



# Promoting Vaginal Birth in an Innovative, Midwifery-Led Labor and Delivery Unit



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## Problem

Our institution began participating in the Promoting Vaginal Birth initiative in 2021. While our primary Cesarean section rate remains reliably low (usually 8-12%), we found a much more variable Cesarean section rate among our NTSV patients from month to month.

With the increased morbidity and mortality due to the high numbers of COVID cases in our community as well as the more limited care received by patients, those numbers fluctuated even more. In addition, being an independent hospital that serves an underserved community comes with its own challenges including limited resources, a constantly disrupted supply chain and a high staff turnover rate.

We took this initiative as an opportunity for self-examination and to identify areas for improvement.

## Project Implementation

Over the last several years, we have experienced increasing numbers of medically complicated patients and compromised fetuses over the last several years. We also have several new providers that prefer inductions at 39-40 weeks since the ARRIVE trial as well as more aggressive induction practices.

We identified the following avenues to provide staff and providers with the education regarding the initiative:

- ❖ Department meetings with nursing staff, unit secretaries and OB OR technicians
- ❖ Mandatory education and skill sessions with all staff and providers prior to the end of the year
- ❖ Laminated copies of process flows and Cesarean criteria on the unit
- ❖ Unit binder with preoperative checklists and debrief forms
- ❖ Email Newsletters to providers and nursing staff
- ❖ Biweekly Perinatal Safety meetings for incident review and data analysis
- ❖ Quarterly Department meetings for data analysis
- ❖ Online modules for staff when available
- ❖ Ongoing simulations and drills

## Results

Our Labor and Delivery unit is run entirely by a group of midwives with the cooperation with an in-house Obstetrician, Neonatologist and Anesthesiologist. We have a culture largely centered around promoting spontaneous labor whenever possible. We identified the following areas to address for staff and provider education:

- ❖ Patient Education regarding coping with latent labor, addressing fears and concerns
- ❖ Promoting a positive patient environment that encourages a clear explanation of options and shared decision making
- ❖ Review of policies regarding labor management including cervical ripening, outpatient cervical ripening, intermittent fetal monitoring
- ❖ Bedside nursing report whenever possible, staff huddles at each change of shift
- ❖ Staff education about the use of hep-locks, ambulation, upright labor positions and importance of nutrition/hydration during labor
- ❖ Increase the utilization of Chicago Volunteer Doulas
- ❖ Documentation with Patient Coping Scale
- ❖ Medical and non-medical interventions for pain management
- ❖ Labor positions and maneuvers to optimize fetal position and pelvic space with and without an epidural
- ❖ Appropriate use of AROM and Pitocin induction and augmentation
- ❖ SMFM and ACOG criteria for Cesarean section with pre-operative huddle and checklist
- ❖ Debriefing after unexpected incidents and outcomes
- ❖ Regular monitoring of unit statistics with all staff
- ❖ Optimizing our facility and space for ambulation and hydrotherapy

## Conclusions

This improvement initiative is aimed at promoting vaginal birth and minimizing our Cesarean section rate, especially among our NTSV patients. The education and simulations that will be conducted with the staff will also inevitably increase patient safety and satisfaction.

## Acknowledgements/Hospital Team

As always, we couldn't accomplish our goals without the passion, hard work and dedication of our unit's nursing staff, ancillary staff, providers, educators and social workers.

We dedicate all of our work to our patients, those that are here and those gone too soon.