Promoting Vaginal Birth Monthly Webinar

January 25th, 2021
12:30-1:30 PM
Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance
Overview

- PVB Baseline Data
- Dr. Emily White VanGompel: The Labor Culture Survey
- Jill Brown MSN, RN from University of Michigan
- ILPQC Implementation of the Labor Culture Survey
To support vaginal birth and reduce primary cesareans to reach the Healthy People goal for low-risk cesarean section target rate of 24.7% by December 2022.

**AIM**

**Promoting Vaginal Birth**

**Key Driver Diagram**

**Drivers**

1. Facilitate clinical culture change that promotes, and supports vaginal birth

2. Develop standardized processes for induction and labor support

3. Develop standardized protocols for identification and response to labor challenges / abnormalities

**Strategies**

1. Create a QI team of providers, staff & administrators to lead the effort & cultivate buy-in

2. Conduct the Labor Culture Survey to understand current attitudes and beliefs of labor and delivery staff and unit norms.

3. Educate physicians/midwives and nurses on ACOG/SMFM labor management guidelines and labor support techniques

4. Develop patient education with positive messaging to women and families about intended vaginal birth strategies/techniques that prevent cesareans through prenatal classes and patient education

5. Utilize care team huddles/debriefs to identify and review delivery decisions for consistency with process flows/protocols/checklist

6. Integrate order sets, protocols, and documentation for the safe reduction of primary cesareans into EMR

7. Share provider-level measures with department with the goal of working to transparency/open data

8. Implement policies, protocols and support tools for women who present in latent (early) labor to safely encourage early labor at home

9a. Implement policies and protocols for encouraging movement in labor and intermittent monitoring for low-risk women

9b. Implement policies and protocols for induction of labor

9c. Implement policies and protocols for pain management and labor support

10. Implement standard criteria for diagnosis and treatment of labor dystocia, arrest disorders and failed induction

11. Develop checklist for ensuring ACOG/SMFM criteria for c/s is met

12a. Implement training/procedures for identification and appropriate interventions for malpositions (e.g. OP/OT)

12b. Implement standardized assessment, and response to fetal heart rate concerns

13. Develop checklist for ensuring ACOG/SMFM criteria for c/s is met

14. Implementation of a workflow process for shared decision making (decision huddle with provider, nurse and patient to review treatment options, risk/benefits, and ACOG/SMFM guidelines)
## PVB AIMs & Measures

### Overall Initiative Aim
- 70% of participating hospitals at or below 24.7% C/S delivery rate (Healthy People 2020) among NTSV births
- Overall state C/S rate among NTSV births at or below 24.7%

### Structure Measures
- Implement provider and nurse education and other strategies to achieve buy-in.
- Implement standardized protocol/processes for induction, labor support management and response to labor and fetal heart rate abnormalities.
- Implement and integrate PVB order sets, protocols and documentation into the EMR.
- Implement cesarean decision checklist using ACOG/SMFM labor guidelines.
- Implement decision huddles and/or decision debriefs with appropriate care team to standardize use of ACOG/SMFM guidelines and checklist.
- Implement workflow process using ACOG/SMFM cesarean decision checklist through shared decision making with patient (decision huddle with provider, nurse and patient to review treatment options, risk/benefits, and ACOG/SMFM guidelines).
- Implement standardized patient education with positive messaging promoting vaginal birth strategies and techniques for women and families.
- Integrate process to review and share data that includes provider-level data with clinical team.

### Process Measures
- Percentage of providers and nurses receiving standardized education regarding:
  a) ACOG/SMFM labor guidelines
  b) labor management strategies/response for labor challenges
  c) protocol for facilitating decision huddles and/or decision debriefs

- 80% of cesarean deliveries among NTSV births meeting ACOG/SMFM criteria for cesarean (based on random sample of deliveries):
  a) NTSV spontaneous labor arrest/labor dystocia/FTP/CPD;
  b) NTSV induced labor management;
  c) FHR abnormalities
Baseline Data

Thank you to teams who completed and submitted their baseline data!!

Patient Level Data: 69 (73%) teams reporting
Hospital Level Data: 42 (44%) teams reporting

Make sure to submit your hospital-level data to track structure measures!
Structure Measures / Hospital Level

Help you track your implementation of systems changes

• Provider and nurse education
• Standardized protocol processes for induction, labor support management and response to labor and fetal heart rate abnormalities
• Cesarean decision checklist for ACOG/SMFM labor guidelines
• Decision huddle and/or decision debriefs
• Workflow process for shared decision making
• Standardized patient education promoting vaginal birth strategies
• Process to review and share data including provider-level data with clinical team
NTSV C-Section Rates

ILPQC Baseline NTSV C-section Rate

Goal: ≤24.7%

Total ILPQC rate: 27.8%
NTSV C-Section by Race and Ethnicity

**ILPQC NTSV C-SECTIONS**

- Black: 8%
- White: 50%
- Hispanic: 17%
- Asian: 8%
- Other: 17%

**OVERALL ILLINOIS BIRTHS**

- Black: 21%
- White: 55%
- Hispanic: 17%
- Other: 7%
NTSV C-Sections by Insurance Status

39.1% of all Illinois births are covered by public insurance

NTSV C-SECTIONS BY INSURANCE STATUS

- Private Insurance: 63%
- Public Insurance: 34%
- Uninsured/Self-Pay: 2%
- Unknown: 2%
Hospitals with low NTSV C-section rates

How is participating in PVB initiative beneficial for teams with low NTSV C-section rates?

- **Equity:** Understand PVB data by race, ethnicity, & Medicaid status
- Implement and use systematically ACOG/SMFM guidelines
- Identify ways to optimize patient centered decision making
- Access to labor management support for nurses and providers
- Learn strategies for continued sustainability of your success.
Implemented provider and nurse education and other strategies to achieve buy-in
Implemented cesarean decision checklist using ACOG/SMFM labor guidelines.
Implemented decision huddles and/or decision debriefs with appropriate care team to standardize use of ACOG/SMFM guidelines and checklist.
Implemented workflow process to incorporate shared decision making with the patient (decision huddle with provider, nurse and patient to review treatment options, risk/benefits, and ACOG/SMFM guidelines.)
10 Steps to Getting Started

Review ILPQC Promoting Vaginal Birth Online Toolkit for resources to help

Reference PVB Key Driver Diagram to identify possible interventions to get started

Schedule regular, at least monthly PVB QI team meetings

Review ILPQC Data Collection Form and Attend Data Call

Submit Roster and complete PVB Teams Readiness Survey

START HERE!
10 Steps to Getting Started

Diagram **L&D process flow** for delivery decisions

Plan for **Labor Culture Survey** Distribution

Plan **PDSA cycle** to address 30-60-90 day plan

Meet with QI team to create draft **30-60-90 day plan**

Conduct **baseline data collection** and review
DR. EMILY VANGOMPEL: THE LABOR CULTURE SURVEY
JILL BROWN, MSN, RN
UNIVERSITY OF MICHIGAN
OBI Labor Culture Survey

Jill Brown, MSN, RN
SAFE BIRTHS. HEALTHY MOMS & BABIES.

The Obstetrics Initiative (OBI) is a data-driven quality improvement project working to support vaginal delivery and safely reduce the use of cesarean delivery among low risk births, with improved or stable rates of maternal and neonatal morbidity.
Disclosures

The Obstetrics Initiative (OBI) is a Collaborative Quality Initiative (CQI) funded by Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) as part of the BCBSM Value Partnerships program.
Dr. Emily White VanGompel
81 Michigan Maternity Hospitals

5 Non-OBI Hospitals

75 OBI Hospitals

57 Hospitals participated in the LCS

56 Hospitals >50% Response Rate
First round report guidance

Look for improvement opportunity in areas of discordance:

<table>
<thead>
<tr>
<th>Theme 4: Maternal Preparation</th>
<th>All Staff</th>
<th>RN</th>
<th>MD</th>
<th>CNM</th>
<th>Resident</th>
<th>Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>How strongly do you agree with the following statement… (% agree or strongly agree)</td>
<td>Your Hospital</td>
<td>Your Hospital</td>
<td>Your Hospital</td>
<td>Your Hospital</td>
<td>Your Hospital</td>
<td>Your Hospital</td>
</tr>
<tr>
<td>Most of my patients have sufficient knowledge about vaginal and cesarean birth to make informed choices</td>
<td>74.3%</td>
<td>73.7%</td>
<td>100.0%</td>
<td>66.7%</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

As well as areas of high agreement:

<table>
<thead>
<tr>
<th>Theme 7: Support for best practice</th>
<th>All Staff</th>
<th>RN</th>
<th>MD</th>
<th>CNM</th>
<th>Resident</th>
<th>Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving patient preparation for labor and birth</td>
<td>Your Hospital</td>
<td>Your Hospital</td>
<td>Your Hospital</td>
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<td>Your Hospital</td>
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<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
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Comparison reports

Labor Culture Survey Hospital Report
Happy Valley Hospital, Anytown

Who participated in our survey?
- 107 out of 183 Total Staff
- 72 out of 102 L&D RNs
- 12 out of 45 MDs
- 14 out of 20 CNMs

<table>
<thead>
<tr>
<th>Our Hospital's Status</th>
<th>2018 Total NTISV Birth</th>
<th>1097</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 Total NTISV Cesarean Birth</td>
<td>351</td>
<td></td>
</tr>
<tr>
<td>2018 NTISV Cesarean Delivery Rate</td>
<td>32.1%</td>
<td></td>
</tr>
<tr>
<td>2019 Total NTISV Birth</td>
<td>1086</td>
<td></td>
</tr>
<tr>
<td>2019 Total NTISV Cesarean Birth</td>
<td>941</td>
<td></td>
</tr>
<tr>
<td>2019 NTISV Cesarean Delivery Rate</td>
<td>31.4%</td>
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What is the "Top Performing" Group?
- Top Performing Hospitals scored in the lowest 25th percentile of all 79 CHI hospitals for primary cesarean delivery rates.
- All had primary cesarean rates of less than 23.7% in 2019.
- Survey Participants at Top Performing Hospitals comprised:
  - 482 L&D Nurses
  - 137 Physicians
  - 24 Certified Nurse Midwives

HOSPITAL REPORT: Happy Valley Hospital, Anytown

<table>
<thead>
<tr>
<th>Theme 1: Estimation of birth risks</th>
<th>Your Hospital</th>
<th>Top Performing</th>
<th>Your Hospital</th>
<th>Top Performing</th>
<th>Your Hospital</th>
<th>Top Performing</th>
<th>Your Hospital</th>
<th>Top Performing</th>
<th>Your Hospital</th>
<th>Top Performing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cesarean birth is safer for the baby than vaginal birth</td>
<td>2.8%</td>
<td>4.2%</td>
<td>1.4%</td>
<td>3.1%</td>
<td>16.7%</td>
<td>10.6%</td>
<td>0.0%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cesarean birth is as safe as vaginal birth for women</td>
<td>14.0%</td>
<td>16.8%</td>
<td>13.9%</td>
<td>17.4%</td>
<td>16.7%</td>
<td>14.9%</td>
<td>7.1%</td>
<td>0%</td>
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</tr>
</tbody>
</table>
Definition of a Top Performing site

What is the “Top Performing” Group?
- Top Performing Hospitals scored in the lowest 25th percentile of all 79 OBI hospitals for primary cesarean delivery rates.
- All had primary cesarean rates of less than 23.7% in 2019.
- Survey Participants at Top Performing Hospitals comprise:
  - 442 L&D Nurses
  - 137 Physicians
  - 24 Certified Nurse Midwives
Comparison report guidance

Look for areas of discordance between your responses and top performing sites:

As well as areas of discordance between staff categories:

<table>
<thead>
<tr>
<th>Theme 1: Estimation of birth risks</th>
<th>All Staff</th>
<th>RN</th>
<th>MD</th>
<th>CNM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Hospital</td>
<td>6.6%</td>
<td>3.1%</td>
<td>21.4%</td>
<td>0%</td>
</tr>
<tr>
<td>Top Performing</td>
<td>4.2%</td>
<td>3.1%</td>
<td>10.6%</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 6: Assessment of Unit Practices</th>
<th>All Staff</th>
<th>RN</th>
<th>MD</th>
<th>CNM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Hospital</td>
<td>39.7%</td>
<td>21.6%</td>
<td>90.0%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Top Performing</td>
<td>86.7%</td>
<td>86.0%</td>
<td>91.5%</td>
<td>88.2%</td>
</tr>
</tbody>
</table>
Implementation guides

https://www.obstetricsinitiative.org/obi-labor-culture-survey
Implementation guides

https://www.obstetricsinitiative.org/obi-labor-culture-survey

Promoting Vaginal Birth
Creating Clinical Culture Change Toolkit

https://www.obstetricsinitiative.org/obi-labor-culture-survey
Next steps

2020 Participants

• Culture change team activities
• Repeat survey in 2022

2021 Survey

• February 2021 cohort (for those who did not complete survey in 2020)
• 4 sites “catching up”
Jill E. Brown, MSN, RN
Clinical Site Engagement Coordinator
The Obstetrics Initiative (OBI)
734-763-2740
jillbrow@med.umich.edu
IMPLEMENTING THE LABOR CULTURE SURVEY
ILPQC Labor Culture
Survey Logistics

• ILPQC will be providing the survey to all participating PVB hospital teams

• Survey will be provided through ILPQC using RedCap
  • RedCap access to the survey will be available late February 2021
  • Clinical staff will use dropdown option and choose your hospital name (same name currently in RedCap)

• ILPQC has created materials to assist QI teams in launching the survey
Steps to Launching your Labor Culture Survey (LCS)

1. Complete the **ILPQC LCS Inquiry Form** (see next slide)
   - 2 min RedCap Survey to help ILPQC share your weekly progress & results

2. **Meet with your QI team** to discuss the following:
   - Who do you need to involve in the process?
   - Who do you need to obtain buy-in from? Administration?
   - Which QI team member will be responsible for the various action steps?
   - How will you distribute the survey & where will you post flyers

3. **Obtain buy-in** and inform administration
   - Use the ILPQC LCS resources

4. **After ILPQC survey link is received**- **share with staff** by:
   - Email all clinical staff using the ILPQC LCS Launch email language
   - Post LCS flyers around L&D
Labor Culture Survey Inquiry Form

• It is the first step in launching your hospitals Labor Culture Survey

• ALL PVB participating hospitals to should complete and submit by Feb 8th

• Designates LCS point-person will receive REDCap survey link and weekly reports to share

• Fill out to the best of your knowledge!
LCS Resources for ILPQC teams

1. Administration Buy-in Email
   • Sample language for teams to share with administration to assist with buy-in and help with LCS distribution

2. Labor Culture Launch Email
   • Explanation of LCS and instructions that can be used for all clinical staff

3. LCS Follow-up Email #1
   • Sample email that can be personalized to assist with LCS completion

4. LCS Follow-up Email #2:
   • Sample email that can be personalized to share your breakdown and nurse and physician participation

Once you fill out your inquiry form, we will share these with the designated LCS point person
Labor Culture Survey Flyer

- Contains a QR code for easy access to LCS for all staff
- Post LCS flyer around your unit in break rooms, bathrooms, nurses stations, physician workrooms etc.

Calling ALL Labor & Delivery Clinicians and Staff: Complete your Labor Culture Survey today!

What: A quick survey that provides unique opportunity for our team to gain a deeper understanding of our current labor & delivery clinical culture. All entries will remain anonymous.

Who: All nurses, doctors, midwives and other clinical staff should participate and complete the survey.

When: Complete the survey between Date and Date

How: Follow the directions below to complete your survey now in 10-15 minutes. Remember all survey entries will remain anonymous.

Complete your survey now:

- Step 1: Scan the QR code
- Step 2: Choose your hospital from the drop-down menu
- Step 3: Answer the questions and submit

Questions? Please contact:
ILQPC Central: info@ilqpc.org
Francesca Carlock: FCarlock@northshore.org
Dr. Emily White VanGompel: EWhiteVangompel@northshore.org
PVB Next Steps

- Fill our Labor Culture Inquiry Form on REDCap
- Complete baseline data collection
- Begin Monthly data collection for January 2021 due February 15
- Add ILPQC to your “Safe Sender List”
- Register for Monthly Webinars on Zoom and add to your calendar
- Plan a kick off Grand Rounds / OB Provider Meeting
- Email info@ilpqc.org or ellie.suse@northwestern.org with any questions.
## Upcoming Monthly Webinars

4th Monday of the Month

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td><strong>Monday, February 22</strong></td>
<td>12:30-1:30 Creating Buy-in and overcoming resistance to change</td>
</tr>
<tr>
<td><strong>Monday, March 22</strong></td>
<td>12:30-1:30 Developing and implementing an ACOG/SMFM checklist and used a shared decision-making approach</td>
</tr>
<tr>
<td><strong>Monday, April 26</strong></td>
<td>12:30-1:30 Labor Management Support</td>
</tr>
<tr>
<td><strong>May 26</strong></td>
<td>Virtual Face-to-Face</td>
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</tbody>
</table>

More information about labor management support classes coming soon!!!

Zoom Registration link on ilpqc.org. Make sure to add entire series to your calendar when you register!
Unmute your line (*6) to ask a question or put questions in the chat!

We want to hear from you
Save the Date!

2021 OB & Neonatal Face-to-Face Meetings

Nurses, Providers, & Staff join us for an interactive day of collaborative learning for current ILPQC initiatives!

OB Teams: May 26, 2021

Neonatal Teams: May 27, 2021

More information coming soon!

Virtual Meeting

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor
Chicago, IL 60611
2021

Annual Conference

October 28th, 2021

Save the date!
THANKS TO OUR

FUNDERS

IDPH
Illinois Department of Public Health

CDC
Centers for Disease Control and Prevention

IDHS

AIM
Alliance for Innovation on Maternal Health

I PROMOTE-IL
Innovations to Improve Maternal Outcomes in Illinois

JB & MK PRITZKER
Family Foundation

In Kind Support

Northwestern Medicine
Feinberg School of Medicine

NorthShore University HealthSystem

Ann & Robert H. Lurie Children’s Hospital of Chicago

Saint Louis University