



## What Can Florida Do to Have California's Results\* in Reducing Low Risk (NTSV) Cesarean Births?

### CA FL State Level

| CA | FL | State Level   |
|----|----|---|
| ✓  | ✓  | Annual state recognition of hospital reaching the national goal for NTSV cesarean rates                   |
| ✓  | ✓  | Online education of mothers on cesarean births and birth preferences: My Birth Matters                    |
| ✓  |    | Current publicly available NTSV cesarean rates shown by hospital for easy patient access                  |
| ✓  |    | Multiple private health insurance companies/plans incentivizing hospital participation and reducing rates |
| ✓  |    | Medicaid/Medicaid plans incentivizing hospitals to address overuse of cesarean delivery                   |

### CA FL Perinatal Quality Collaborative Level

| CA | FL | Perinatal Quality Collaborative Level  |
|----|----|--|
| ✓  | ✓  | Encouraging use of the CMQCC toolkit   |
| ✓  | ✓  | Participating in Alliance for Innovation in Maternal Health (AIM), the national organization supporting perinatal quality collaboratives in this quality improvement effort. |
| ✓  | ✓  | Individualizing hospital education and support thru consultation, site visit and grand rounds  |
| ✓  | ✓  | Identifying of individual hospital issue drivers based on baseline assessment  |
| ✓  | ✓  | Providing rapid cycle hospital QI data sharing   |
| ✓  | ✓  | Providing hospitals with identified obstetrical provider NTSV cesarean rates   |
|    | ✓  | Supporting coaching calls with hospital groups using volunteer physician and nurse mentors   |
| ✓  |    | Using paid mentors for coaching calls with 6 to 8 hospitals compared to 20+ hospitals  |
| ✓  |    | Providing peer-to-peer education for obstetrical providers through academic detailing  |
| ✓  |    | Offering initiatives over time in phases in order to work with fewer hospitals at one time   |
| ✓  |    | Ongoing assessment of individual hospital performance with individualized coaching   |
| ✓  |    | Perform individual hospital culture surveys with tailored action planning  |

\*Rosenstein MG, Chang SC, Sakowski C, *et al.* (2021) Hospital quality improvement interventions, statewide policy initiatives, and rates of cesarean delivery for nulliparous, term, singleton, vertex births in California. *JAMA* 325(16):1631-1639.



## What Did California's Maternity Hospitals Do to Get Their Results\* In Reducing Low Risk (NTSV) Cesarean Births?

**CA**    **Yours**    **Hospital Level**

|     |                          |   |
|-----|--------------------------|---|
| 99% | <input type="checkbox"/> | <b>CLINICAL EDUCATION</b>                                       |
| 98% | <input type="checkbox"/> | Physician or nurse educational presentation                     |
| 45% | <input type="checkbox"/> | Manual rotation of occiput posterior                            |
| NA  | <input type="checkbox"/> | Supporting safe vaginal birth training                          |
| 90% | <input type="checkbox"/> | <b>LABOR SUPPORT ACTIVITIES</b>                                 |
| 53% | <input type="checkbox"/> | Peanut balls  |
| 33% | <input type="checkbox"/> | Doula program   |
| 86% | <input type="checkbox"/> | <b>LABOR MANAGEMENT</b>   |
| 65% | <input type="checkbox"/> | Labor dystocia checklist  |
| 45% | <input type="checkbox"/> | Active phase huddle   |
| 45% | <input type="checkbox"/> | Latent labor management   |
| 24% | <input type="checkbox"/> | Electronic medical record order sets                            |
| 85% | <input type="checkbox"/> | <b>SHARING OF UNBLINDED PHYSICIAN-LEVEL NTSV CESAREAN RATES</b> |
| 53% | <input type="checkbox"/> | <b>LABOR INDUCTION</b>  |
| 34% | <input type="checkbox"/> | Induction scheduling form                                       |
| 22% | <input type="checkbox"/> | Induction algorithm   |
| 19% | <input type="checkbox"/> | Outpatient cervical ripening                                    |
| 47% | <input type="checkbox"/> | <b>PATIENT EDUCATION</b>  |
| 45% | <input type="checkbox"/> | Patient education during triage or labor                        |
| 26% | <input type="checkbox"/> | Patient support after traumatic birth experience                |
| 13% | <input type="checkbox"/> | <b>LABOR AND DELIVERY STAFF MODELS</b>                          |
| 9%  | <input type="checkbox"/> | Addition of hospitalists  |
| 4%  | <input type="checkbox"/> | Addition of midwives  |

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