

PROMOTING VAGINAL BIRTH

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Problem

- In 2019 the Nulliparous, Term, Singleton, Vertex (NTSV) cesarean section (C-section) rate at OSF HealthCare Saint Francis Medical Center was 29.4%. C-section deliveries can increase a woman's risk for serious health problem including death. Repeat C-section births increase the risk of long-term complications that can be life threatening.
- Without addressing our NTSV C-Section rate, SFMC would be perpetuating the increased risk to our low risk patient population putting them at a future with increased risks. This is a perfect time for change.
- OSF HealthCare Saint Francis Medical Center is the North Central Illinois Perinatal Referral Center which serves 21 counties in Illinois. In addition, we have over 39 private attending Obstetricians/Advanced Practice Providers which practice at our facility and utilize consulting services from Maternal Fetal Medicine when indicated. Included in our patient population are high risk patients due to the nature of their health, fetal complexities and high BMI.
- Our QI team consists of Labor and Delivery leadership, bedside nurses, Private attendings, SFMC and UICOMP Medical staff, Advanced practice providers, Quality and Safety staff, and Perinatal Outreach support.

Project Implementation

- With ILPQC support, a QI team at SFMC was formed for the Promoting Vaginal Birth initiative. The team has been actively meeting, researching, collaborating, planning and implementing standardized education and best practice guidelines for the end goal of decreasing the NTSV C-section rate below the national Healthy People 2020 target of 24.7%. By using nursing engagement, provider involvement, and data to support the work, the team has discovered opportunities for culture change, standardization of practice and best practice provider and nurse education.

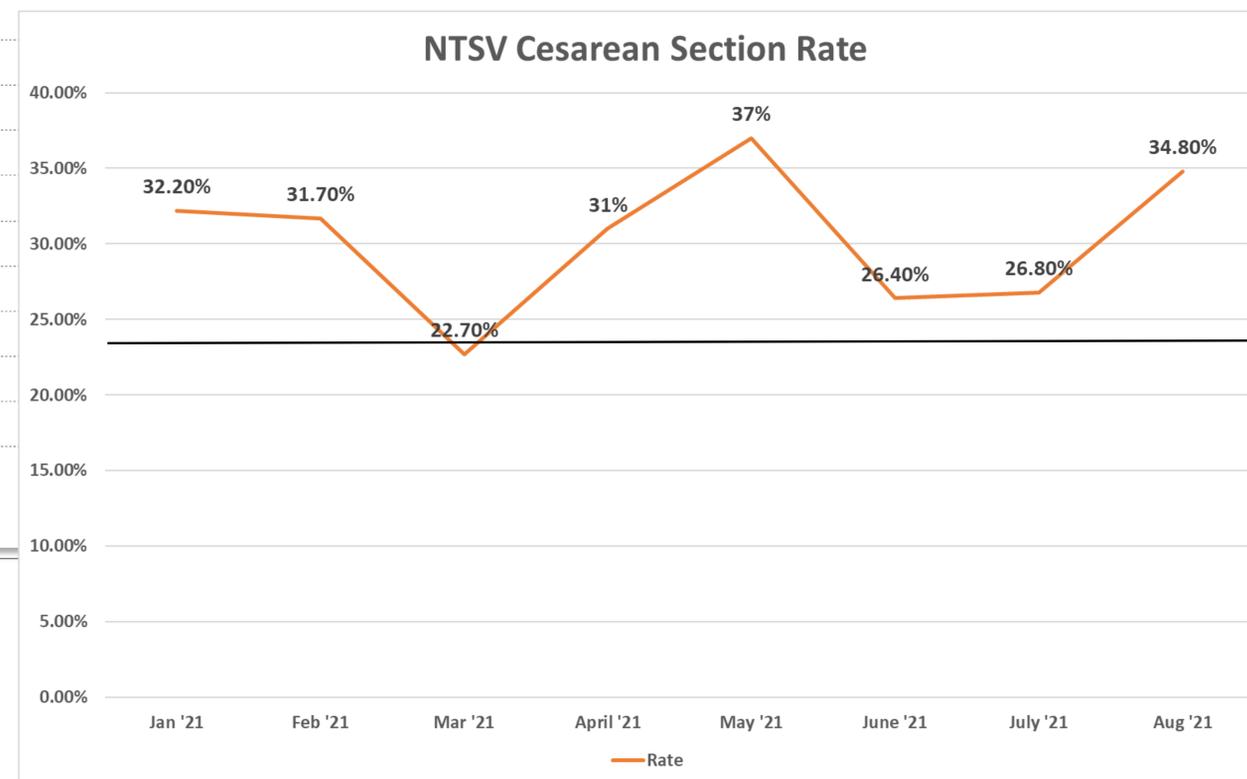
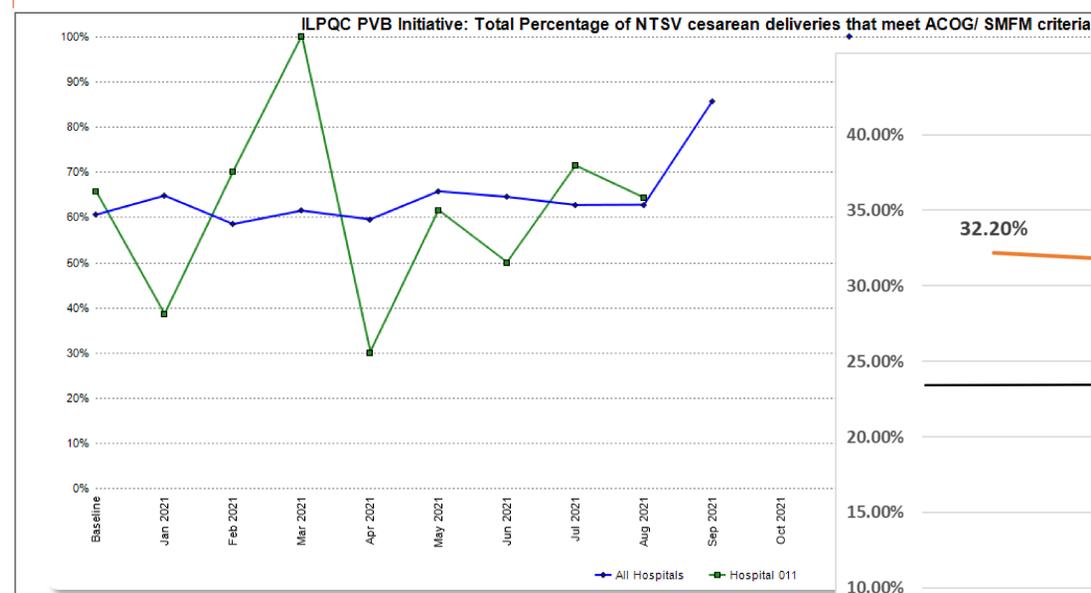
- PVB Launch and Kick Off
- Monthly Meetings
- Discussions with OBGYN Dept. Chair and Medical Director of L&D
- PowerPoint presentation at Dept. meetings
- Labor Culture Survey
- Data collection and reporting monthly data and Hospital Measures into REDCap
- Implemented informal meeting – Crown Down
- ILPQC presented at OB Grand Rounds
- Standardized education and checklists



Squat Bar Hang
Good to help opening the outlet
Station (+1, +2)
Encourage sway and rocking of hips
Can push in this position

Results

- Nursing has successfully embraced the initiative through hands-on and visual learning:
- Successes: Stork charms are awarded to those that have NTSV vaginal deliveries. Nurses wear them proudly and are excited to report their successes. Laminated labor position tools, peanut balls, and birthing balls are taken into patient's rooms to assist with demonstrating ideal positions fetal engagement. Magnets are used as a visual and verbal report during nursing huddles as a means of identifying the NTSV patient. Crown Down, an informal discussion table meets bimonthly to discuss strategies and barriers for promoting vaginal birth.
- Barriers: We have found implementation of the ILPQC Cesarean Section Checklist challenging. Huddles and debriefings are not occurring regularly and we are discussing ways in which we can support this important tool. Providers have been slow to "buy-in" as some of our strategies have been seen as "challenging the way they practice". Administration has been supportive of the initiative and we continue to provide data and supportive documentation to show our progress.
- Standardized ACOG/SMFM criteria and guidelines demonstrating best practice has been highlighted as we've implemented changes. Our NTSV rate began to decline steadily as the initiative and education rolled out. We have noticed increased incidences of scheduled "suspected macrosomia" and lack of meeting ACOG/SMFM recommendations which believe could be contributing to the instability of our rate.



Conclusions

- The QI team has learned a great deal about what our opportunities are. There is a strong indication that change will only occur if there is continuous discussions, education and support.
- Next steps: Continue ongoing education real time, reignite and reinforce C-section huddles and debriefs, nursing didactics, discussions about outpatient cervical ripening with Medical staff. Nurses are so excited about SFMC hosting Spinning Babies in March. We look forward to continued progress and utilizing the tools from which ILPQC has provided.

Acknowledgements

- Thank you to SFMC administration and our entire PVB Work group as we shift our labor culture and strive to decrease unnecessary risks on our low risk patient population in our region.

