Driver 1: Culture

Margie Boyer &
Kimberly Fryer

SAFE REDUCTION OF PRIMARY CESAREAN BIRTH

FLORIDA PERINATAL QUALITY COLLABORATIVE



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Global Aim: Support hospitals and care teams in implementing evidence-based, patient-centered labor and birth practices that promote vaginal birth and safely reduce unindicated cesarean births.

Primary Key Driver

Promote team culture and clinical practice alignment that supports vaginal birth and shared decision making

Secondary Drivers

- Mobilize a QI Team of administrators, nurses, physicians, nurse midwives to lead efforts to promote vaginal birth
- Promote patient and family engagement through accessible, evidence-based birth education with an emphasis on informed consent & shared decision making
- Provide interdisciplinary perinatal team education on strategies that maximize the likelihood of a safe vaginal birth

Respectful care is a universal component of every driver and activity

1a. Mobilize a QI Team of administrators, nurses, physicians, nurse midwives to lead efforts to promote vaginal birth

Potentially Better Practices:

1. Use an interdisciplinary NTSV Cesarean review committee to monitor trends by RN/MD/CNM group, identify high and low rates.

    - Identify Team Charter/Plan with above team members including admin

Institute for Health Care Improvement (IHI) QI Project Charter

Appendix 1: PROMOTING VAGINAL BIRTH PROJECT CHARTER

PROJECT NAME	PROJECT OWNER	PROJECT SPONSOR
Promoting Vaginal Birth Project	Kristin Thorp	Dr. Christina Davidson

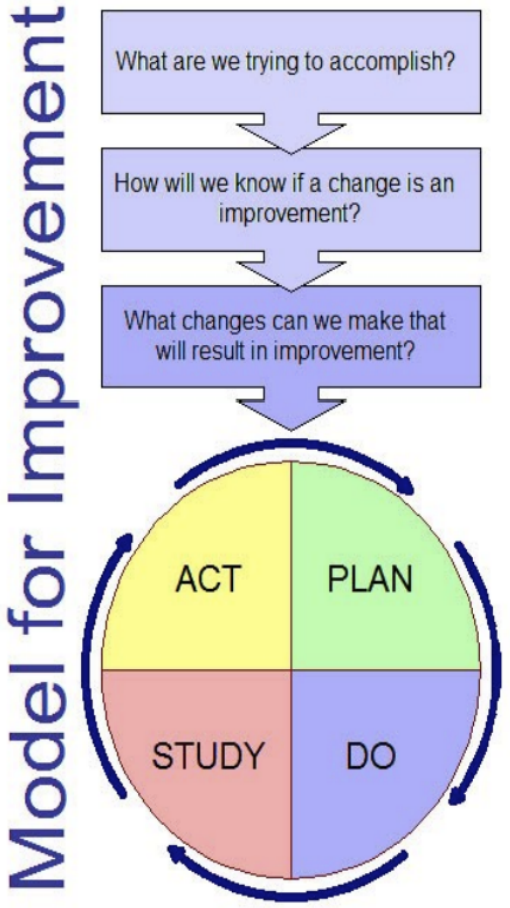
EMAIL	ORGANIZATIONAL UNIT(S)
kristinthorp@texaschildrens.org	PFW Labor & Delivery

PROJECT TEAM

Dr. Christina Davidson, Lauren Shubert, Addy Babalola, Dr. Audra Timmins, Stephanie Gonzales-Hughes, Sharon Burks, Khanh Nguyen, Erin Gonzales, Sheena Glover, Tara Barrick, Courtney Thompson, Dr. Celeste Green, Dr. Chandler McGee, Dr. Matt Carroll

PROJECT START DATE

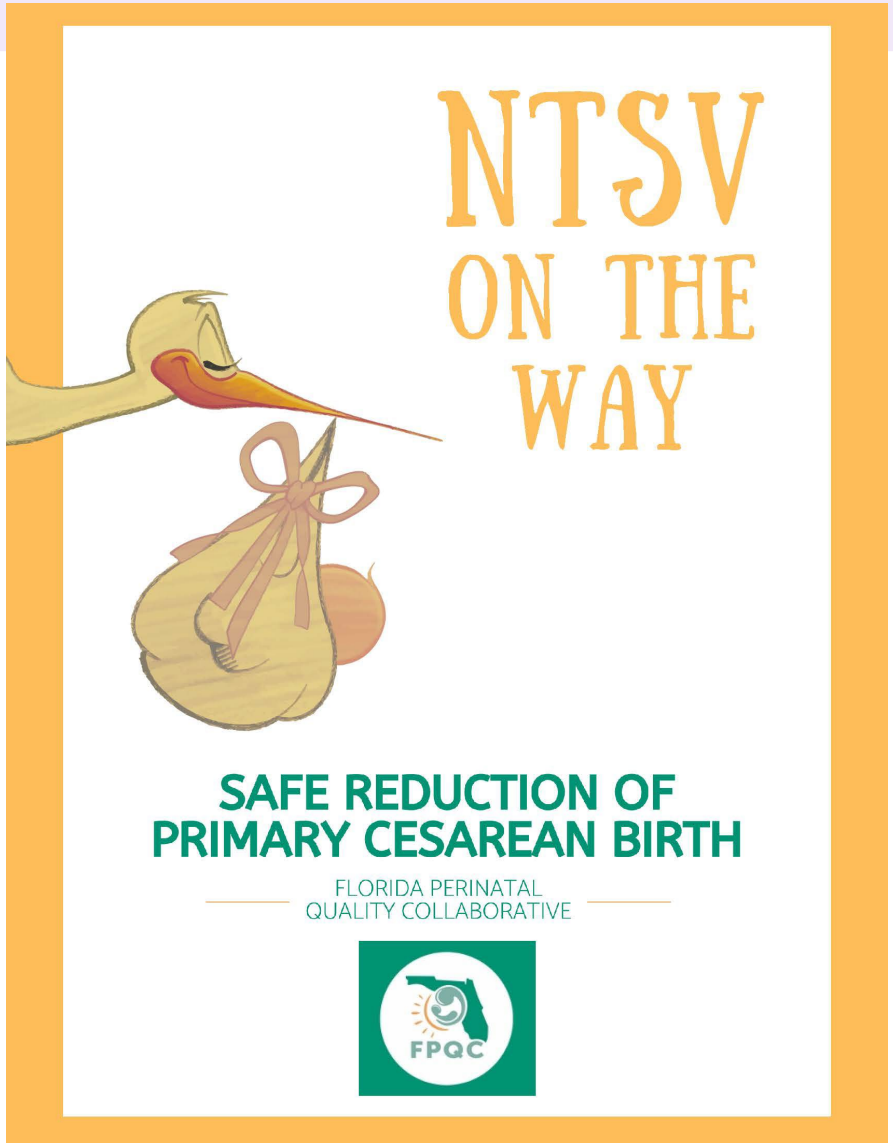
April 2023



1a. Mobilize a QI Team of administrators, nurses, physicians, nurse midwives to lead efforts to promote vaginal birth

Potentially Better Practices:

2. Identify and visibly designate laboring NTSV patients in the EHR or labor unit to promote awareness and support vaginal birth practices.
   - Magnet on the door examples in toolbox
   - EHR examples



1b. Promote patient and family engagement through accessible, evidence-based birth education with an emphasis on informed consent & shared decision-making

Potentially Better Practices:

1. Partner with patients and their support networks, including doulas when requested, to create flexible birth-preference worksheets that outline labor and birth options.
   - Examples are in Toolbox

2. Use clear, patient-facing tools to explain the risks and benefits of interventions that may affect cesarean birth, including patient perspectives.
   - Shared Decision-Making Simulation
   - Tools in Toolbox

1c. Provide interdisciplinary perinatal team education on strategies that maximize the likelihood of a safe vaginal birth

Potentially Better Practices:

1. Provide hands-on training for all OB RNs on nonpharmacologic labor support techniques and management of labor malposition
   - Labor Support Sim today!
   - Toolbox has lists of resources including FPQC Labor Support Training

2. Provide fetal monitoring training to all RNs, CNMs & physicians during onboarding for new hires and at least every two years for all clinical staff

3. Align policies and procedures to integrate doulas into OB care teams

Questions?

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