

Promoting Primary Vaginal Deliveries (PROVIDE) Initiative

FETAL HEART RATE CONCERN CASES Key Driver Diagram

Aim

Primary Drivers

Secondary Drivers/Interventions

Within 18 months of project start, 90% of NTSV cesarean section rates that were fetal heart rate concern cases will have met all ACOG/SMFM criteria.

A unit that values, supports, and promotes vaginal deliveries

Appropriate and

identification of

category II and III

Appropriate and

standardized use of

for fetal heart rate

concerns

standardized

FHR tracings

I. Revise and adopt hospital guidelines to reflect evidence-based practices related to: 1) use of intermittent auscultation, and 2) standardized identification and response to FHR concerns

II. Educate physician, nursing, and staff on 1) new evidence-based practices and newly revised department policies/protocols related to the newly revised and adopted hospital guidelines and 2) standard diagnostic, evaluative and corrective actions for FHR concerns

III. Document use of patient education materials related to intermittent auscultation and EFM, maternal positioning, oxytocin, and shared decision making

IV. Increase percent of NTSV cesarean cases due to FHR concerns that meet criteria for corrective measures

evaluative and corrective measures

V. Increase percent of patients with corrected uterine tachysystole

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

Track, report, and review to monitor progress

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