members, a certified nurse midwife and a lead physician
- We completed a needs assessment and formed our 30-60-90 day plan of attack!
- Education was provided to staff and providers to ensure that they were on the same page with ACOG recommendations for cesarean sections
- We created a pre cesarean section huddle sheet with staff and provider input to promote buy in
- Staff attended Labor Management webinars (which included Pizza of course!)
- Four nurses attended Spinning Babies courses and shared this knowledge with staff
- They created laminated books for each labor room and shared them with parents to provide education about position change and ambulation
- The nurses are awarded with charms for successful vaginal deliveries and for completing a pre cesarean huddle sheet
- We were able to order an updated telemetry monitoring system to promote ambulation
- Our committee has also initiated an Intermittent Fetal Monitoring policy and updated our Care of the Cesarean Section Patient policy to include the ACOG standards we were educated on.

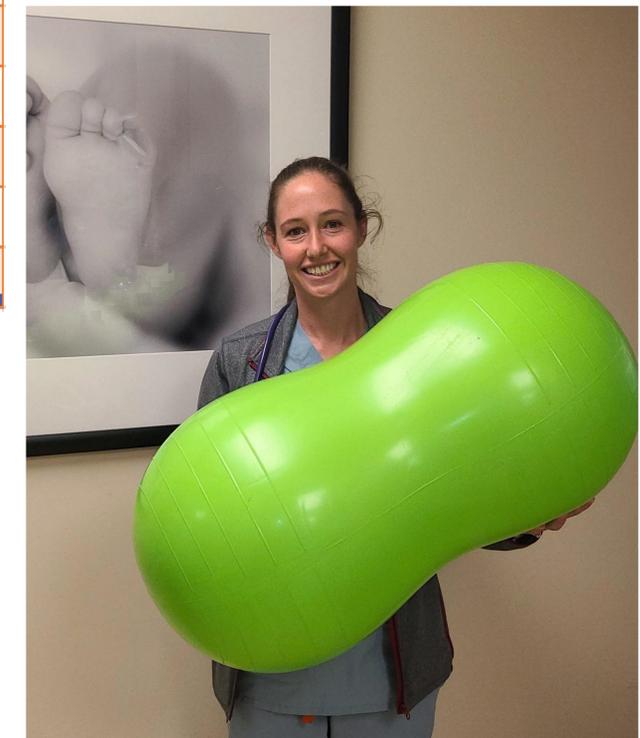
## Results

- Our staff and provider buy in has been exceptional overall. We have had a few barriers along the way, but overall we have seen a drastic decrease in our primary cesarean section rate. We have recorded a 44% average decrease from January 2021 through August of 2021. We have noticed a correlation between the medical necessity induction rate and amount of initial cesarean section rates (see graph June 2021). The months that we had high rates of 37-39 week inductions due to maternal/ fetal complications our stats were also higher. Our next step will be to look at our induction methods and Bishop scores to gather more data in this area to promote improvement.

2021	Jan	Feb	March	April	May	June	July	Aug	Sept
Total ILPQC deliveries	9	3	11	13	11	11	10	15	13
Total Vag ILPQC	2	2	10	12	11	5	7	13	8
Total C/S ILPQC	7	1	1	1	0	6	3	2	5
Total CS meeting criteria	6	1	1	1	0	5	2	1	4
	77%	33%	9%	7%	0%	54%	30%	15%	38%



Our charm incentives are:  
**Peanut (aka peanut ball use):** for any G1, term, singleton deliveries in vertex position  
**Baby Feet:** for completing and turning in a pre cesarean section huddle sheet.



## Conclusions

- The conclusion of our findings are that through education, increased patient involvement and active staff and physician buy in we can make a substantial difference in the initial cesarean section rate. This difference will also decrease our overall rate and provide an improved quality of care for our patients. This is very exciting for us!

## Acknowledgements/Hospital Team

- We would like to acknowledge the help of Dr. Sumra Tayebaly and Alicia Settle CNM.