Promoting Primary Vaginal Deliveries (PROVIDE) Initiative

LABOR DYSTOCIA CASES
Key Driver Diagram

I. Revise and adopt updated hospital care guidelines to reflect evidence-based practices related to: 1. appropriate admission criteria and latent labor management; 2. Active stage of labor management/labor dystocia criteria; 3. Second stage management/arrest criteria.

II. Educate physicians, nursing, and staff on new evidence-based practices and policies/protocols related to the newly revised and adopted hospital care guidelines.

III. Document use of patient education materials on evidence-based techniques that prevent cesareans.

IV. Increase number of patients that are not admitted until 6 or more centimeters (active labor).

V. Reduce percent of NTSV cesareans with labor dystocia where recommended criteria are not met at: a.) < 6 cm; b.) 6 – 9 cm; c.) 10 cm.

VI. Use labor dystocia/pre-cesarean checklist with team members intrapartum and/or as debrief tool.

VII. Quality review meetings to conduct case reviews, review initiative data and progress, and/or review provider-specific rates.

VIII. Integrate order sets, protocols, and documentation for the safe reduction of primary cesareans into your hospital’s EHR system.

Aim

Within 18 months of project start, 60% of NTSV cesarean section rates that were labor dystocia cases will have met all ACOG/SMFM criteria.

Primary Drivers

- A unit that values, supports, and promotes vaginal deliveries
- Standardization of processes related to admission and latent stage of labor
- Standard, evidence-based responses to labor challenges in active and second stage of labor
- Track, report, and review to monitor progress

Secondary Drivers / Interventions

Note: Evidence-based practice encompasses ACOG/SMFM/AIM/CMQCC/FPQC Recommendations. See PROVIDE measurement grid for more details and definitions.