



Promoting Vaginal Birth Monthly Webinar

January 25th, 2021

12:30-1:30 PM

Introductions

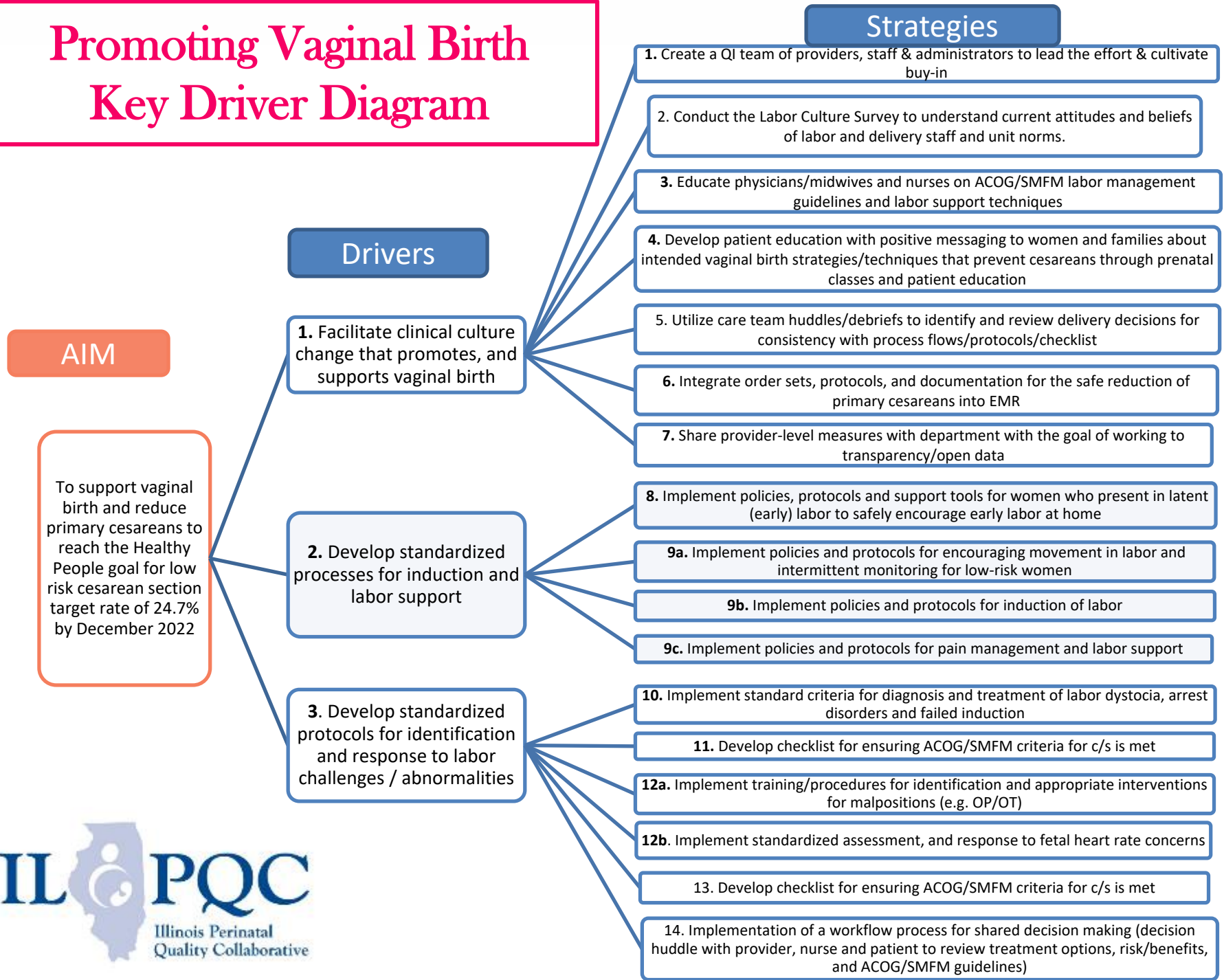
- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
 - Name
 - Role
 - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance



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

Promoting Vaginal Birth Key Driver Diagram



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)

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

AIM

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

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:

- ACOG/SMFM labor guidelines
- labor management strategies/response for labor challenges
- 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):

- NTSV spontaneous labor arrest/labor dystocia/FTP/CPD;
- NTSV induced labor management;
- 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

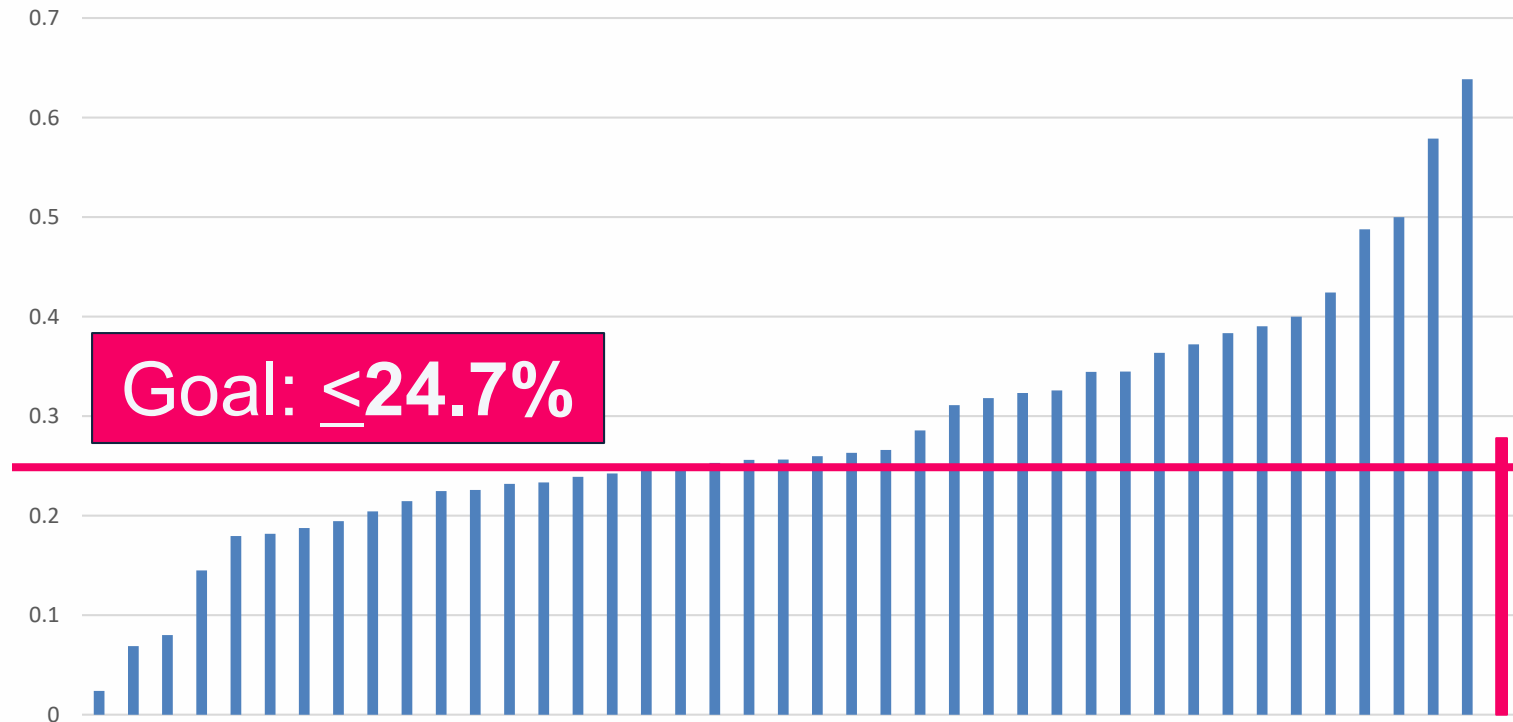


- Provider and nurse education
- Standardized protocol processes for induction, labor support management and response to labor and fetal heart rate abnormalities
- Cesarean decision checklist for ACOG/SMFM labor guidelines
- Decision huddle and/or decision debriefs
- Workflow process for shared decision 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

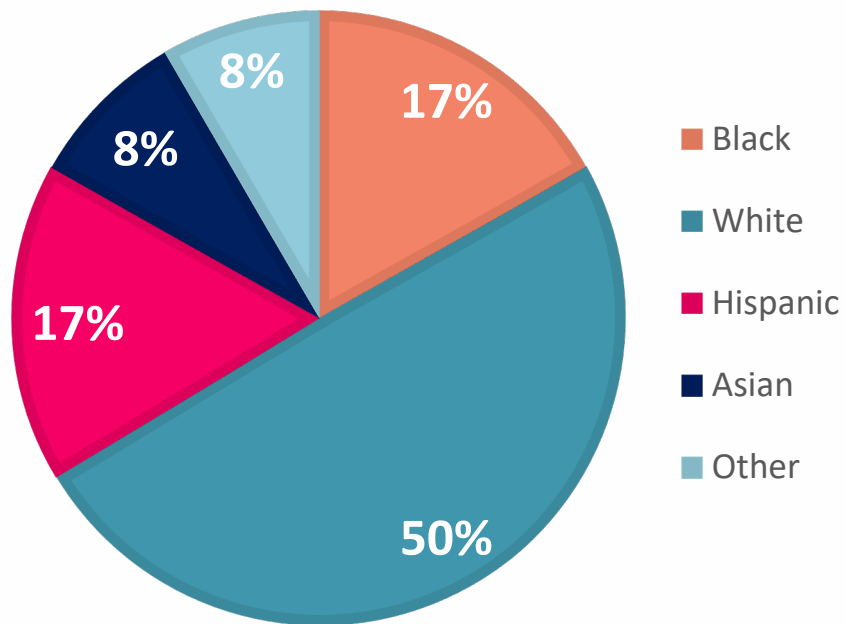


Goal: $\leq 24.7\%$

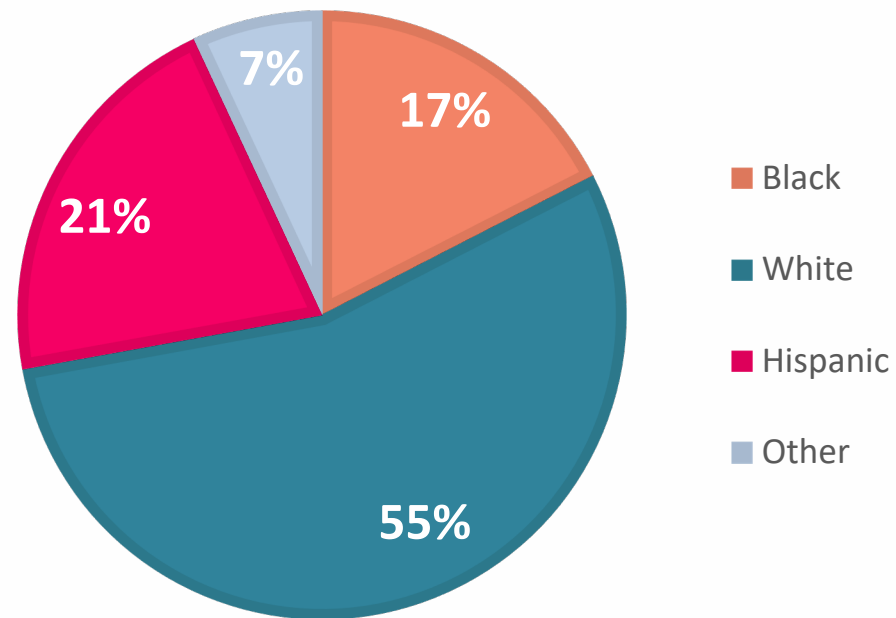
Total ILPQC rate:
27.8%

NTSV C-Section by Race and Ethnicity

ILPQC NTSV C-SECTIONS



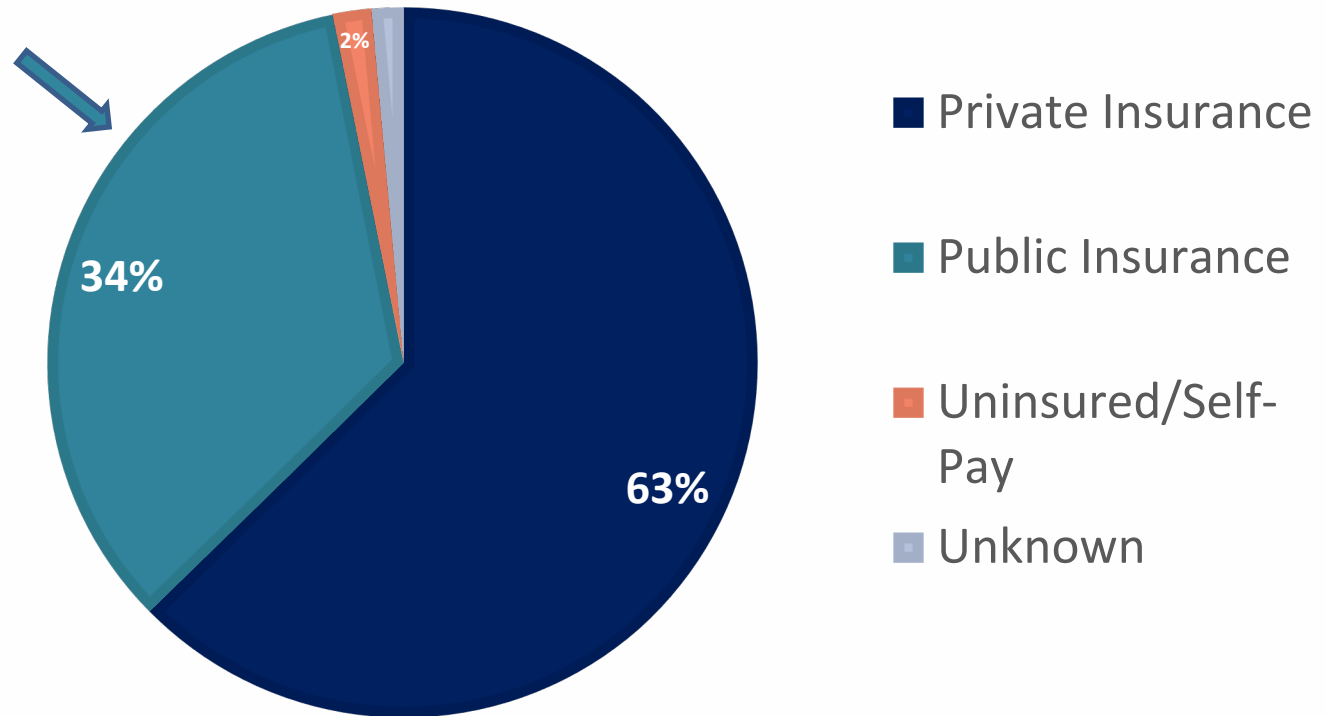
OVERALL ILLINOIS BIRTHS



NTSV C-Sections by Insurance Status

NTSV C-SECTIONS BY INSURANCE STATUS

39.1% of all Illinois births are covered by public insurance



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

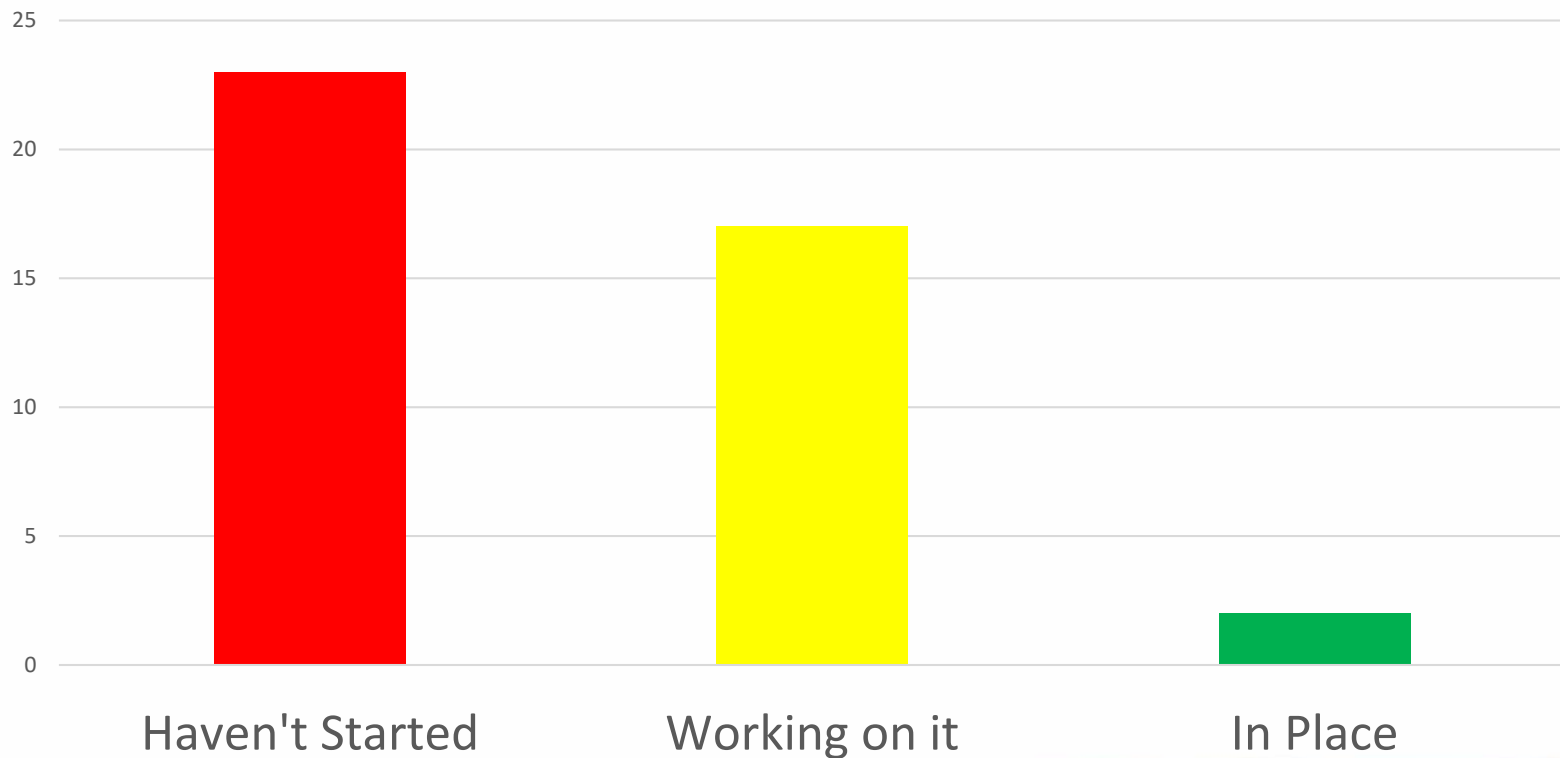
Identify ways to
optimize patient
centered decision
making

Access to labor
management
support for
nurses and
providers

Learn strategies
for continued
sustainability of
your success.

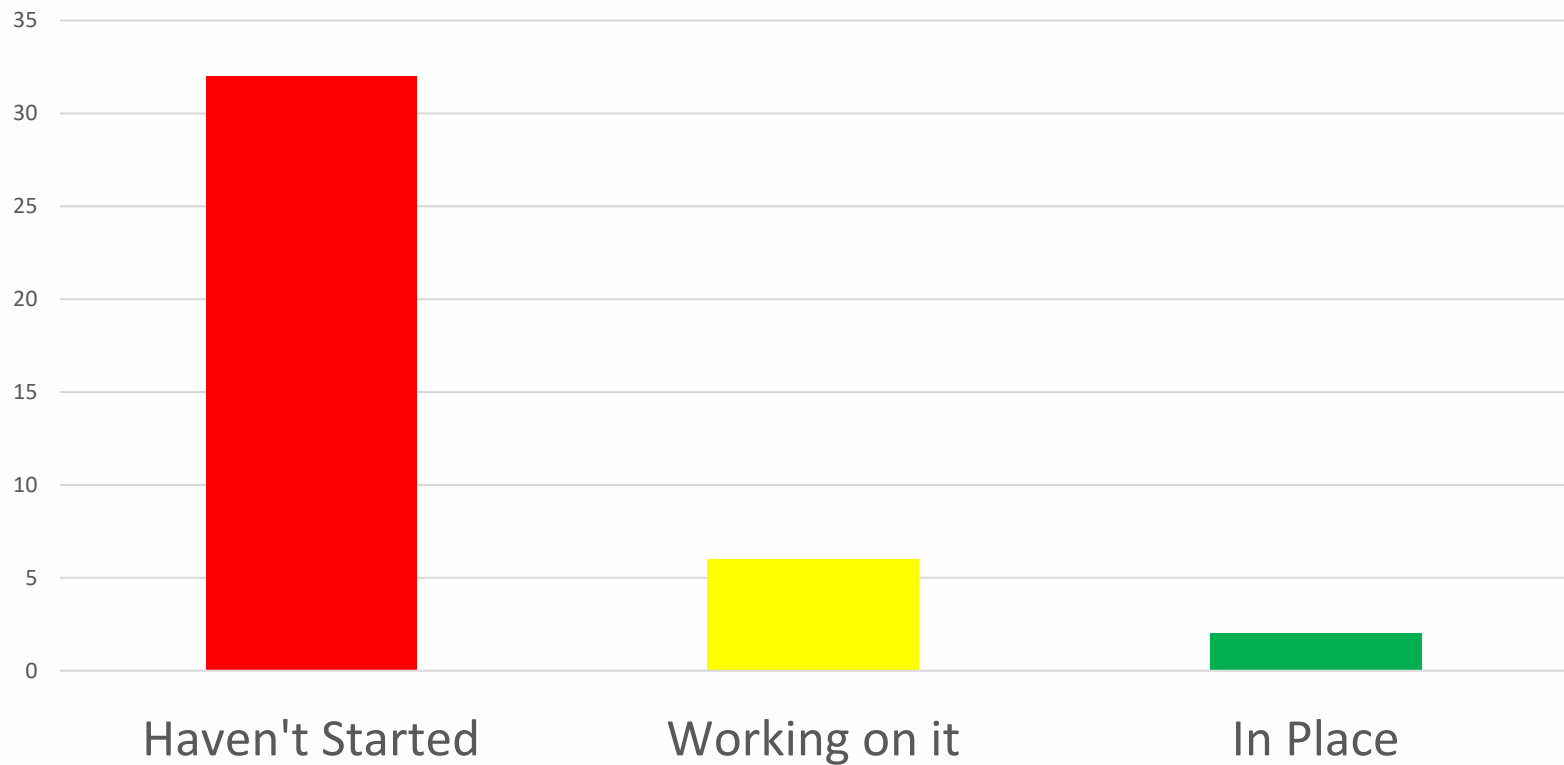
Structure Measures

Implemented provider and nurse education and other strategies to achieve buy-in



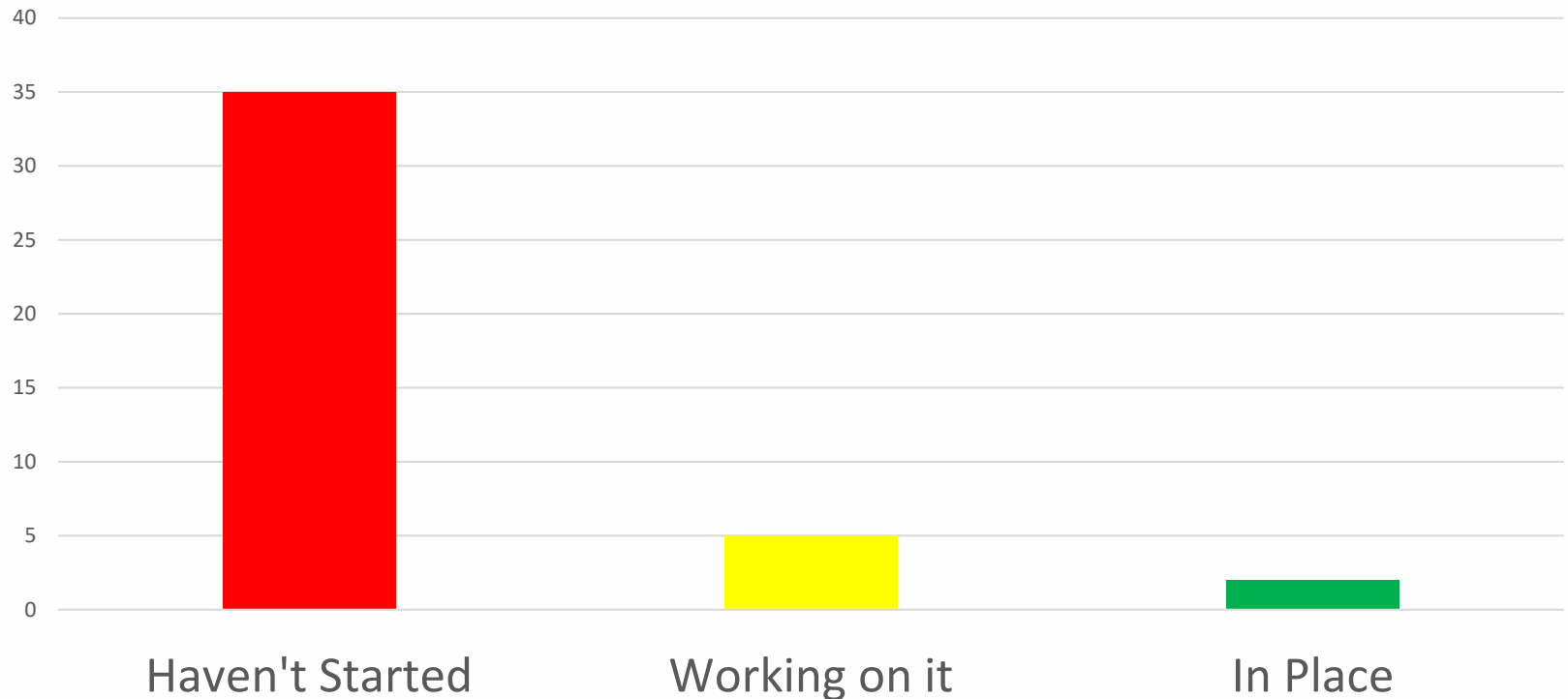
Structure Measures:

Implemented cesarean decision checklist using
ACOG/SMFM labor guidelines.



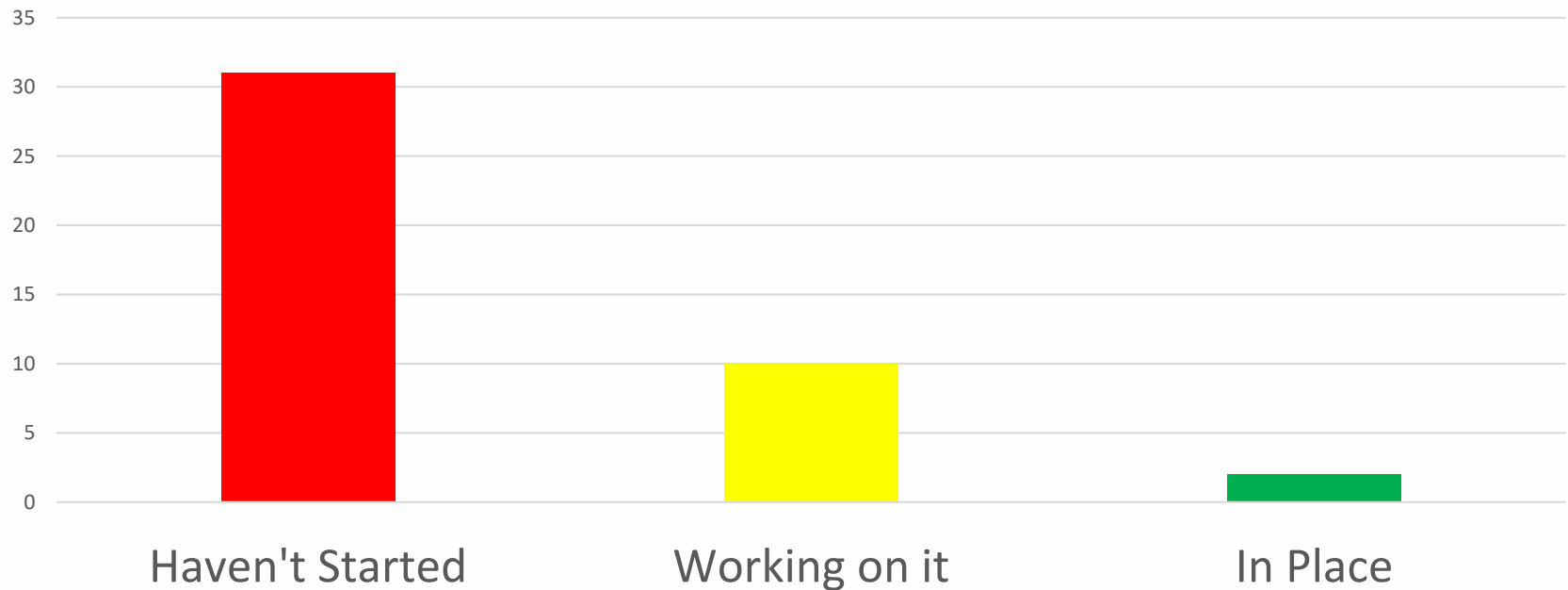
Structure Measures

Implemented decision huddles and/or decision debriefs with appropriate care team to standardize use of ACOG/SMFM guidelines and checklist.



Structure Measures

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**

1

2

3

4

5



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



10

9

8

7

6

DR. EMILY VANGOMPEL: THE LABOR CULTURE SURVEY

JILL BROWN, MSN, RN
UNIVERSITY OF MICHIGAN

OBI Labor Culture Survey

Jill Brown, MSN, RN





Obstetrics Initiative

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:

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

As well as areas of high agreement:

	All Staff	RN	MD	CNM	Resident	Anesthesia
Theme 7: Support for best practice	Your Hospital	Your Hospital	Your Hospital	Your Hospital	Your Hospital	Your Hospital
Improving patient preparation for labor and birth	100.0%	100.0%	100.0%	100.0%	*	*

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

Our Hospital's Stats:

2018 Total NTSV Birth	1097
2018 Total NTSV Cesarean Birth	352
2018 NTSV Cesarean Delivery Rate	32.1%
2019 Total NTSV Birth	1086
2019 Total NTSV Cesarean Birth	341
2019 NTSV Cesarean Delivery Rate	31.4%

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

HOSPITAL REPORT: Happy Valley Hospital, Anytown

	All Staff		RN		MD		CNM	
Theme 1: Estimation of birth risks	Your Hospital	Top Performing	Your Hospital	Top Performing	Your Hospital	Top Performing	Your Hospital	Top Performing
How strongly do you agree with the following statements... (% agree or strongly agree)								
Cesarean birth is safer for the baby than vaginal birth	2.8%	4.2%	1.4%	3.1%	16.7%	10.6%	0.0%	0%
Cesarean birth is as safe as vaginal birth for women	14.0%	16.8%	13.9%	17.4%	16.7%	14.9%	7.1%	0%



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.
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 - 137 Physicians
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Comparison report guidance

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

	All Staff		RN		MD		CNM	
	Your Hospital	Top Performing	Your Hospital	Top Performing	Your Hospital	Top Performing	Your Hospital	Top Performing
Theme 1: Estimation of birth risks								
How strongly do you agree with the following statements... (% agree or strongly agree)								
Cesarean birth is safer for the baby than vaginal birth	6.6%	4.2%	3.1%	3.1%	21.4%	10.6%		0%

As well as areas of discordance between staff categories:

	All Staff		RN		MD		CNM	
	Your Hospital	Top Performing	Your Hospital	Top Performing	Your Hospital	Top Performing	Your Hospital	Top Performing
Theme 6: Assessment of Unit Practices								
Specific to your own hospital's environment and practices, how strongly do you agree with the following statements... (% agree or strongly agree)								
The culture of my L&D unit supports vaginal birth and discourages overuse of cesarean sections	39.7%	86.7%	21.6%	86.0%	90.0%	91.5%	11.1%	88.2%



Implementation guides

CMQCC
California Maternal
Quality Care Collaborative

Culture Change Implementation Guide

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



Implementation guides



OBI Labor Culture Survey Activity Selection Guide



**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”

Obstetrics Initiative

Safe Births. Healthy Moms & Babies.

www.obstetricsinitiative.org



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!

LABOR CULTURE SURVEY HOSPITAL INQUIRY FORM

Thank you for your inquiry about the Labor Culture Survey! We are pleased to hear of your interest and eager to learn about/collaborate with your organization. Our team is prepared to guide your organization through the survey administration process and the reported results. In order to provide you with a customized survey that best fits your organization needs, please provide the following information.

1. Please indicate which of the following roles will be participating in the survey:

Labor & Delivery Nurse	Obstetrician	
Certified Nurse Midwife	Family Medicine Physician	
Anesthesiologist	Nurse Educator (CNS)	
Nurse Manager/Director	Resident	

2. It is recommended to have at least 2-3 weeks of open survey time. Some hospitals opt to keep their survey open for up to 6 weeks. Please indicate the start and end dates that work best for your organization.

Start Date	
End Date	

3. In order to provide you with the most accurate results, please complete the following regarding your delivery unit:

a. Staffing totals for each participating role:

Labor & Delivery Nurse	Obstetrician	
Certified Nurse Midwife	Family Medicine Physician	
Anesthesiologist	Nurse Educator (CNS)	
Nurse Manager/Director	Resident	

b. Please complete the following information about your deliver unit with the most recent annual number:*

Number of NTSV births	
Number of NTSV cesarean births	
Total birth volume	

c. Additional characteristics and information:*

% births to patients with BMI > 30	
% births to patients with BMI age > 35 years	
Race (% of birthing patients)	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Ethnicity	
Hispanic or Latino	
Not Hispanic or Latino	
% births to Medicaid recipients	
Teaching status of hospital	
Geographic location (rural/suburban/urban)	

*If you do not have this information at this time, please leave blank. We can work with you if you'd like help finding this information.

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@ilpqc.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



Zoom Registration link on ilpqc.org.
Make sure to add entire series to your calendar when you register!

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

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

Q&A

- 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

Northwestern Medicine
Feinberg School of Medicine

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

2021



Annual Conference

October 28th, 2021



**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.