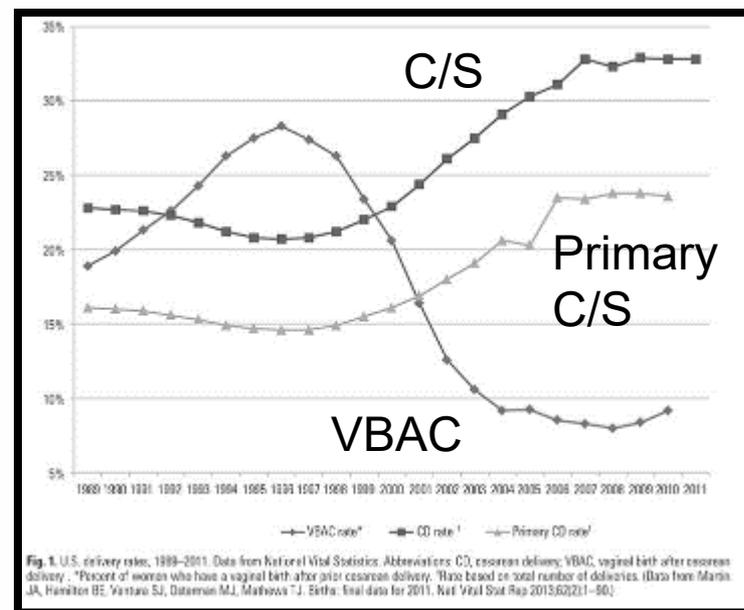




Promoting Vaginal Birth QI Initiative- Why? Current Landscape

Promoting Vaginal Birth Initiative

- C-Sections increased 60 percent from 1996 to 2011*
- Significant social, economic & health costs, including:
 - ↑ maternal complications and longer recovery times
 - ↑ NICU admissions
 - ↑ barriers to breastfeeding
 - ↑ risk of developing life-threatening complications
- Quality Improvement Initiatives have shown results
 - CMQCC and FPQC initiatives reduced primary cesarean rates while maintaining optimal neonatal outcomes



*ACOG Safe Prevention of Primary C-Section 2014

Why does this matter?

- Relentless Rise **without Baby or Mother benefit**
 - 6% in early 70's → 20% in mid 80's → 33% in 2010
 - CP rates, neonatal seizures unchanged since 1980
 - Overall, no benefit for long-term urinary continence
- **Increased maternal and neonatal morbidity**
 - Impaired neonatal respiratory function, NICU admits
 - Affects maternal-infant interaction/breast feeding
 - Increased maternal PP infections, VTE, transfusions
 - Longer recovery, 2X PP re-admissions
- Prior c/s can have **major complications**
 - Placenta previa and accrete leading to possible hysterectomy or worse uterine rupture
 - Abdominal adhesions

Major Maternal Complications: Vaginal Births versus Primary Cesareans, Repeat Cesareans, and VBAC

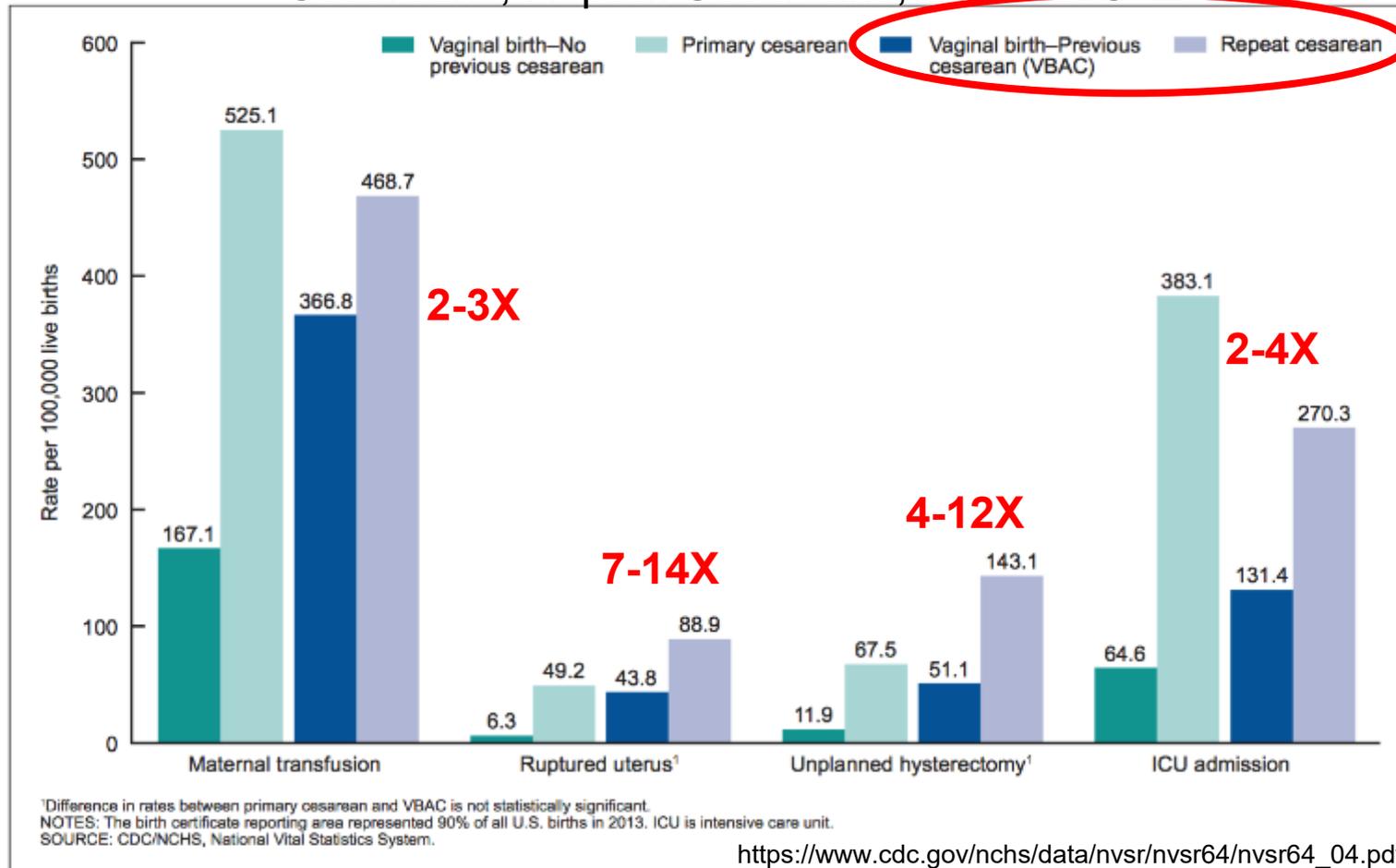


Figure 1. Maternal morbidity, by method of delivery and previous cesarean history: 41-state and District of Columbia reporting area, 2013

QUALITY OF CARE

By Katy Backes Kozhimannil, Michael R. Law, and Beth A. Virnig

Cesarean Delivery Rates Vary Tenfold Among US Hospitals; Reducing Variation May Address Quality And Cost Issues

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ABSTRACT Cesarean delivery is the most commonly performed surgical procedure in the United States, and cesarean rates are increasing. Working with 2009 data from 593 US hospitals nationwide, we found that cesarean rates varied tenfold across hospitals, from 7.1 percent to 69.9 percent. Even for women with lower-risk pregnancies, in which more limited variation might be expected, cesarean rates varied fifteenfold, from 2.4 percent to 36.5 percent. Thus, vast differences in practice patterns are likely to be driving the costly overuse of cesarean delivery in many US hospitals. Because Medicaid pays for nearly half of US births, government efforts to decrease variation are warranted. We focus on four promising directions for reducing these variations, including better coordinating maternity care, collecting and measuring more data, tying Medicaid payment to quality improvement, and enhancing patient-centered decision making through public reporting.

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Charles V, Charles IV and Kira Johnson
// COURTESY CHARLES JOHNSON

*How Judge Hatchett's Son Is Coping After His Wife's
Childbirth Death*

(Healthy woman with complications resulting in death
during "routine" repeat Cesarean)



**I Almost Died During Childbirth. I'm Not
Alone.**

Maternal mortality is rising in America, and that doesn't even include cases like mine.

(Healthy woman with major complications during
"routine" repeat Cesarean: "Near Miss"
now with PTSD)

What Indications Have Driven the **RISE** in CS?

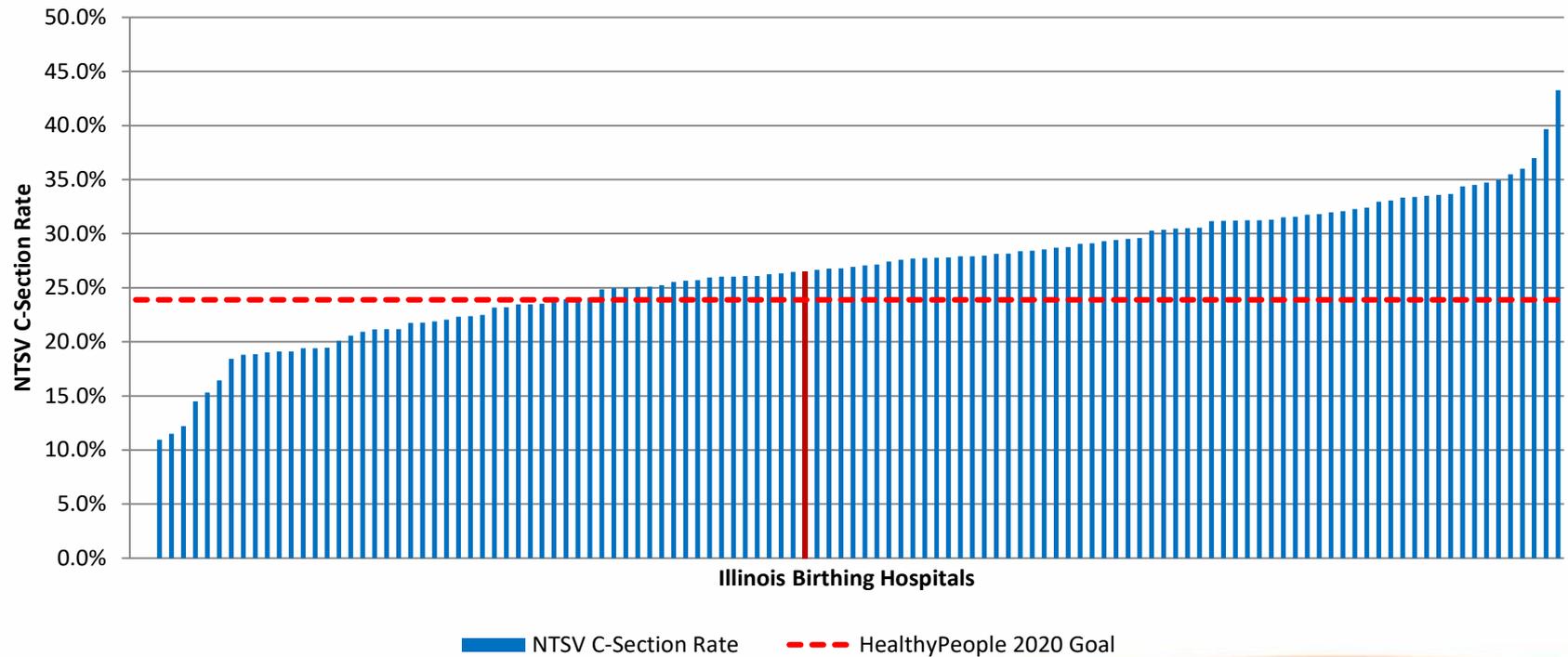
Cesarean Indication	Percent of the Increase in Primary Cesarean Rate Attributable to this Indication
Labor complications (Failure to progress and Fetal concerns)	60%
Breech	
Multiple Gestation	
Various Obstetric Conditions (Preeclampsia, Hypertension)	
“Elective” (demanded, primary, or scheduled without “medical indication”)	10%

Quality Improvement Focus: How can we prevent the development of Labor Indications for Cesarean?



Illinois NTSV C-Section Rate Data

**NTSV C-Section Rate
All Illinois Birthing Hospitals
IDPH, Birth Certificate Data, 2017**



Current labor support protocols in place

2019 OB Teams
Survey Results!

Promoting Vaginal Birth Labor Protocols

