

Problem

- The Promoting Vaginal Birth (PVB) Project gives us the opportunity to focus on primary cesarean section indications, the decision-making process, and the safety of promoting vaginal births.
- We serve primarily minority populations with higher rates of pre-eclampsia and hemorrhage.
- As a laborist group model, we strive to have uniformity in our approach to labor dystocia and fetal distress.
- While we already complied with ACOG and SMFM guidelines prior to our involvement in the initiative, we did not have a formal review process for NTSV C/S deliveries.
- By increasing attention to this important issue, we hope to further standardize our decision making, our documentation of indications for cesarean section, and to create a more cohesive and collaborative environment between physicians, nurses and patients.
- In order to accomplish these goals, we included our administrative QI team, obstetricians, family medicine providers and a nurse champion.

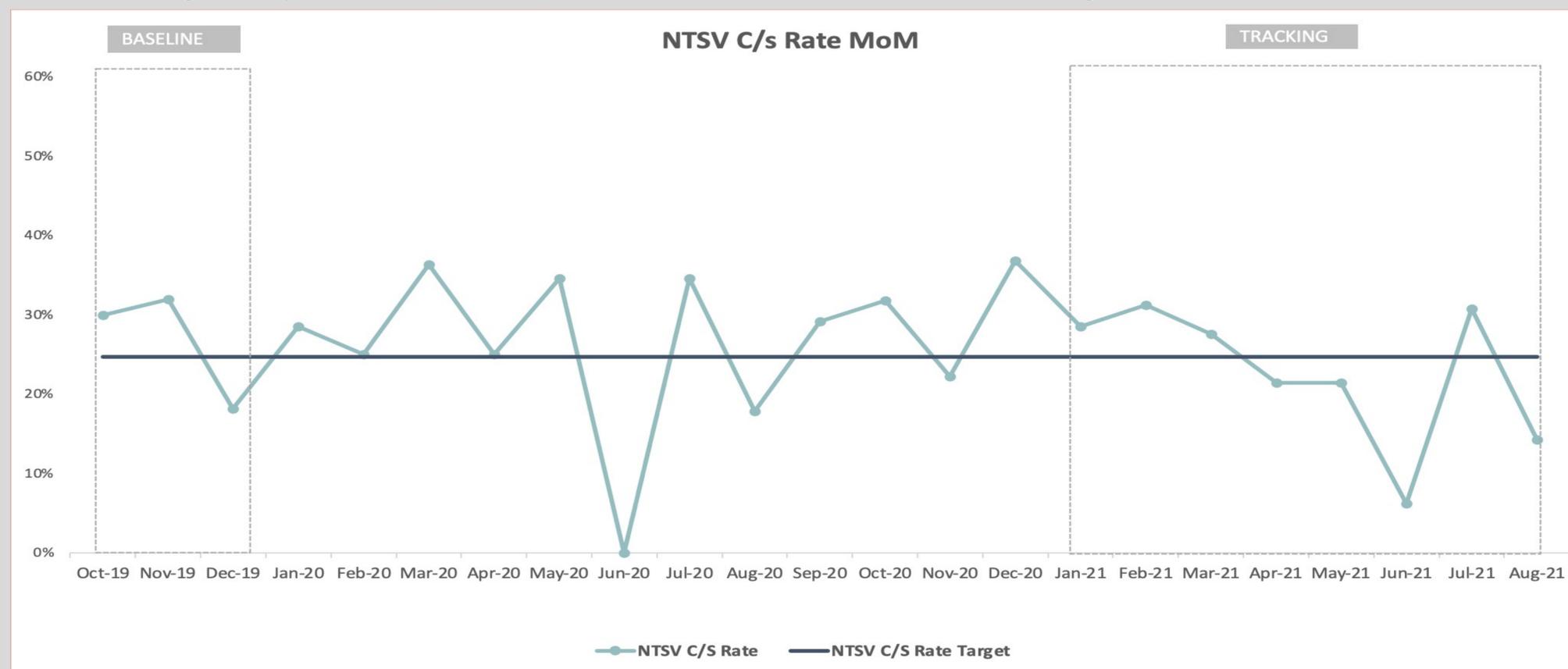
Project Implementation

- We created a PVB quality initiative team and a formal tracking process to look at our NTSV deliveries.
- We submitted retrospective baseline data for October-December 2019 and prospectively collected and submitted data for 2021, which allowed us to look at the data to determine trends and calculate our NTSV rate.
- We strengthened our education efforts for all staff, educating physicians and nurses on ACOG/SMFM labor management guidelines and labor support techniques.
- Participated in the Labor Culture Survey, allowing us to look at our staff's views about vaginal births.
- Developed a checklist for ensuring ACOG/SMFM criteria for C/S is met
- Created and implemented a workflow process for shared decision making (huddle) for the provider, nurse, and patient.
- Utilize care team huddles/debriefs to identify and review delivery decisions for consistency.

Results

- We ranked 13 out of 71 in NTSV C/S rates at participating ILPQC hospitals according to the LCS results.
- While our rate varies monthly, for CY 21, we currently have an NTSV C/S rate of 23%, which is below the target rate of 24.7%.
- The LCS responses provided us insight to the current level of education on our processes, standards, and guidelines, leading us to tailor training sessions moving forward.
- The formal tracking process has allowed us to review our rates month over month.

Table 1. Stroger Hospital NTSV C/S Rate, Month over Month, Baseline & Tracking Periods



Conclusions

- Participating in the initiative gave us a better opportunity to provide education in labor support and management and have since seen a decrease in our rate since the implementation of this initiative.
- We are excited to continue making changes and improving on our processes as well as continuing to track our data during the remaining duration of this initiative.

Acknowledgements

Thank you to our physicians and nurses that helped support this initiative and continue to support vaginal birth and reducing primary cesareans for optimal maternal and neonatal outcomes.