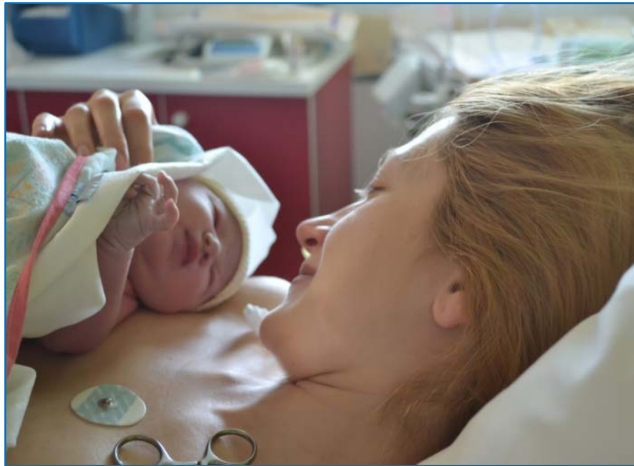


PROVIDE 2.0

Welcome



“And Why Reduce
Unnecessary
Cesareans?”



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH **A I M**



Welcome Back!
42 Hospitals
Provide 1.0/2.0





Welcome!
34 Hospitals
Provide 2.0

Welcome!

Medicaid Health
Plans

AETNA BETTER HEALTH
COMMUNITY CARE PLAN
FLORIDA COMMUNITY CARE
HUMANA MEDICAL PLAN
LIGHTHOUSE HEALTH PLAN
MIAMI CHILDREN'S
MOLINA HEALTHCARE

PRESTIGE
SIMPLY HEALTHCARE
STAYWELL
SUNSHINE HEALTH
UNITEDHEALTHCARE
VIVIDA HEALTH



FPQC Partners & Funders



AGENCY FOR HEALTH CARE ADMINISTRATION



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH **AIM**



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



AWHONN
FLORIDA
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS



FLORIDA AFFILIATE of the
AMERICAN COLLEGE
of NURSE-MIDWIVES
With women, for a lifetime®



Florida Association of
Healthy Start
COALITIONS, INC.
Every baby deserves a healthy start

Florida Society of Neonatologists
Advancing the Care of Neonates in the Sunshine State



Mission to Care. Vision to Lead.

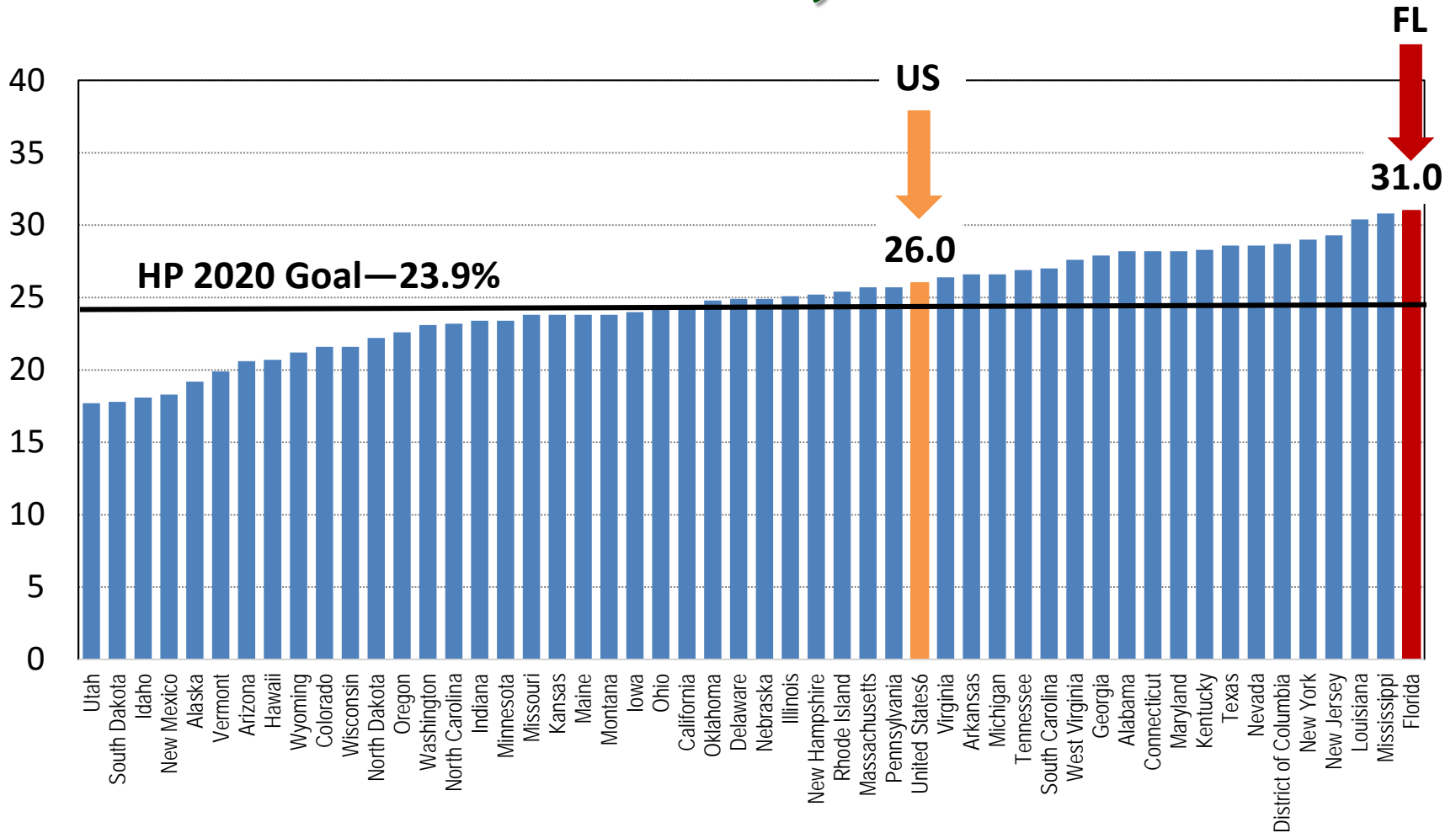


PREECLAMPSIA
foundation



NTSV Cesarean Rates

U.S. States, 2017



Source: NCHS (2017) Final Birth Data 2017



Cesarean: Maternal Risks

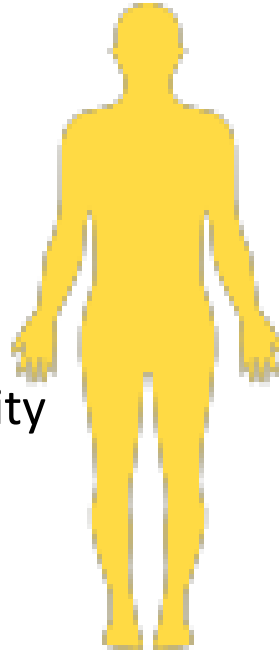
Acute

Common:

- Longer hospital stay
- Increased pain and fatigue
- Postpartum hemorrhage (transfusions ~2%)
- Slower return to normal activity and productivity
- Delayed or difficult breastfeeding

1/100 to 1/1000

- Anesthesia complications
- Wound infection
- Deep vein thrombosis



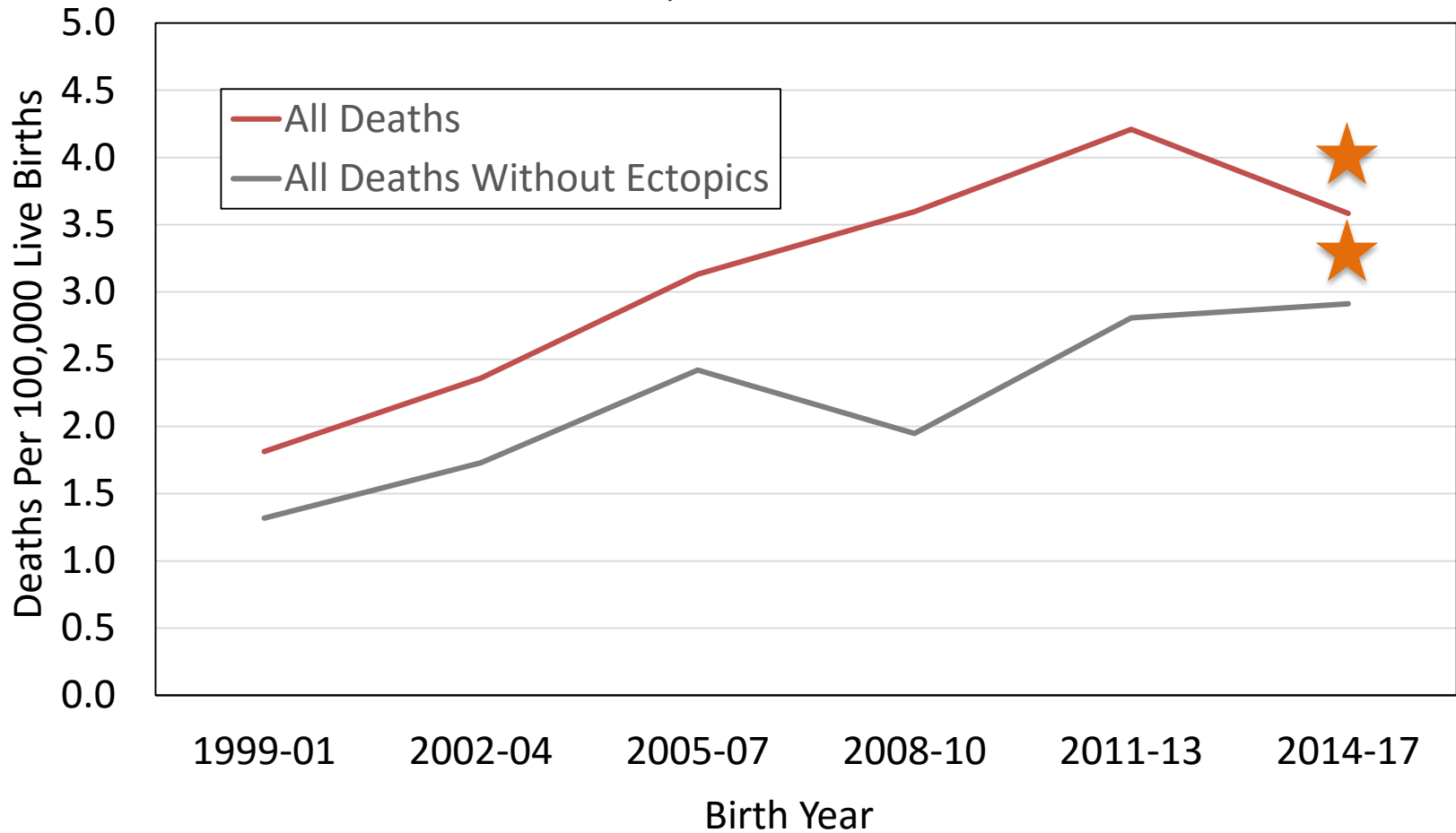
Long Term & Subsequent Births

1/100 to 1/1000

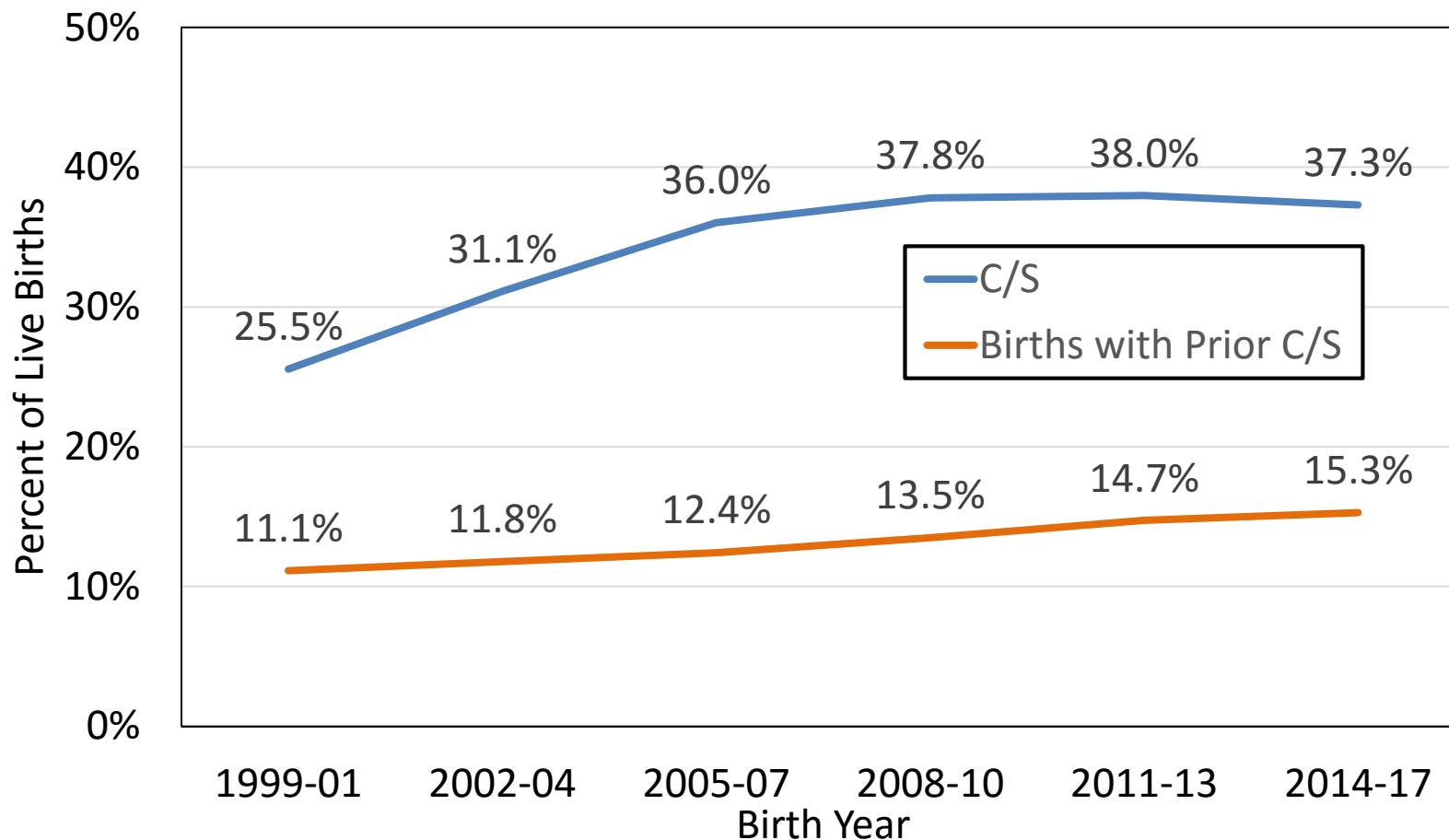
- Abnormal placentation (previas and accretas)
- Uterine rupture
- Surgical adhesions
- Bladder surgical injury
- Bowel surgical injury
- Bowel obstruction

And, we perform over 81,000 Cesareans every year in Florida!

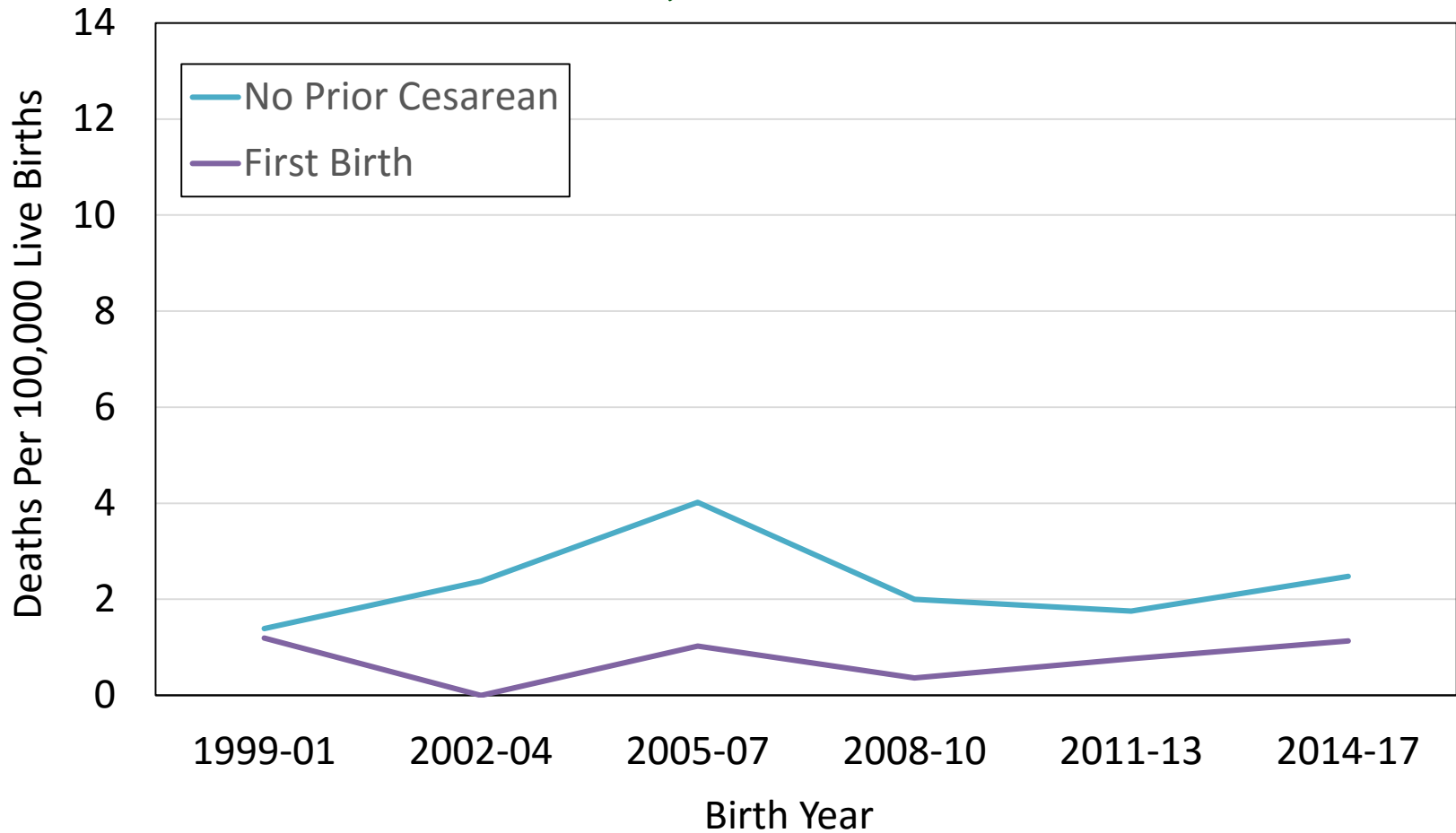
Pregnancy-Related Mortality Rate Due to Hemorrhage Excluding Ectopic by Prior Cesarean Status Florida, 1999 to 2017



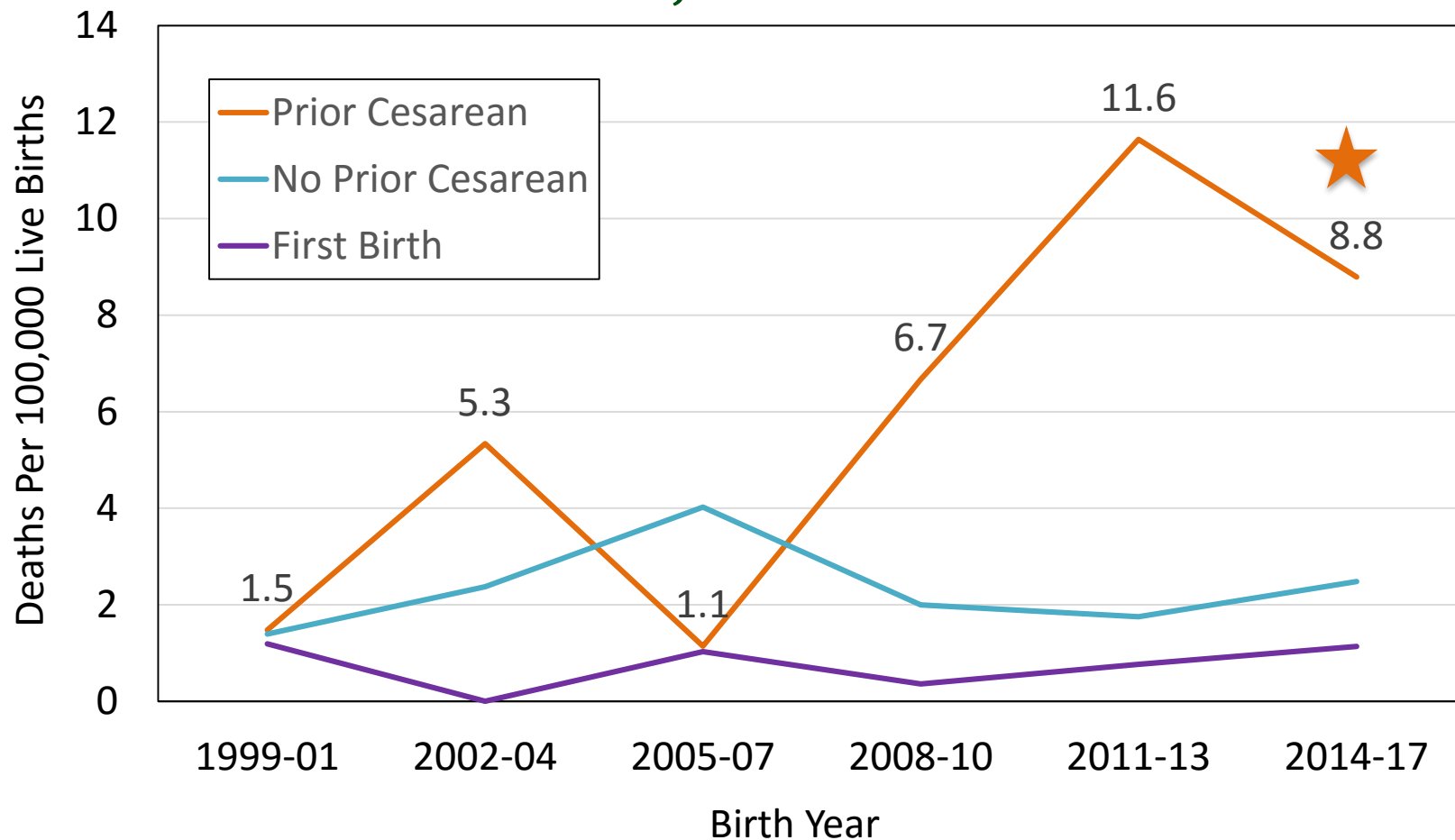
Percent of Live Births Delivered by Cesarean and Repeat Cesarean, or with Prior Cesarean, Florida, 1999-2017



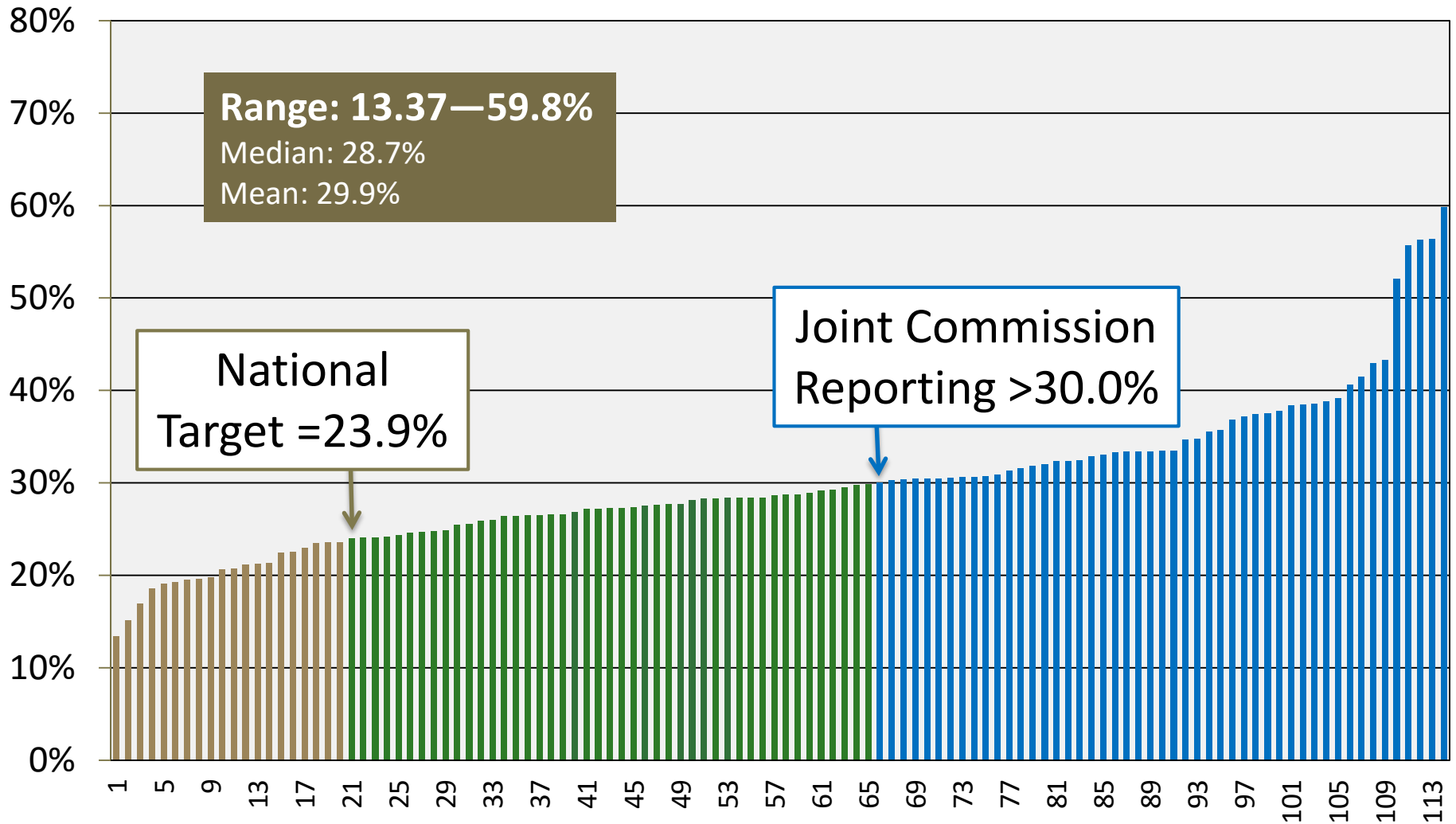
Pregnancy-Related Mortality Rate Due to Hemorrhage Excluding Ectopic by Prior Cesarean Status Florida, 1999 to 2017



Pregnancy-Related Mortality Rate Due to Hemorrhage Excluding Ectopic by Prior Cesarean Status Florida, 1999 to 2017



2018 NTSV Cesarean Rates, 115 FL Hospitals



Source: FL Vital Records, 2018

What drives Cesarean sections?

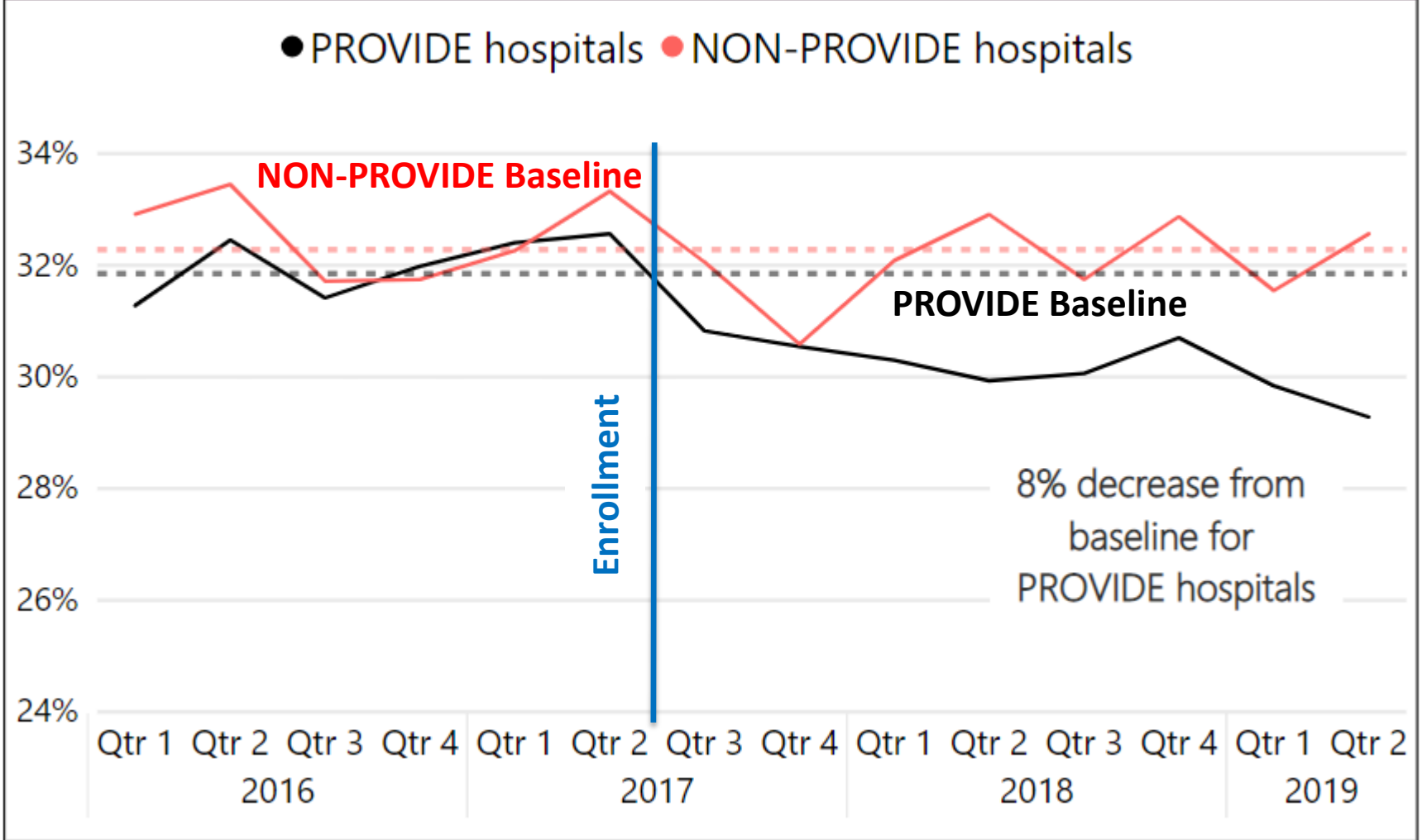
(the *opposite* supports vaginal birth)

- 👶 Time pressures
- 👶 Financial incentives
- 👶 No consequence for a high c/s rate
 - Professional standing, reputation, financial
 - Regulatory, payer
- 👶 Lack of clinical training
 - Response to FHT, labor dystocia, malpresentation

Condensed from Council on Patient Safety in Women's Health Care slides



NTSV cesareans rates for FL delivery hospitals, 2016-2019



Six Implementation Strategies Led to Implementing More Bundles in MD

- Conducted a local needs assessment.
- Developed a formal implementation blueprint.
- Staged implementation scale up.
- Identified/prepared physician champions.
- Conducted consensus discussions.
- Tailored recommended strategies and interventions.

Can you really do this without a team?

PROVIDE 2.0 "To Do" List

- ☑ Conduct a local needs assessment.



First 3 months of data collection

PROVIDE 2.0 "To Do" List

Conduct a local needs assessment.

Develop a formal implementation blueprint.



Start today with a 30, 60, 90 day plan

PROVIDE 2.0 "To Do" List

- ✓ Conduct a local needs assessment.
- ✓ Develop a formal implementation blueprint.
- ✓ Stage implementation scale up.



Change Management

PROVIDE 2.0 "To Do" List

- ✓ Conducted a local needs assessment.
- ✓ Developed a formal implementation blueprint.
- ✓ Staged implementation scale up.
- ✓ Identify/prepare physician champions.
- ✓ Conduct consensus discussions.



What works!

PROVIDE 2.0 "To Do" List

- ✓ Conducted a local needs assessment.
- ✓ Developed a formal implementation blueprint.
- ✓ Staged implementation scale up.
- ✓ Identified/prepared physician champions.
- ✓ Conducted consensus discussions.
- ✓ Tailor recommended strategies and interventions.



Hospital Success Panel



To Succeed Will Take Everyone,
Every day!



Save the Date: April 16-17, Tampa

FPQC 2020 Conference

Reducing Cesarean Deliveries – Elliott Main, MD

Clinical Professor, Obstetrics & Gynecology-Maternal Fetal Medicine, Stanford University; Medical Director, California Maternal Quality Care Collaborative



Antibiotic Stewardship – Martin J. McCaffrey, MD

Professor, University of North Carolina; Director, Perinatal Quality Collaborative of North Carolina



Shared Decision-Making in Perinatal Care – Neel Shah, MD, MPP, FACOG

Assistant Professor, Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School; Director, Delivery Decisions Initiative



For More Information, go to www.fpqc.org