A HEALTHY START FOR MOMS AND BABIES: PROMOTING BEST PRACTICES TO SUPPORT VAGINAL BIRTH

Hospital teams across Illinois work to achieve the Healthy People 2020 goal to optimize vaginal births and reduce cesarean delivery rates

The Problem

- Cesarean section (c-section) deliveries can increase a woman’s risk for serious health problems including infection, postpartum hemorrhage and death. Repeat c-section births increase the risk of long-term complications such as placenta accreta, a serious pregnancy condition that can be life threatening.
- Progress is stalled: the Nulliparous, Term, Singleton, Vertex (NTSV) c-section delivery rate of 26.5% in Illinois, while lower than the national rate, has remained relatively unchanged since 2013, falling short of the Healthy People 2020 goal of 24.7%.

Cesarean section rate among nulliparous, term, singleton, vertex deliveries for All Illinois Birthing Hospitals

Patient-Centered Approach Improves Care for Expecting Moms

To optimize vaginal deliveries, the American College of Obstetrics and Gynecology (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) published guidance for clinicians to better support normal labor progress including; facilitating more individualized management of labor, such as offering different positions of comfort, and nonpharmacologic pain management techniques like massage; standardizing induction of labor protocols; and improving strategies to address fetal heart rate concerns. Shared decision-making between patient and clinician is critical to meeting these new recommendations and supporting vaginal births.
Making Change Happen

The Promoting Vaginal Birth (PVB) Initiative is a statewide quality improvement initiative across Illinois birthing hospitals supported by the Illinois Department of Public Health Perinatal Advisory Committee and Statewide Quality Council with funding from the Centers for Disease Control and Prevention. The Illinois Perinatal Quality Collaborative (ILPQC) will work with hospital teams to provide opportunities for collaborative learning, rapid response data review and quality improvement support to optimize vaginal birth and achieve the NTSV c-section goal.

Promoting Vaginal Birth: Reframing What We Focus On

- Improving labor management and support for patients
- Supporting the implementation of ACOG/SMFM guidelines for labor management
- Promoting patient-centered approach to shared clinical decision making
- Developing compelling staff and patient education resources to make change happen

Promoting Vaginal Birth Key Steps

1. Patient-centered labor management education for nurses, providers, and staff.
2. Patient education resources supporting vaginal birth.
3. Implementation of decision huddles to support patient-centered decision-making.
4. Update and standardize protocols to best support patients labor progress, and identify and respond to challenges such as fetal heart rate concerns.
5. Checklist to support use of ACOG/SMFM guidelines for labor management and cesarean decision-making.
6. Integrate key labor management support resources into electronic medical records (EMR).
7. Develop system for review of key quality improvement data including provider-level data with clinical team.

PVB Initiative Aim:

*By December 2021, more than 70 percent of participating hospitals will be at or below 24.7% NTSV cesarean delivery rate.*

PVB Initiative Key Measures

- Increase percentage of women who have c-section deliveries among NTSV births that meet ACOG/SMFM guidelines.
- Increase percentage of providers, midwives and nurses trained on:
  - ACOG/SMFM guidelines for cesarean;
  - labor management strategies and response to labor challenges; and
  - protocols for facilitating decision huddles.

Get Involved

Check out [ILPQC.org](http://ILPQC.org) or email us at [info@ilpqc.org](mailto:info@ilpqc.org) to learn more about the collaborative and identify opportunities to get involved.