

Promoting Primary Vaginal Deliveries (PROVIDE) Initiative

INDUCTION CASES Key Driver Diagram

Aim	Primary Drivers	Secondary Drivers / Interventions
Within 18 months of project start, 60% of NTSV cesarean section rates that were induction 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 induction scheduling and admission criteria; 2. "failed induction" criteria; 3. Latent and active stage of labor management/labor dystocia criteria; 4. Second stage management/arrest criteria.
		II. Educate physicians, nursing, and staff on new evidence-based practices and policies/protocols related the newly revised and adopted hospital care guidelines
	Standardization of	III. Document use of patient education materials on evidence-based techniques that prevent cesareans
	standardization of processes related to induction scheduling, admission, and initiation	IV. Increase standard and evidence-based use of Bishop score to schedule or admit patients for induction in order to increase the percent of patients who are induced with Bishop scores ≥ 8
		V. Increase percent of NTSV cesareans with induction where a cervical ripening agent was used when the Bishop score was ≤ 8
	Standard, evidence- based responses to labor challenges in	VI. Reduce percent of NTSV cesareans with induction where recommended criteria are not met at: a.) < 6 cm; b.) 6 – 9 cm; c.) 10 cm
	latent, active, and second stage of labor	VII. Use labor dystocia/pre-cesarean checklist with team members intrapartum and/or as debrief tool
	Track, report, and review to monitor progress	VIII. Quality review meetings to conduct case reviews , review initiative data and progress, and/or review provider-specific rates
		IX. Integrate order sets, protocols, and documentation for the safe reduction of primary cesareans into your hospital's EHR system