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California Maternal
Quality Care Collaborative

Safely Reducing NTSV Cesareans – California Style

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Co-lead for the Supporting Vaginal Birth Reducing Primary Cesarean Collaborative

Objectives and Disclosures

Objectives:

- Understand how California approached supporting vaginal birth and reducing primary cesarean sections
- List key QI elements from the Cesarean bundle
- Identify practical QI interventions to use on L&D

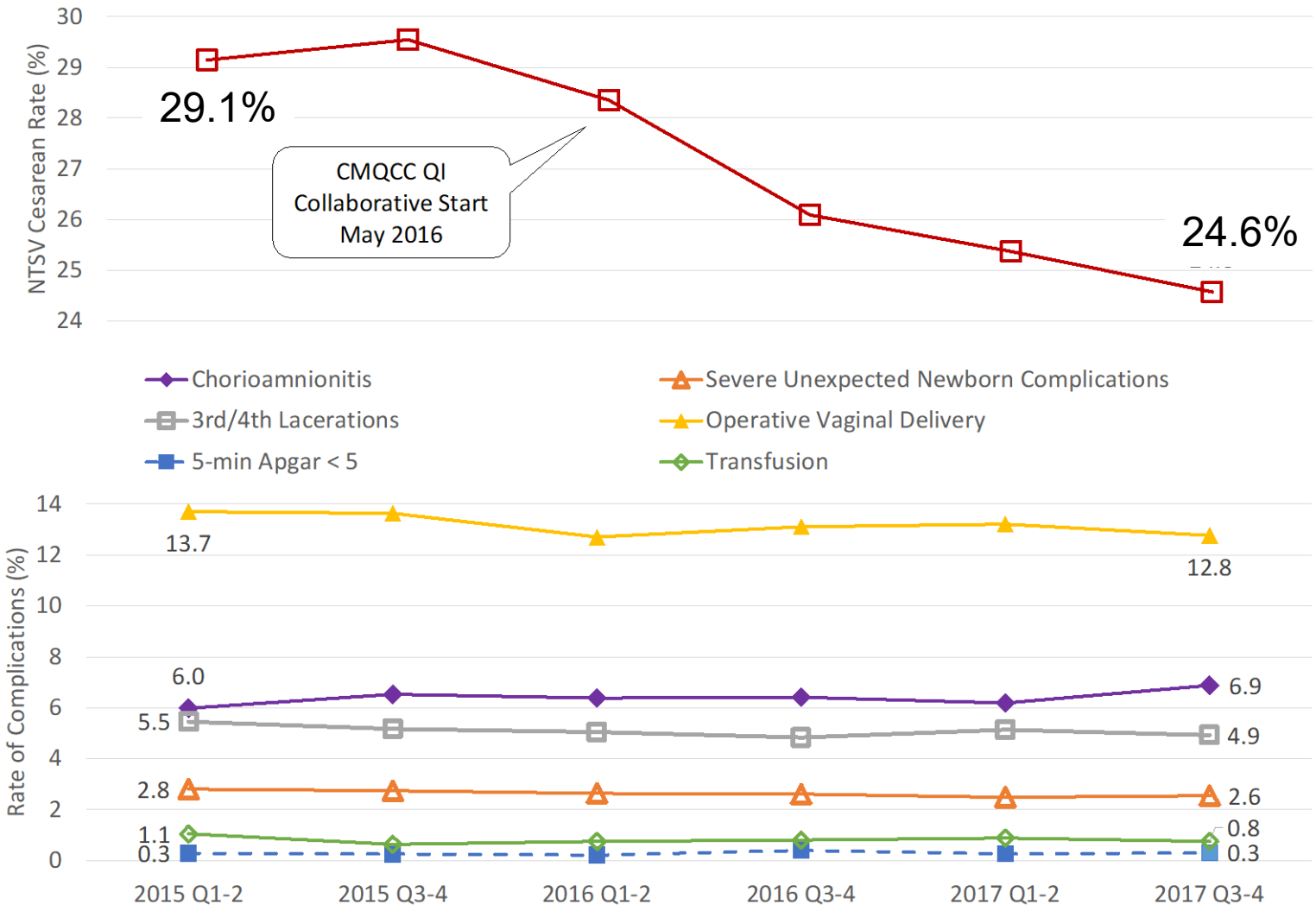
Disclosures

- Ms. Sakowski has no conflicts or disclosures to report

California Maternal Quality Care Collaborative - CMQCC

- Mission to end preventable morbidity, mortality and racial disparities in California maternity care
- Initial Funding from the California Dept. of Public Health
  - Rise in maternal mortality—needed study and action
    - Multidisciplinary Review Committee focused on potential improvement opportunities
      - Provided the foundation for Toolkits
- Further funding from CDC, CDPH, CHCF, RWJ, Yellow Chair & others
  - Formation of the Maternal Data Center
  - Collaborative programs
  - Supportive education and tools
- Multi-organization, multi-disciplinary partners and stakeholders

Trendlines for NTSV Cesarean and Safety Measures Rates (6 month blocks)



Main E. etal. Obstet Gynecol 2019;133:613-23.

Supporting Vaginal Birth Collaborative Design: Coaching & Sharing

- 18 months
- Mentor lead
- Kick-off
- Site Visits
- CMQCC team
- SHARE
- Closing Celebration

KEY RESOURCES

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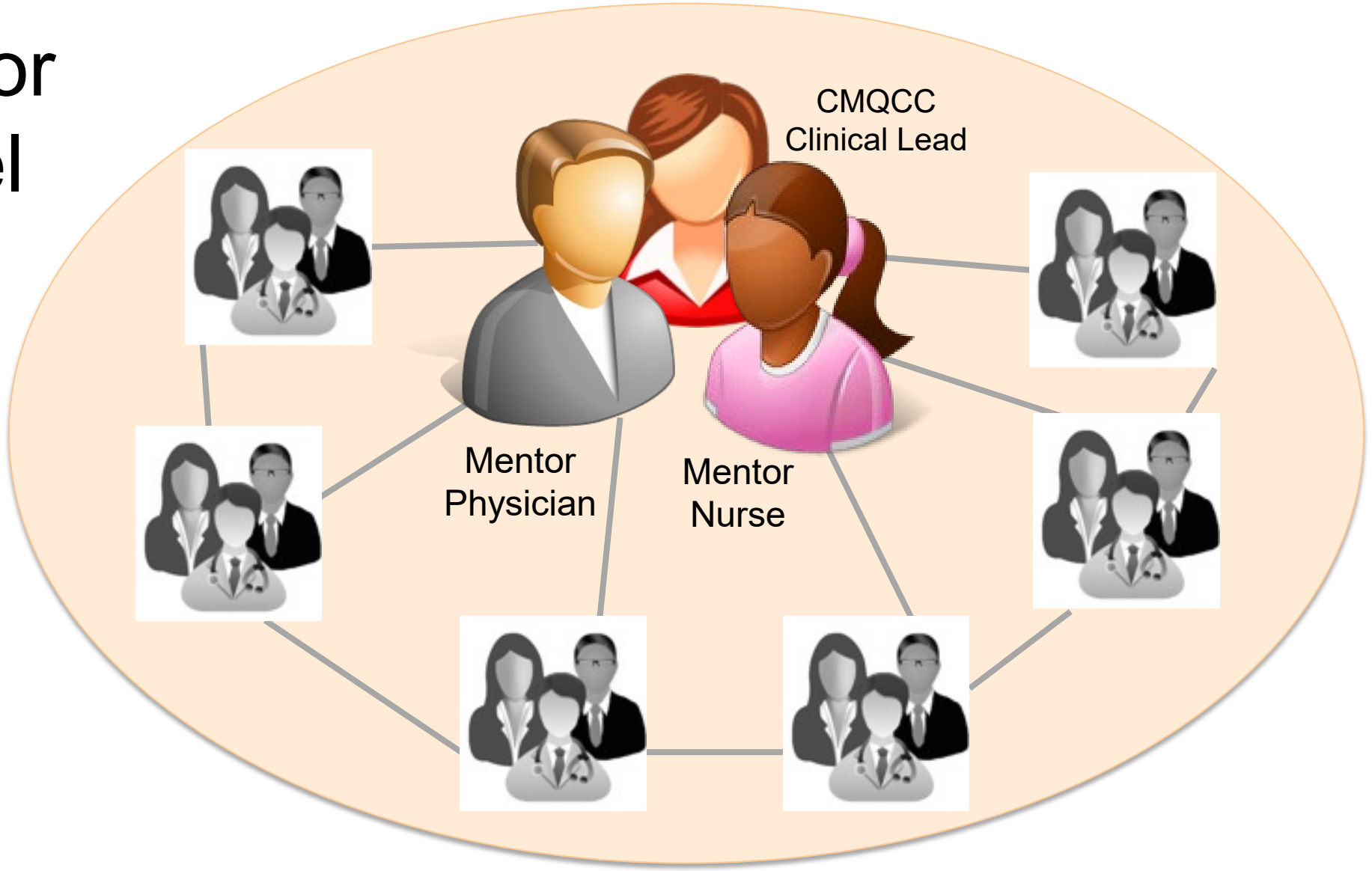
The Mentor Model

Mentor Model



Features of the Mentor Model

- In-person meetings
  - Kick-off
  - Closing Celebration
- Monthly web based meetings - focused attention
- Hospital site visit within first 3-6 months of collaborative start
- Mentor Guidance
- CMQCC Support

Key Activities for Monthly Meetings

- Present and discuss hospital level successes/challenges/concerns
- Celebrate accomplishments
- Share resources
- Supplemental Education
- Questions/Suggestions

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What Did We Learn?

Lessons Learned

- This is not an easy project
- Build a strong team
- No one strategy will be effective
- Start with an easy win
- Identify areas of greatest impact
- Celebrate success!

COMMON QI ACTIVITES:

1) Labor support techniques
2) Active phase guidelines
3) CS rate transparency
4) Latent phase guidelines
5) Induction guidelines
6) Techniques to reduce OP
7) Patient engagement
8) Unit culture/teamwork
9) Longer 2nd Stage

(in approximate order of use)

Hospital Quality Improvement Interventions, Statewide Policy Initiatives, and Rates of Cesarean Delivery for Nulliparous, Term, Singleton, Vertex Births in California

Melissa G. Rosenstein, MD, MAS; Shen-Chih Chang, MS, PhD; Christa Sakowski, MSN; Cathie Markow, RN, MBA; Stephanie Teleki, PhD; Lance Lang, MD; Julia Logan, MD, MPH; Valerie Cape, BSBA; Elliott K. Main, MD

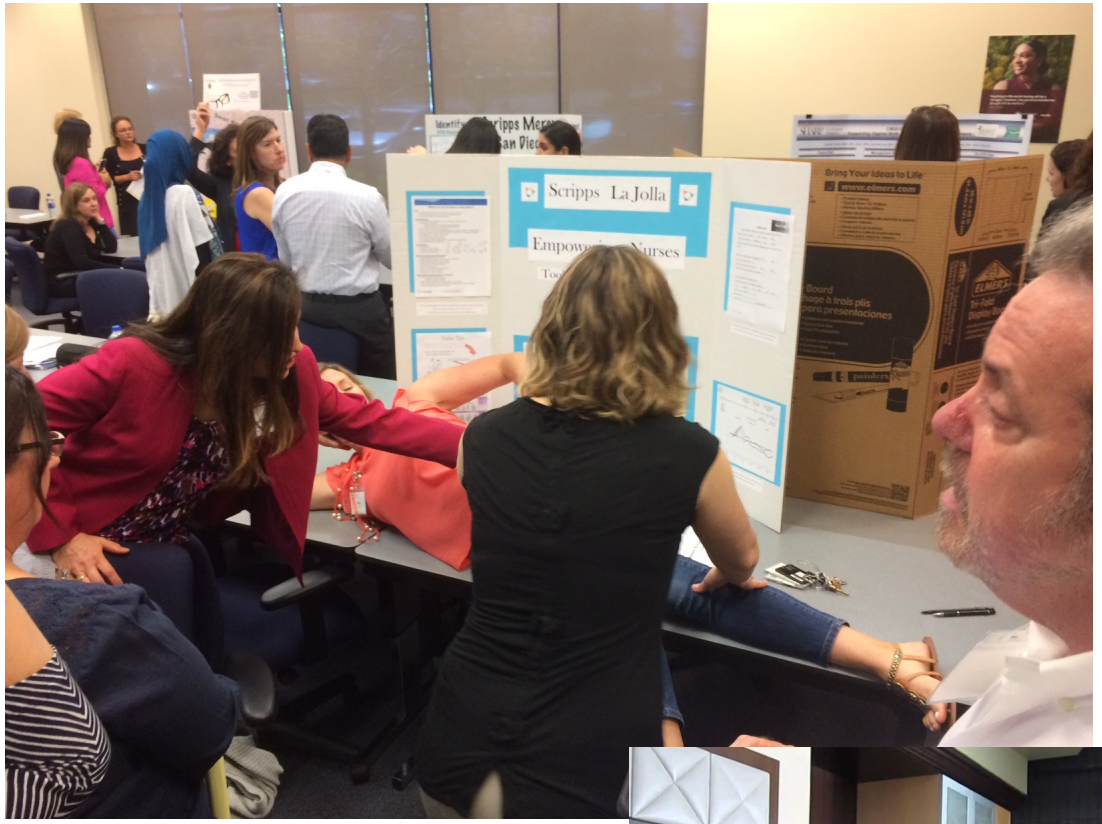
IMPORTANCE Safe reduction of the cesarean delivery rate is a national priority.

OBJECTIVE To evaluate the rates of cesarean delivery for nulliparous, term, singleton, vertex (NTSV) births in California in the context of a statewide multifaceted intervention designed to reduce the rates of cesarean delivery.

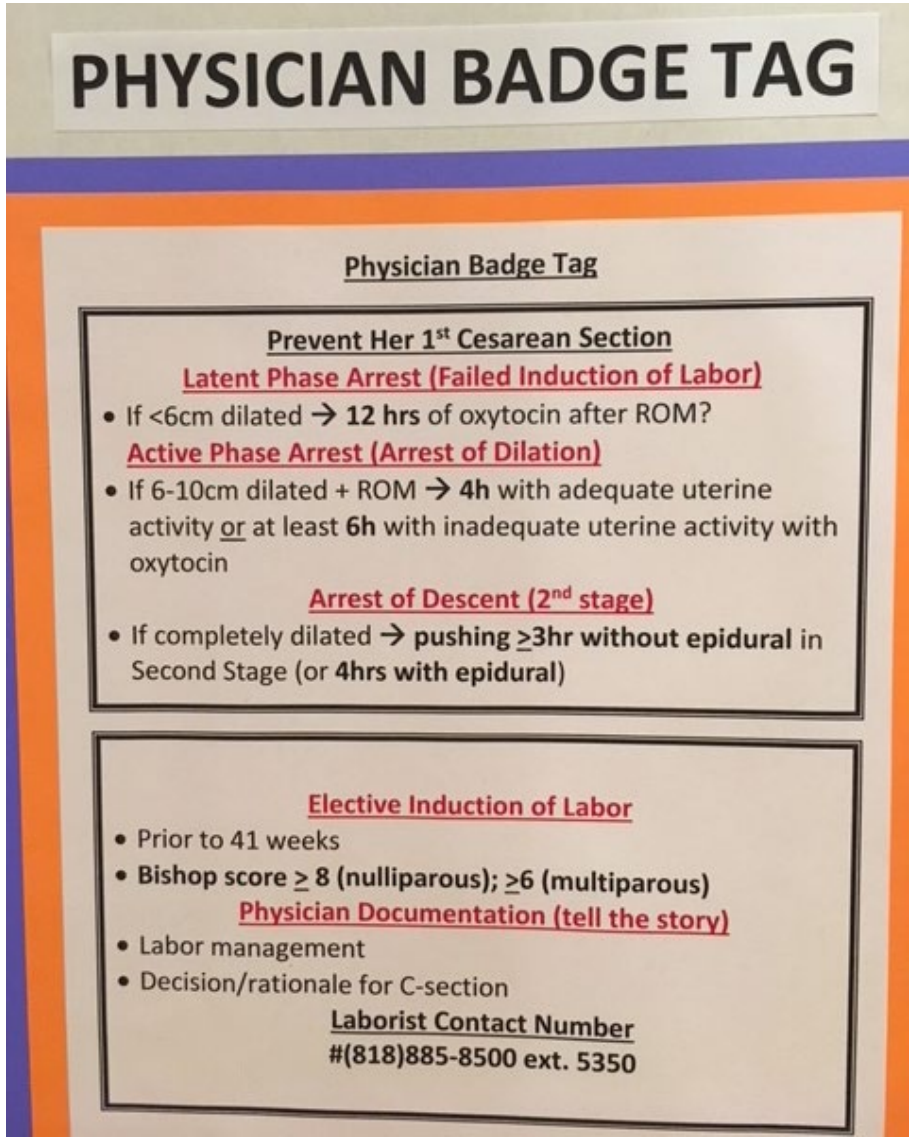
DESIGN, SETTING, AND PARTICIPANTS Observational study of cesarean delivery rates from 2014 to 2019 among 7 574 889 NTSV births in the US and at 238 nonmilitary hospitals providing maternity services in California. From 2016 to 2019, California Maternal Quality Care Collaborative partnered with Smart Care California to implement multiple approaches to decrease the rates of cesarean delivery. Hospitals with rates of cesarean delivery greater than 23.9% for NTSV births were invited to join 1 of 3 cohorts for an 18-month quality improvement collaborative between July 2016 and June 2019.

JAMA.2021;325(16):1631–1639.
doi:10.1001/jama.2021.3816

Labor Support



Education and Adoption of ACOG/SMFM Guidelines



PHYSICIAN BADGE TAG

Physician Badge Tag

Prevent Her 1st Cesarean Section

Latent Phase Arrest (Failed Induction of Labor)

- If <6cm dilated → **12 hrs** of oxytocin after ROM?

Active Phase Arrest (Arrest of Dilation)

- If 6-10cm dilated + ROM → **4h** with adequate uterine activity or at least **6h** with inadequate uterine activity with oxytocin

Arrest of Descent (2nd stage)

- If completely dilated → **pushing ≥3hr without epidural** in Second Stage (or **4hrs with epidural**)

Elective Induction of Labor

- Prior to 41 weeks
- **Bishop score ≥ 8 (nulliparous); ≥6 (multiparous)**

Physician Documentation (tell the story)

- Labor management
- Decision/rationale for C-section

Laborist Contact Number

#(818)885-8500 ext. 5350

Share Unblinded Data

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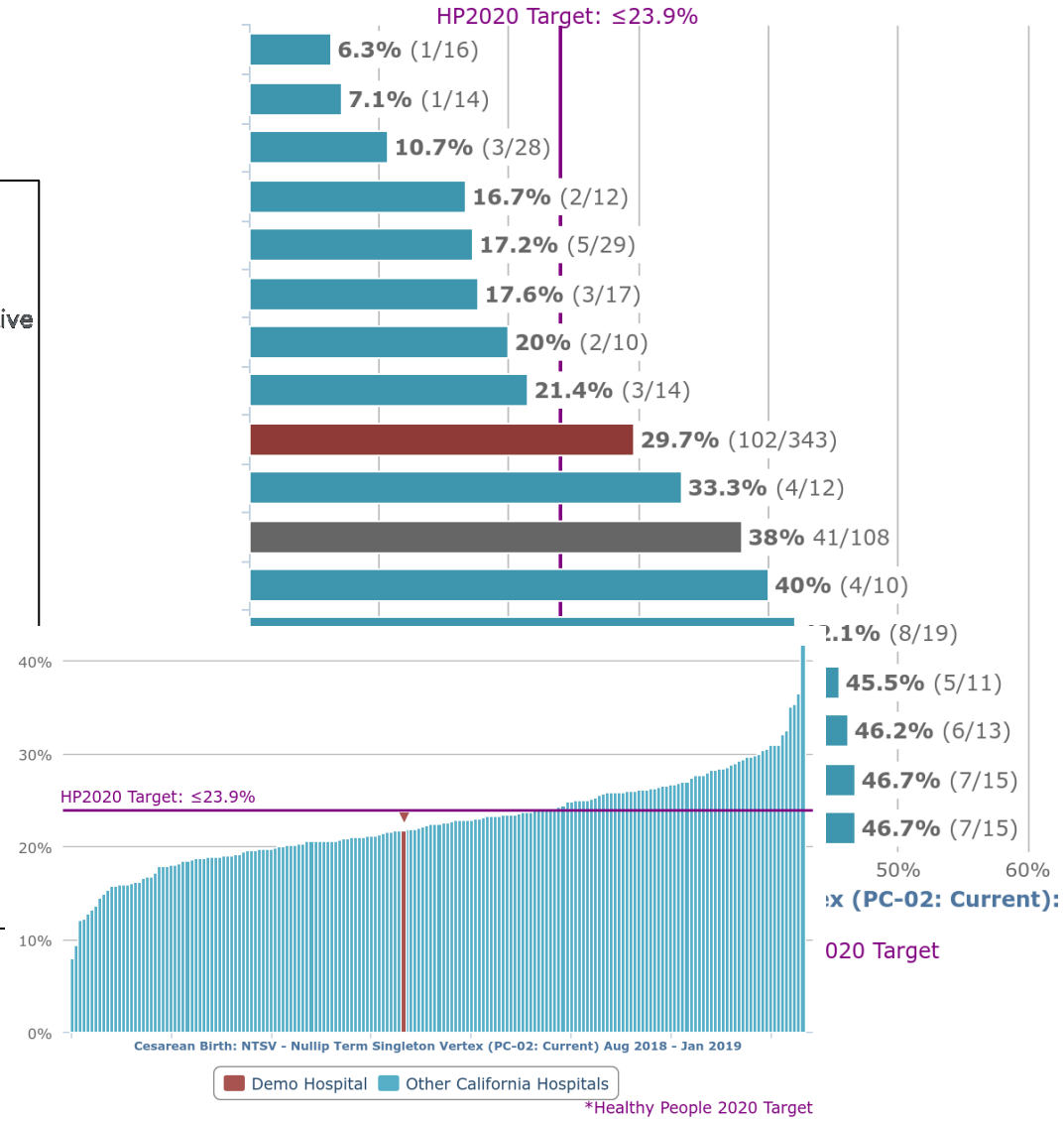
Guidance for Understanding and Unblinding Provider-Level NTSV Cesarean Rates

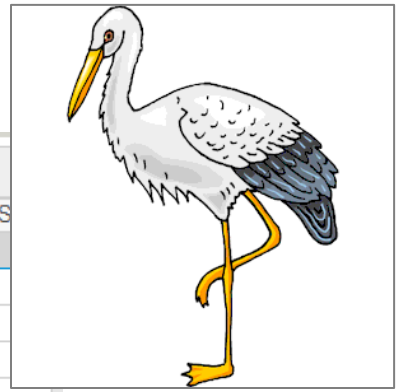
At Start of Project

Before the process of unblinding NTSV cesarean rates begins, it is important for teams to have a baseline understanding of their underlying practices. This can be determined through an examination of the drivers for primary cesarean rates, followed by a chart review of a sample to assess how well the providers follow the national ACOG guidelines for Failure to Progress and other key primary cesarean indications. Ongoing monthly review for consistency with guidelines is also quite useful (recognizing that not every case will follow the guidelines perfectly). The Readiness Assessment and Structure Measures Checklist will assist with this baseline review. Success of the project hinges upon system improvements that support providers in reducing individual rates.

The Readiness Assessment, Structure Measures Checklist (both are found in the Implementation Guide), and Chart Audit Tool are all located on the collaborative resources page at https://www.cmqcc.org/projects/toolkit-and-collaborative-support-vaginal-birth-and-reduce-primary-cesareans/collaborative



Identify NTSV Patients

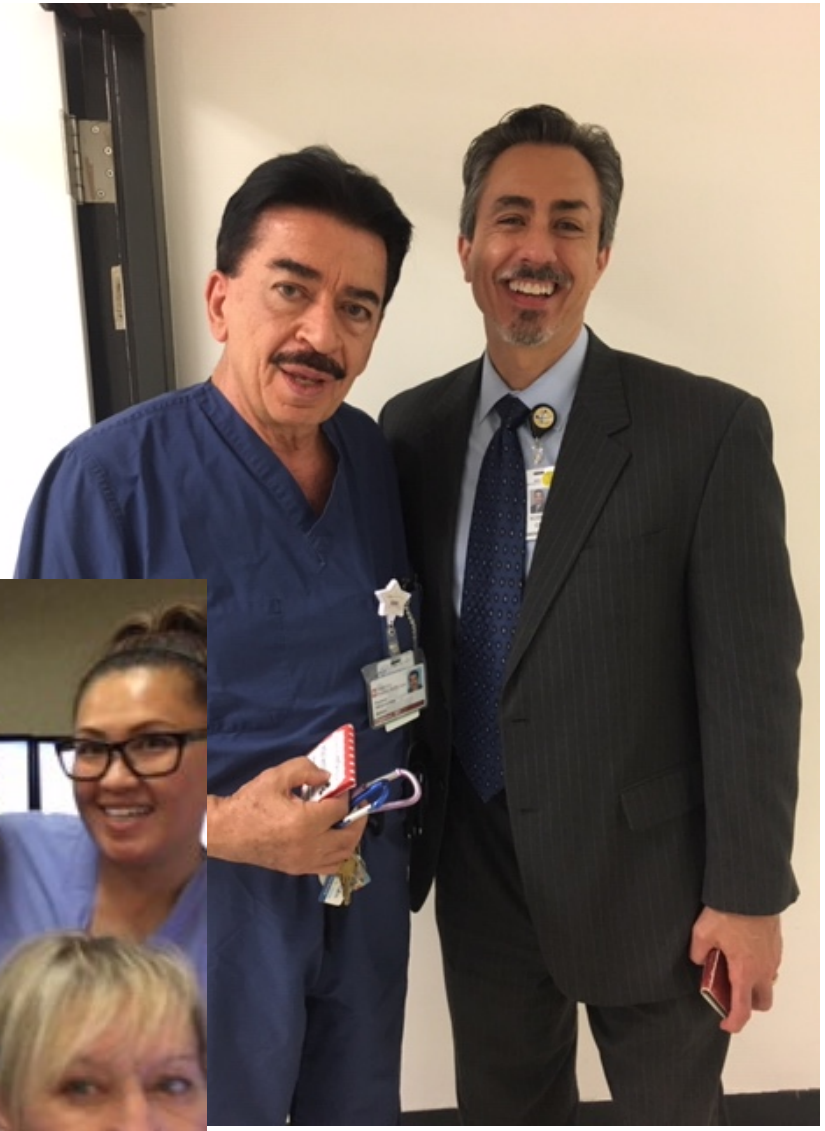


Median LOS: 23:01 Total: 15 WR: 0 Filter: OB Inpatient, OBS, OB Che

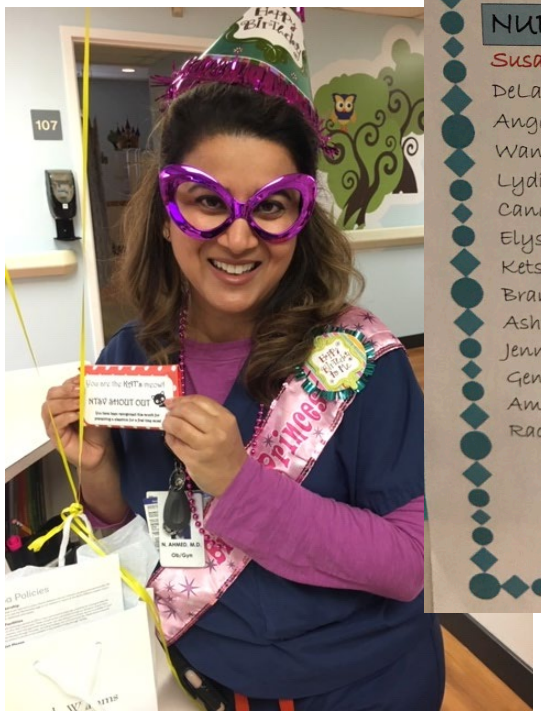
Bed	S	Name	Status	EGA	RN	Extension	Provider	Anesthesia	To Do	Notifications	NR	LOS
2101,A	Avail											
2101,B	Avail											
2102,A	Avail											
2103,A	Avail											
2104,A	Avail											
2105,A	Assi	RC	PP Vag		Rachel	DP	SMG		B			0:6:39
2106,A	Assi	ME	Labor	35 0/7	Denise/KL	Name Alert	OBHG					0:5:58
2107,A						DP	OBHG		B			0:8:30
2108,A							OBHG	Indwelling/infusin	R			1:19:59
OF 1,A												
OF 2,A												
2109,A						2109	SMG					
2110,A							OBHG	Disconti				

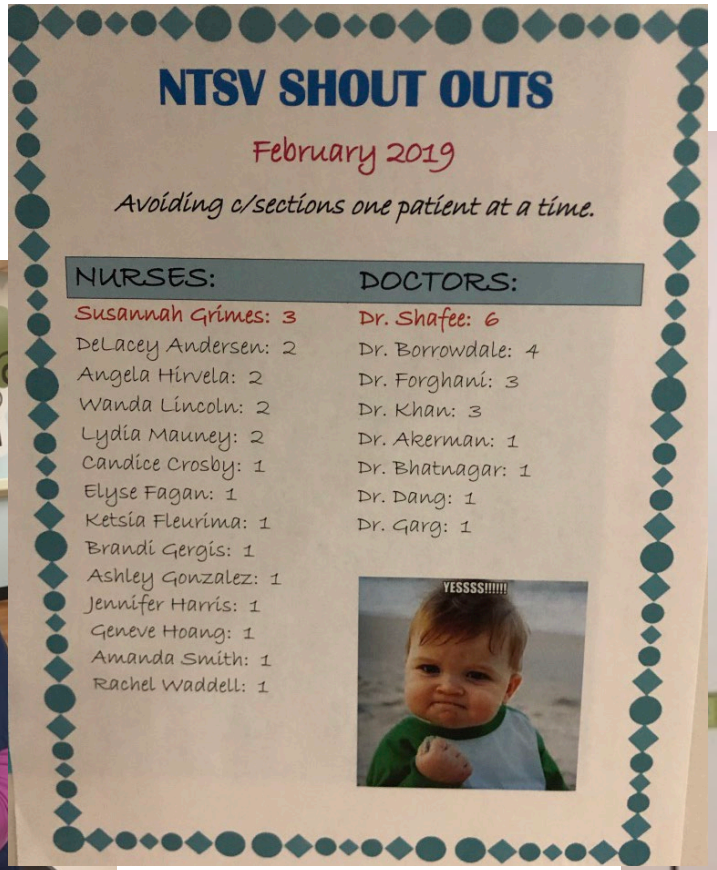
Team Build

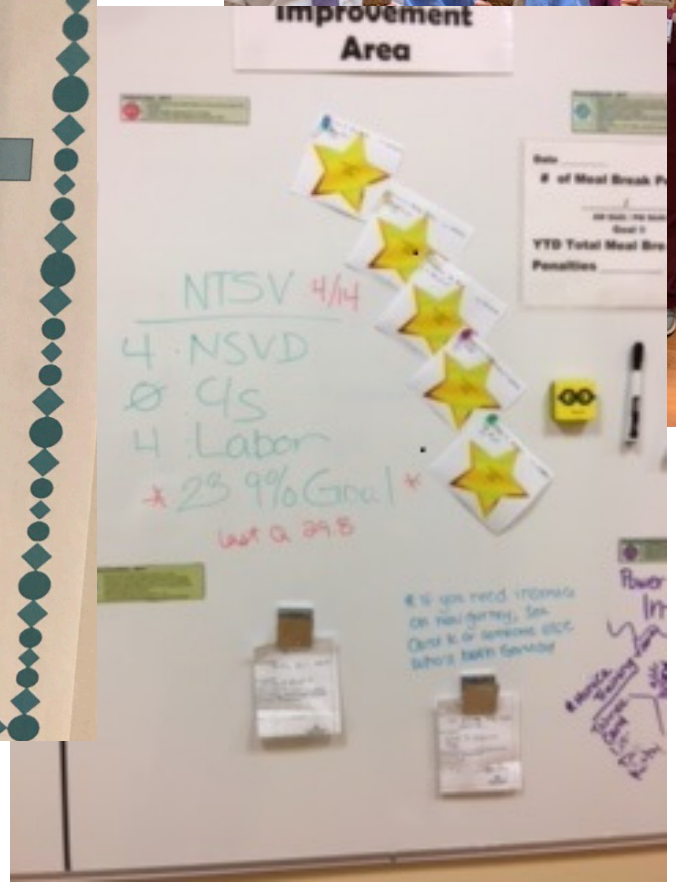

NTSV Initiative
MEDICATION
OUR NTSV DATA:
NTSV SUCCESS SHOUT OUTS:
Avoiding c/sections one baby at a time!
September 2018:
OCTOBER HAS STARTED WITH A BANG!



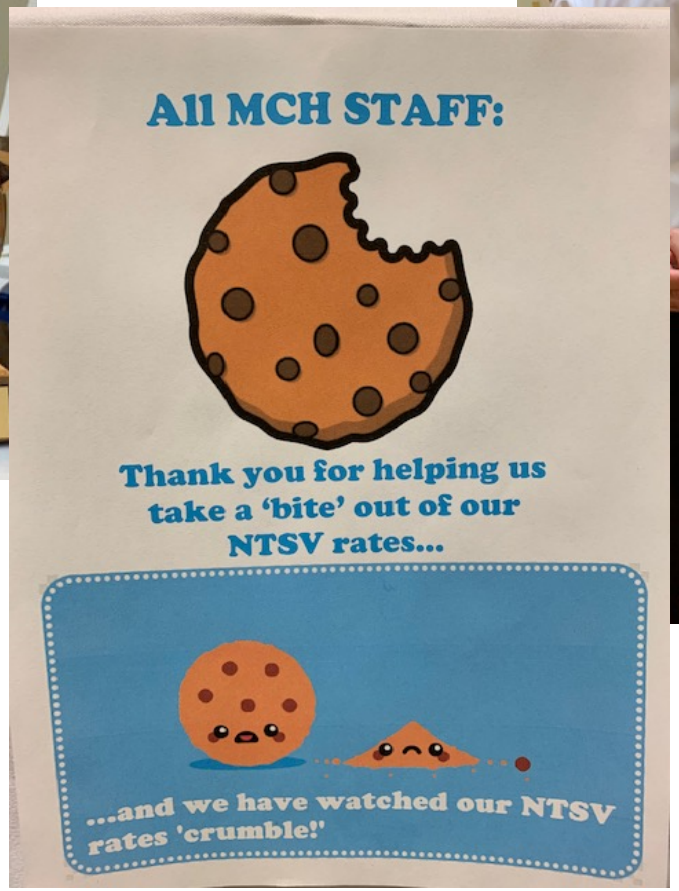
Recognize “Saves”



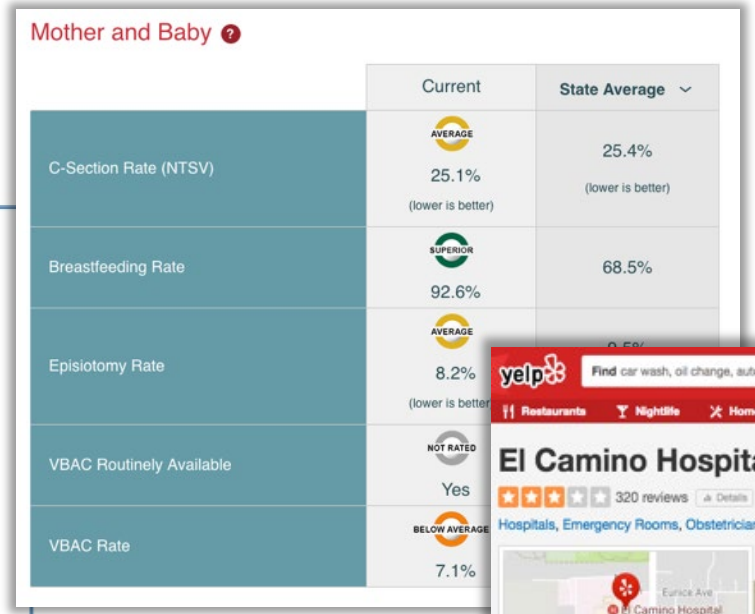


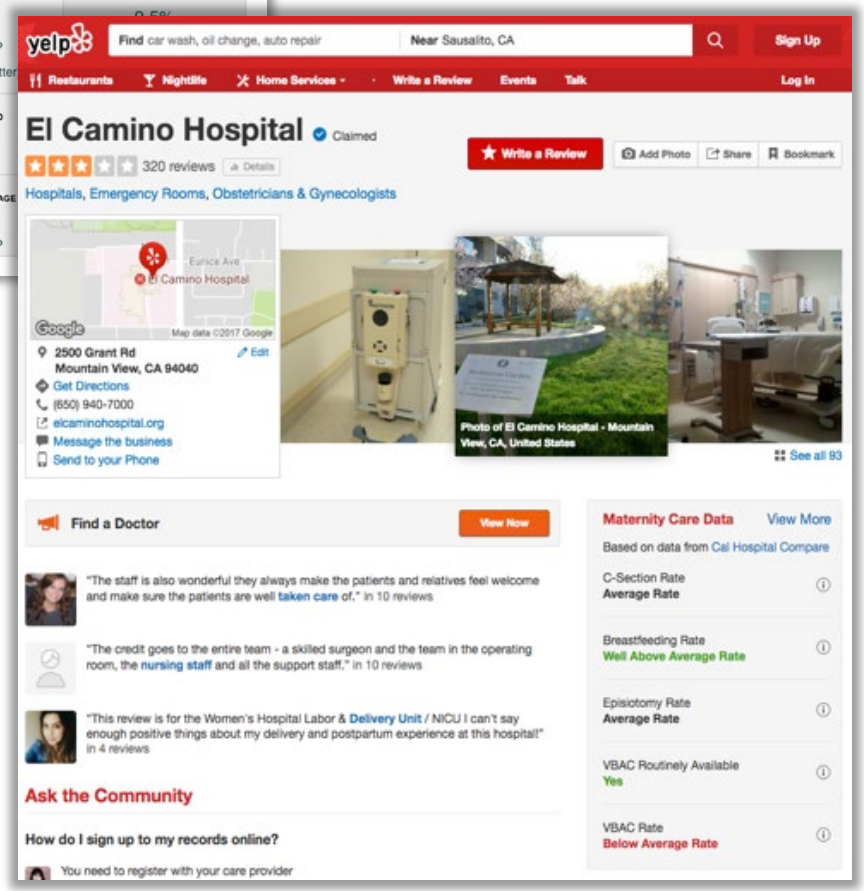


Celebrate Success!!!



Transparency





- Every Year the CA Secretary of HHS Recognizes Hospitals With NTSV CS Rates <23.9%
- CalHospitalCompare.org
- Yelp
- Joint Commission

Questions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