

## **Promoting Primary Vaginal Deliveries (PROVIDE) Initiative**

## **LABOR DYSTOCIA CASES Key Driver Diagram**

Aim

## **Primary Drivers**

## **Secondary Drivers / Interventions**

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

criteria.

A unit that values, supports, and promotes vaginal deliveries

- 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

Standardization of processes related to admission and latent stage of labor

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

Standard, evidencebased responses to labor challenges in active and second stage of 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

Track, report, and review to monitor progress

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