



Promoting Primary Vaginal Deliveries Initiative

The Early Labor Walking Path:
A Tool to Reduce Admission in Early Labor and
Reduce Primary Cesarean Section

PROVIDE Collaborative Session Webinar

Partnering to Improve Health Care Quality
for Mothers and Babies



Welcome!

- **Please join by telephone to enter your Audio PIN on your phone or we will be unable to un-mute you for discussion.**
- If you have a question, please enter it in the Question box or Raise your hand to be un-muted.
- This webinar is being recorded.
- Please provide feedback on our post-webinar survey.

Agenda

August 9, 2018

Announcements

The Early Labor Walking Path:

A Tool to Reduce Admission in Early Labor
and Reduce Primary Cesarean Section

Q&A

SAVE THE DATE

PROVIDE MID-PROJECT MEETING

FRIDAY, SEPTEMBER 21, 2018

9 AM – 4 PM

SECOND HARVEST FOOD BANK

ORLANDO

Upcoming Webinars



No webinar in September!

Hold the date: December 13
Dr. David Lagrew—Outpatient
Cervical Ripening

Structural Measures

- 👤 Patient, Family & Staff Support
- 👤 Unit Policy and Procedure
- 👤 EHR Integration
- 👤 Multidisciplinary Case Reviews
- 👤 Staff Education

Submitted by hospital every 6 months

Structural Measures

- 👤 Data collected through Qualtrics
- 👤 Data portal link sent with monthly reports
- 👤 Please complete by **August 15th, 2018**
- 👤 Questions: fpqc@health.usf.edu



Project Resources Website

health.usf.edu/publichealth/chiles/fpqc/provide

or

FPQC.org → Current Projects → PROVIDE

Promoting Primary Vaginal Deliveries



Partnering to Improve Health Care Quality
for Mothers and Babies

Promoting Primary Vaginal Deliveries (PROVIDE) Initiative

Stakeholders across the state and the U.S. have begun to take note of cesarean delivery rates, including their impact on morbidity, mortality, and health care costs.

A recent analysis of Florida birth certificates showed roughly one-fifth of the hospitals (21%) meet the Healthy People 2020 national goal for Nulliparous Term Singleton Vertex (NTSV) cesarean section deliveries of 23.9% or less. The primary cesarean delivery rate, which drives the overall cesarean rate, among low-risk first-birth deliveries in Florida ranges from 6.6% to 59.5%. This wide variation suggests clinical practice patterns may contribute and provides an opportunity for improvement.



Project Goal

The goal of the PROVIDE Initiative is to improve maternal and newborn outcomes by applying evidence-based interventions to promote primary vaginal deliveries at Florida delivery hospitals and ultimately reduce NTSV cesareans.

PROVIDE News & Announcements



PROVIDE Initiative Resources

[Online Tool Box for PROVIDE Hospitals](#)

This Tool Box contains tool kit documents, algorithms, example policies and educational materials, and more. This resource is updated regularly throughout the project.

Newly Added Tool Box Resources:

- Mechanical Cervical Ripening resources (St Joseph Hoag Health)

Additional Resources:

- o Alliance for Innovation in Maternal Health (AIM) Program eModules on Safe Reduction of Primary Cesarean Birth



Archived Webinars



Participating Hospitals

PROVIDE Tool Box

Direct Link:

health.usf.edu/publichealth/chiles/fpqc/PROVIDE/toolbox



Promoting Primary Vaginal Deliveries (PROVIDE) Tool Box for Hospital Implementation



Partnering to Improve Health Care Quality
for Mothers and Babies

This is the tool box of materials for hospital teams working on the PROVIDE Initiative.

New items are added regularly; We suggest bookmarking this page!

Please contact FPQC@health.usf.edu about any issues or questions about materials.



Tool Kit



Slide Sets



INDUCTION Resources



LABOR DYSTOCIA Resources



FETAL HEART RATE CONCERN Resources



Patient Education Resources



Shared Decision Making Tools

Decreasing Primary Cesarean Section Rates Using Admission in Active Labor, Collaborative Practice and the Early Labor Walking Path

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Objectives

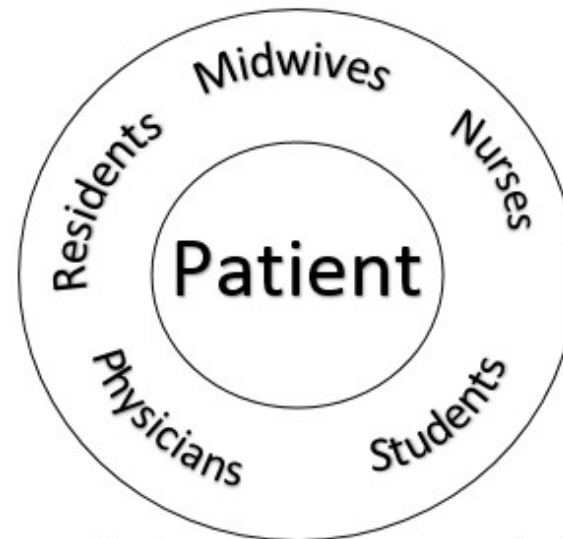
1. Define collaborative practice model & its essential components
2. Identify strategies to develop a collaborative practice model
3. Define active labor criteria
4. Recognize how admission in active labor promotes primary vaginal birth
5. Identify concepts of the Early Labor Walking Path that can be applied in your own institution

Background of the Vidone Birthing Center at Yale-New Haven Hospital



- Urban teaching hospital
- Diversity of patients (in labor/birth prep, prenatal care sites, culturally diverse, multilingual, 70% Medicaid)
- Lower Risk Unit (no birth <35wks, no BMI >50)
 - Level 1 Special Care Nursery
- 1,100 births per year
- Midwifery driven physiologic birth model
- Patient-Centered Collaborative Practice Model
- Draws patients from across the state of CT
- Laborist Model – removes “the lifestyle factor” from management decisions

What is a collaborative practice model?



Collaborative Model

Patient Centered

- Collaborative practice is a process involving mutually beneficial active participation between autonomous individuals whose relationships are governed by negotiated shared norms and visions
- Each member of the team has knowledge and skills that contribute to the work, service and problem-solving that are the purpose of the team
- Requires experiential learning, building respectful relationships and **time**

ACOG Task Force on
Collaborative Practice



Implementing Team-Based Care

Guiding Principles:

- The patient and families are central to and actively engaged as members of the health care team
- The team has a shared vision
- Role clarity is essential to optimal team building and functioning
- All team members are accountable to their own practice and to the team
- Effective communication is the key to quality teams
- Team leadership is situational and dynamic

(ACOG, 2016)



SHARED NORMS AT THE VIDONE BIRTHING CENTER AT YALE NEW HAVEN HOSPITAL

- Pregnancy & birth are normal
- Every birthing family's experience is unique & a singular event
- Team based approach provides the best evidenced-based care



HOW LONG DID
IT TAKE TO BIRTH
OUR
COLLABORATIVE
MODEL?

2014 - Early Labor

Conception of the Team:

Letting Go of Old Identities & Birthing New Ones

2015 - Active Labor

Building Trust

2016 - Transition

Achieving Synergy

2017 - Birth

Moving Forward Together

2018 - Third Stage

Maintaining Momentum

The Golden Hour

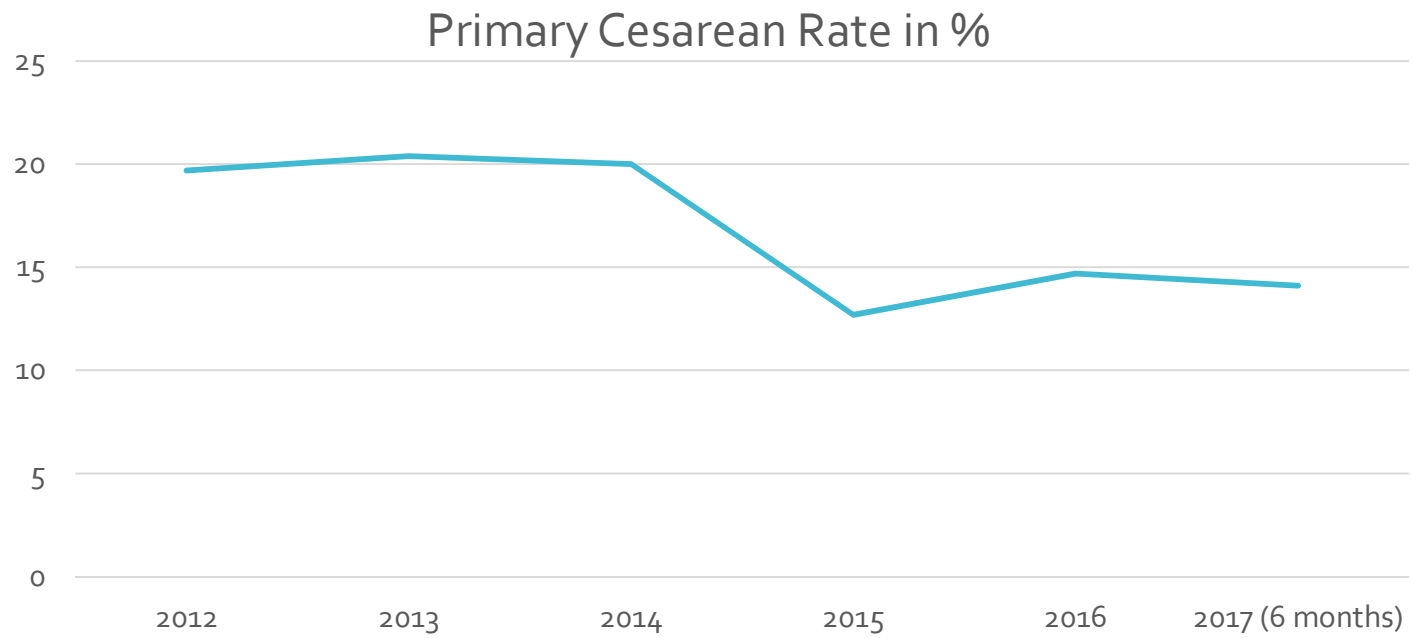
Are we there yet?

Challenges to Collaborative Practice Model

- Change is challenging
- Evidence is changing – for example the Zhang criteria for active labor (Zhang, et al, 2010)
- Budgets are restrictive
- Understanding everyone's role & the unique set of skills each brings to the collaboration
- Trainee satisfaction – sharing birth volume between midwifery students and resident physicians
- Welcoming new practices into our collaborative model
- Sometimes, you may need to agree to disagree to keep moving forward (Waldman, et al, 2012)



NTSV Cesarean Section Rates Pre/Post Collaborative Model at the Vidone



Acknowledgement

South Shore Hospital for their innovative work around the “Early Labor Lounge.”

(Paul, Yount, Breman, LeClair, Keiran & Landry, 2017)

- Outlined inclusion and exclusion criteria
- Six Barriers Identified:
 1. Infection control & housekeeping concerns
 2. Legal – admission status
 3. Buy-in from hospital staff & administration
 4. Space constraints & privacy concerns
 5. Lack of research
 6. Resistance to change

Admission in active labor promotes primary vaginal birth

When does active labor begin?

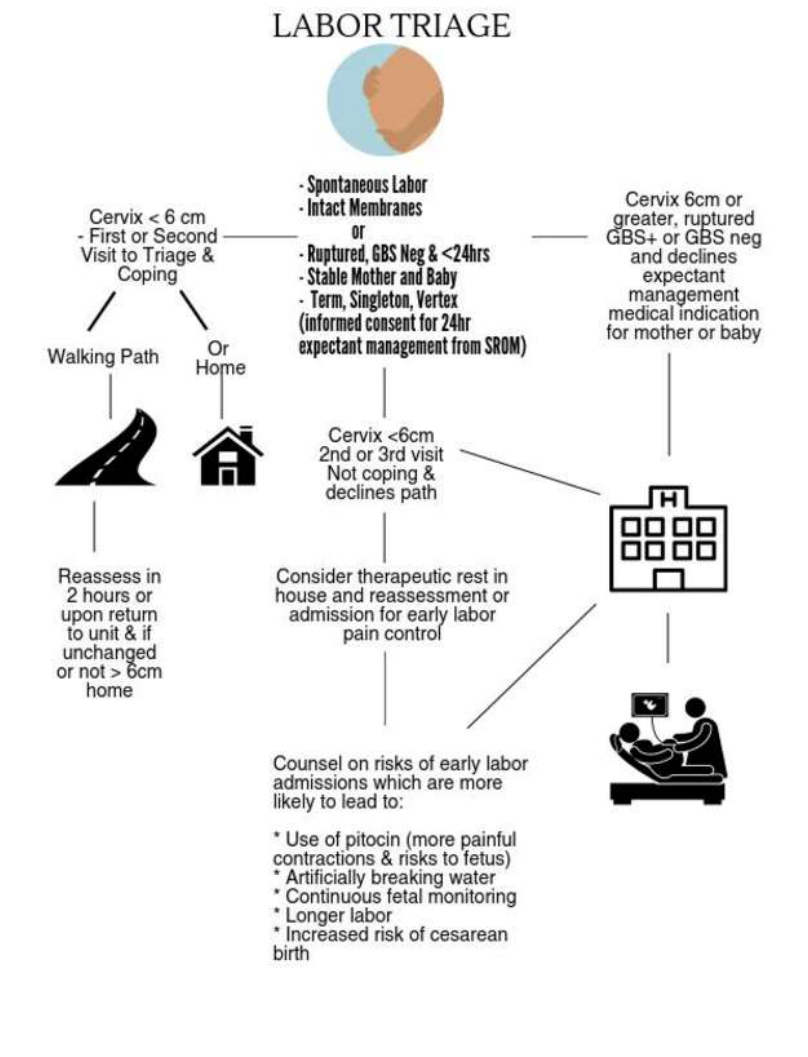
- Per the Consortium on Safe Labor - Active labor begins at 6cm (Zhang, et al., 2010)
- Some providers continue to use 4cm as criteria for active labor (Cohen, Summersille & Friedman, 2018)
- National Institute for Health and Care Excellence (NICE) guidelines Cervical dilation rate ≥ 2 cm in 4 h (≥ 0.5 cm/h, on average) postadmission that led to dilatation ≥ 4 cm, or progression from an earlier dilatation to complete dilatation within 4 h of admission (Neal, et al., 2017)
- A variety of options need to be available to help patients to delay admission as long as possible in labor. (Marowitz, 2014)

Institutional guideline for triage & admissions

- Changing staff & providers beliefs/practices is challenging
- Education, support, & guidelines
- Emphasizing guideline is not overriding clinical judgement
- Nursing as champions: more time for active laboring patients
- Improved flow in unit, shorter admission to birth time
- Early Labor Walking Path can provide practice in being comfortable with delayed admission

Evidence-Based Triage Guideline Graphic

(Telfer based on CMQCC, ACNM, ACOG, 2016)



Early Labor Triage Guide Results (limited QI study)

- Early labor admissions reduced 41% to 25%
- Women who used walking path 73% were in active labor after use
- Women who used path 91% found it helpful
- Patient satisfaction >98%

(Telfer, 2016)

**Important to
educate staff,
patients & their
families on the
benefits of delayed
admissions**

Why Are You Sending Me Home?

- You are not in active labor yet (your cervix is less than 6 centimeters open)
- Early labor can start and stop and sometimes can last several days
- We are not trying to be mean, save money, or avoid work when we send you home in early labor
- We are trying to help you progress naturally and avoid unnecessary interventions which can cause a longer, more painful and sometimes less safe birth for you and your baby.
- Women admitted in early labor (before 6 centimeters dilated) are more likely to have:
 - a longer labor
 - more painful labor
 - more use of the medication oxytocin which makes contractions stronger more likely to have their water broken by a doctor or midwife
 - more likely to end up with a cesarean birth
- Women progress more quickly when they are in their own home as they are more relaxed and feel safe
- You can move more freely, eat, drink and sleep when you choose
- The longer you are in a hospital, your risk of getting an infection increases

Is it Safe?

- Yes, it is safe
- We have checked both you and your baby and feel that it is safer and healthier for you to labor at home
- We are always available by phone if you have questions or are unsure if what is happening is normal

How will I know when to come back?

- If your contractions increase in strength, frequency and regularity from when you left, usually coming every 3-4 minutes, lasting a minute
- If your water breaks or if it had already broken and it appears yellow or green
- If you feel the baby is moving less than normally
- Please call us and we can talk with you to help you determine if it is a good time for you to return
- There is always a midwife and doctor in our unit, so we are always ready for you and happy to see you!

Provide guidance & reassurance of normal labor experience & coping techniques

What Can I Do During Early Labor?

- In early labor go for a walk or dance. The more you move, the less you hurt!
- Drink lots of fluids so you don't get dehydrated and eat lightly if you are hungry.
- Take a warm shower or bath.
- Sleep if you can, even if it is just a few minutes between contractions

What Can I Do During Active Labor? Find Your Rhythm.

All women who cope well during labor go back and forth between resting in between the contractions and movements that help cope with pain during the contraction. Each person has their own rhythm that works. You may

- Use music – whatever you like. Some women like dancing or meditating
- Rest between contractions by being still or by rocking gently.
- Focus on your natural breathing. Awareness of breath relaxes you.
- Change positions often.
- Don't be afraid to make noise. You might moan, hum, or repeat comforting words over and over as you go through each contraction.
- Believe you can do it. You can!
- Remember why you are doing this. Your baby will be here soon!

What Can My Birth Coach Do During Labor?

- Help you find your rhythm and then help you during each part of it.
- Give you a back rub or hold your hand quietly.
- Offer you ice chips, water, or juice.
- Help you change positions and support your body.
- Keep the lights low and play soft music.
- Put a cold washcloth on your forehead.
- Put a warm washcloth on your lower back.
- Talk you through each contraction, supporting your movements and your noises.
- Cheer you on!



Labor is strong, but you are stronger!

The American College of Nurse-Midwives. (2016). Share with [women](#): Am I in labor? *Journal of Midwifery & Women's Health*, 145–146.

Labor Coping Menu Checklist

Patient Label:

- Calm atmosphere: dim lighting, door shut, music (Bluetooth, Calming Channel, or docking station)
- Upright positioning: Standing, walking, squatting, lunging, squat bar, runner's stance
- Walking Path (if appropriate – helps labor progress through movement)
- Massage/Hip Squeeze/ Effleurage (relaxes tight muscles, helps to open pelvis)
- Hot or Cold Packs (can help with pain/tension and aid in relaxation)
- Vocalization: humming, singing (making low sounds or singing can help with relaxing and coping)
- Breathing techniques (relaxation & coping in active labor, effective pushing in second stage of labor)
- Visualization (technique to help focus, calm & reduce pain perception)
- Aromatherapy (use of essential oils to help relax, calm, and decrease pain perception)
- Ball (sitting, rocking, leaning on in bed)
- Peanut ball (for lying or sitting in bed – helps to open pelvis & allow descent of fetal head)
- Shower (warm water helps with relaxation and pain relief)
- Tub (warm water helps with relaxation & pain)
- Rebozo (technique of using cloth or sheet around hips to gently rock back and forth helping to relieve tension and may settle fetus in improved position)
- Sterile Water Injections (small injections of sterile water placed just under the skin at points on the low back which helps decrease pain associated with back labor)
- Narcotics (help with sleep/rest in prodromal & early labor and can decrease pain in active labor)
- Nitrous Oxide (decreases pain perception in active phase/transition)
- Epidural (generally gives good pain relief in active phase)

Pre & Post Project Surveys

- Staff Reported:
 - Helping women have physiologic birth is important to lowering our cesarean rate increased from 54% to 86%
 - Active labor starts at 6cm increased from 46% to 62%
 - NTSV Cesarean rate can be reduced 84% to 100%
 - Triage Guide useful or very useful 81%
 - 90% want to continue using it
- Tools staff want to continue
 - Labor Coping Checklist 90%
 - Patient Education Handout 100%
 - Patient Experience Survey 81%

Prenatal Education

*Less than 20% of patients
attend childbirth classes*

IMPORTANCE OF HIGH QUALITY PRENATAL EDUCATION

- The majority of education happens during prenatal visits
- Communication with provider/L&B
- Ideal admission in active labor
- Mobility vs. Immobility
- Physiologic birth
 - pain is purposeful, coping not suffering (Whitburn, Jones, Davey & Small, 2017)
- Prenatal empowerment - **this is what your body was made to do!**

22yo G1Po calls with c/o contractions every 5-7 minutes lasting 45 seconds each for the last hour. She is calm on the phone but there is a LOT of background noise and patient says her aunt is insisting she call the ambulance and go to the hospital.

Case Scenario

I'm in Labor...What should I do?



- We know women are better off staying home in early labor
- Evidence tells us that early laboring women admitted to the labor units have a higher incidence of cesarean delivery
 - “Many low-risk nulliparous women with regular, spontaneous uterine contractions are admitted to labor units before active labor onset, which increases their likelihood of receiving oxytocin and giving birth via cesarean.” (Neal, Lamp, Buck, Lowe, Gillespie, Ryan, 2014)

Self-care activities in early labor

- Freedom of Movement - Rhythmic activity such as rocking, swaying during contraction (King & Pinger, 2014)
- Hydration and Eating (King & Pinger, 2014)
- **Massage** (Smith, Levett, Collins, Dahlen, Ee & Suganuma, 2018)
 - ✓ "Massage works as a form of pain relief by increasing the production of endorphins in the body. Endorphins reduce the transmission of signals between nerve cells and, thus, lower the perception of pain." (Khudhur & Ahmed, 2018)
 - ✓ "Massage affects a women's response to pain by decreasing anxiety and promoting a more secure, comfortable feeling, thereby increasing satisfaction during delivery." (Khudhur & Ahmed, 2018)
- **Relaxation & Music** (Smith, Levett, Collins, Armour & Dahlen, 2018)
 - ✓ Mobile phone
 - ✓ Meditation app, YouTube

What if you
cannot stay
home in early
labor?

CHALLENGES OF STAYING AT HOME

- Lack of safe space to labor
- Transportation challenges
- Fear/Family Pressures
- Distance
- OB History

What Is An Early Labor Walking Path?

- The Early Labor Walking Path is a tool among many to support our patients in latent labor
- It is used to
 - Delay admission until in active labor
 - Guide patients towards home if not in active labor
 - Provide a safe place for patients to labor
 - Bring an alternative to walking the halls of the labor floor
- It is relatively easy to implement
- It is virtually free!

Yale-New Haven Hospital The Vidone Birthing Center

EARLY LABOR WALKING PATH

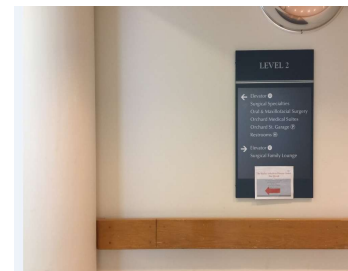


As you head off the unit we want to make sure you are able to reach if id needed. Please make sure your phone is working and has enough battery for your journey. Labor & Birth telephone number: 203.789-3461

Step 1: From the 5th Floor at the Vidone take the “S” elevator down the 2nd floor. You will see a ramp with a great hand bar to do some stretches. When done, come down the ramp and take a left down that long hall.



Step 2: At the end of the hall take a left, you will see restrooms. This is a great time to take a bathroom break, keeping your bladder empty in labor helps your baby to sink deeper into your pelvis.





Step 3: Continue down this short corridor and take a right and walk down this very long hallway. You may see signs for our Anesthesia Department...not to worry, this is a common corridor with great views of Chapel Street. There is a chair to sit down if you need to rest.

Step 4: When you hit the end of this hallway turn around and trace your steps back to step 2. Instead of taking a right down the hall where the elevator is, continue straight. You will see this...signage is for Surgery. Take a left at the end of this hallway.



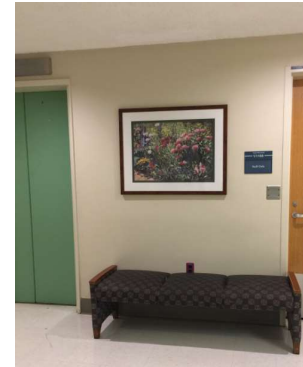
Step 5: This is what you will see...this is a very long corridor, if you need to sit down, follow signs for the family lounge to your right.

DON'T FORGET TO STAY HYDRATED; BE SURE TO DRINK SOME WATER

Once you're rested and ready to roll, head to the end of the corridor toward the "Verde" elevators.



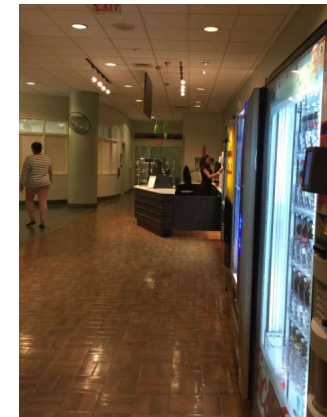
Step 6: Take the Verde elevator to the 1st floor. This will take you to our Main floor. If you need to rest take a seat outside of the elevator on the 1st floor.



Step 7: Head toward the Main corridor and take a right. You will see our Coffee Bar

YOU WILL SEE A WATER FOUNTAIN ON YOUR LEFT; TIME TO REFILL YOUR WATER BOTTLE.

Step 8: Take a left at the coffee bar, you will be heading toward our Main Lobby.





Step 9: Do you need a food break? Your uterus is a giant muscle and it is working really hard to bring your baby closer to meeting you. Muscles need energy to work well. Head into the Cafeteria and sit down...have a drink and snack; relax!

IF IT'S NIGHT TIME WE HAVE PEANUT BUTTER AND CRACKERS IN YOUR BAG OF TOOLS!

Step 10: Once you are ready to continue, exit the cafeteria, take a right and continue toward the Main Lobby.



Step 11: Take a few minutes for meditation, you can listen to a labor meditation by opening your smartphone and holding up the camera to this QR code. It will open a link to YouTube. If it doesn't, you may need to download a free QR Scanner from the App Store.

Maybe go into the chapel or sit in the upper level of the Lobby

Step 12: Continue toward the Main elevators and take the "S" elevator to the basement (level B, NOT BL)



QR codes for
Positive Birth
Affirmations





Step 13: In the basement level you will find some chairs, a great open stairwell, and vending machines. Try walking up and down the stairs facing the wall. This will help your hips to keep shifting which helps your baby to navigate your pelvis in its journey towards birth.

Step 14: When you completed this exercise, take the same elevator up to the 5th floor back to the “Vidone Birthing Center”.

Does The Early Labor Walking Path work?

- Our Early Labor Walking Path took most women 1.5-2hrs to return to Vidone Birthing Center.
- Patients either returned in active labor (a higher percentage) or felt more comfortable with going home or repeating the path until in active labor (Telfer, 2016).
- Through the work done by South Shore Hospital and others adopting an early labor lounge activity helps delay hospital admission (Paul, et al., 2017).
- Giving women a scripted activity in early labor labor meets their needs of being close to the hospital & feeling of being supported
- Women report high satisfaction with their Early Labor Walking Path experience (Telfer, 2016).

Barriers to Facilitation of the Early Labor Walking Path

- Awareness by staff outside of L&B – high anxiety from hospital employees and others witnessing laboring women on the walking path unaccompanied by L&B staff
- Engagement of security in promotion of safety at night
 - locking down of main elevators
- Inability to leave the unit once patient is admitted; our walking path can only be utilized by non-admitted patients (triage) unless accompanied by staff

Next Steps

- Need for patient identification badges for women going on our walking path to show they were approved to depart the floor unattended
- Signage and designated underutilized areas making path more user friendly and permanent
- Translating the Early Labor Walking Path into other languages
- Enhance our “bag of tools” for families to take with them on the walking path (yoga mat, snacks, massage tools, our labor support menu, aromatherapy)

Concepts of the early labor walking path that can be applied in your institution

- Create a taskforce
- Engage hospital security
- Walk the facility and highlight interesting places
- Create your path
- Secure underutilized spaces for permanent path
- Develop your bag of tools
- Involve staff and providers

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Q & A

If you have a question, please enter it in the Question box or Raise your hand to be un-muted.

We can only unmute you if you have dialed your Audio PIN (shown on the GoToWebinar side bar).



THANK YOU!

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