Driver 2: Labor Support

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Bridget Funk

SAFE REDUCTION OF PRIMARY CESAREAN BIRTH

FLORIDA PERINATAL QUALITY COLLABORATIVE

FPQC

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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

Implement standardized processes for induction and labor support

Respectful care is a universal component of every driver and activity

Secondary Drivers

- Implement policies, protocols, and support tools for women who present in latent (early) labor to safely encourage early labor at home or in hospital
- Implement standardized policies and protocols to support physiologic labor
- Implement policies and protocols for induction of labor

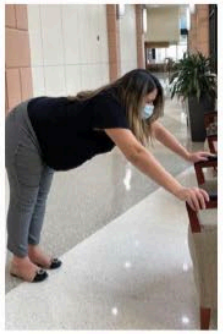
2a. Implement policies, protocols, and support tools for women who present in latent (early) labor to safely encourage early labor at home or in hospital

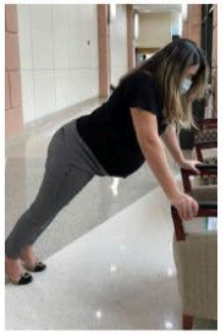
Potentially Better Practices:

1. Establish evidence-based admission criteria that incorporate cervical dilation clinical presentation, hospital capacity, and individual patient needs.

2. Provide training for triage staff and clinicians on accurate assessment of labor progress, including differentiation between latent and active labor.

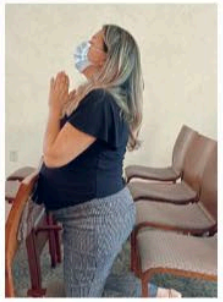
3. Provide clear guidance on early labor support, including coaching and techniques for patients and their support people when admission is not indicated.





Station 7 (cat/cow)

Once you've finished the lunges, go back inside and turn left down the hallway. When you reach the chairs on your right-hand side, perform a cat/cow stretch by leaning over one of the chairs and bracing your arms on the chair arms. After completing the cat/cow stretch, continue to the Emergency Department lobby; then turn around and walk back toward the main lobby.



Station 8 (say a prayer)

Stop in the chapel to sit and rest or kneel on the tuffet. The chapel is located across from the prayer garden on the left-hand side of the hallway. As you exit the Chapel there is a prayer request box if you would like to fill one out. There is also another restroom if you need it. Continue to the main lobby to the North Tower elevators. On the left side is a Starbucks that offers decaffeinated teas for purchase to soothe you. You can sit and rest on a bench before taking the elevator up to the OBED on the third floor. Changing positions frequently helps your baby get into position to deliver. The more you keep moving the better. Take the same elevator up to the third floor back to OBED.

You have now completed the Early Labor Walking Path!

South Miami Hospital
BAPTIST HEALTH SOUTH FLORIDA

BaptistHealth.net/Maternity

6200 SW 73 St., Miami, FL 33143
786-662-4378

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Early Labor
Walking Path



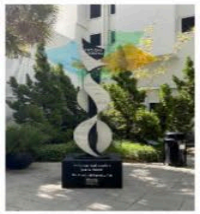
South Miami Hospital
BAPTIST HEALTH SOUTH FLORIDA

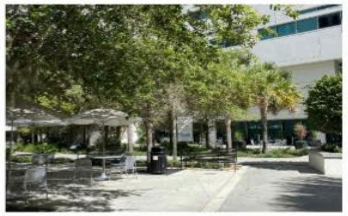
Obstetric Emergency Care Center: Early Labor Pathway

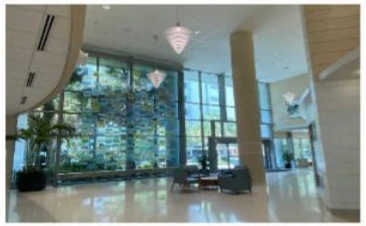
SARASOTA MEMORIAL HEALTH CARE SYSTEM

Our OB ECC Early labor pathway will allow you to become more familiar with some of the areas you will need to know when you are admitted to the hospital to have your baby. Depending on how you are feeling, complete all of the stops or just a few.

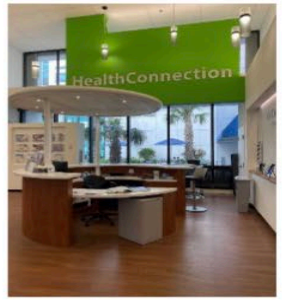
Stop #1: SMH Courtyard
You will begin your walk *straight across* the outdoor courtyard. Take a stroll through the gardens and observe the monuments recognizing some of our incredible donors.







Stop #2: Main Entrance & Lobby
Immediately *across* and *through* the courtyard is the hospital's main entrance. You'll see a glass display for the SMHCS Foundation, a seating area, and Pre-Admission Testing. Turn down the long hallway with the courtyard on your *left*. Take a *right* before you reach the "B" elevators. You will notice the "A" elevators in the distance. The Health Connection will be on your *right*, followed by the Gift Shop on your *left* and the valet pickup area down the hall also on your *left*.



Stop #3: Health Connection (Open M-F 7:30am-5pm, S&S 10am-5pm)
Stop by the Health Connection to recharge your tablet or smartphone at their charging station. Learn about Sarasota Memorial's active calendar of health and wellness classes and programs, support groups, lectures, and events. *Ask about their breast milk donation drop-off*



Stop #4: Gift Shop (Open M-F 9am-5pm)
Our gift shop offers a wide selection of unique gift items for our patients, visitors, and employees. Our wonderful volunteers and staff look forward to helping you select the perfect gift.

If your contractions become more intense, your water breaks or you start having vaginal bleeding, please return to the OB ECC for evaluation. Call (941) 917-3966 for assistance

2b. Implement standardized policies and protocols to support physiologic labor

Potentially Better Practices

1. Standardize labor pain management through patient-centered education, clinician training, and access to evidence-based nonpharmacologic and pharmacologic options.

2. Support mobility in labor for all patients, including those with elevated BMI, through appropriate equipment and staff training for safe implementation.

3. Implementing a policy/procedure/guideline to standardize intermittent auscultation for low-risk laboring patients.

Benefits of Intermittent Auscultation (IA)

Continuous Cardiotocography (CTG) as a Form of Electronic Fetal Monitoring (EFM) for Fetal Assessment During Labour (Alfirevic et al.)

- **Cochrane review of 12 randomized trials involving more than 37,000 participants**
- **Fewer cesarean births**
- **Comparable major newborn outcomes**
- **Important trade-off:** Neonatal Seizures

Supports physiologic labor: IA facilitates mobility, position changes, and more direct caregiver interaction. **ACOG, AWHONN and ACNM provide guidance on the use of IA** for appropriately selected low-risk patients, with trained staff, standardized protocols, and clear criteria for escalation to continuous monitoring.

Bottom line: Evidence supports IA as an alternative to routine continuous EFM for low-risk labor, potentially reducing cesarean births without differences in most measured newborn outcomes.

(Cochrane Database of Systematic Reviews, 2017)

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FPQC Labor Support Cart: Ideas for Hospital Consideration

Hospital grade cart on wheels with drawers labeled for each labor support item is ideal

1. Stress Balls (gift)
2. Labor combs (gift)
3. Lip balm (gift)
4. Hair ties (gift)
5. Single use Essential Oils (Lavender, Peppermint, Citrus Bliss) (gift)
6. Room signs stating: “Essential Oils are in Use”
7. White noise machines (battery powered)
8. Handheld fans

2c. Implement policies and protocols for induction of labor

Potentially Better Practices:

1. Develop standardized, evidence-based approaches to induction of labor processes, such as use of Bishop scores to assess cervical readiness, dual agents for cervical ripening if indicated and early amniotomy when feasible to ensure optimal opportunities for success.

2. Develop standard protocols for safe outpatient induction initiation, including strategies to support cervical ripening.

UF Health Shands Hospital · Labor & Delivery

Preparing for Your Induction of Labor

Outpatient Cervical Ripening with a Foley Balloon

What Is Cervical Ripening?

Cervical ripening helps your body get ready for labor by softening and gently opening the cervix. This can safely begin at home using a small balloon called a Foley catheter — allowing your body to prepare for labor before being admitted to the hospital.

During the Procedure

Your provider will gently place the Foley balloon through your cervix and fill it with sterile water. You may feel mild cramping during placement, but it usually eases quickly. You'll still be able to walk and use the bathroom as usual.

If your water breaks or heavy bleeding occurs (rare), you'll remain in hospital.

At Home After Placement

Once home, the balloon will continue to gently open your cervix. You may notice mild cramping or light bloody spotting — both are normal. The balloon may fall out on its own, which means your cervix has opened a few centimeters. Discard it and wait for your scheduled induction call.

Caring for Yourself at Home

- Rest as much as you can
- Warm bath or heating pad for cramps
- Shower and bathe normally
- Drink plenty of water & eat light meals
- Gentle walking or stretching is safe
- Avoid sex or anything in the vagina

When to Call Labor & Delivery Right Away

- Heavy vaginal bleeding
- Watery fluid leaking from vagina (water may be broken)
- Strong contractions every 4–5 min lasting over 1 hour
- Severe pain of any kind
- Fever of 100.4°F or higher, or chills
- Baby not moving as usual

UF Health Labor & Delivery — Available 24/7

When you call, let the nurse know you are doing outpatient cervical ripening

352-265-0034

Your Next Step: Return to the hospital if you experience any symptoms above, when the balloon has been in for 24 hours, or when th charge nurse calls you for your scheduled induction. We are here for you every step of the way!

Labor Induction Scheduling Form

Please fax the completed scheduling form and prenatal records to 954.978.4003. Please attach records with MFM recommendation for delivery if applicable.

Patient (Last, First):_____ Date of birth:_____ Patient phone#:_____

Gravida:_____ Para:_____ Patient LMP:_____ EDC:_____

Insurance Co.:_____ Policy Number:_____

EGA @ desired date of induction:_____

Physician/CNM:_____ Procedure date requested:_____ EFW:_____

Hepatitis: ☐ Neg ☐ Pos **HIV:** ☐ Neg ☐ Pos **GBS:** ☐ Neg ☐ Pos ☐ Pending ☐ RPR

	Score			
	0	1	2	3
Position	Posterior	Middle	Anterior	-----
Consistency	Firm	Medium	Soft	-----
Effacement	0-30%	40-50%	60-70%	80%+
Dilation	Closed	1-2 cm	3-4 cm	5+cm
Station	-3	-2	-1/0	+1/+2

Bishop Score

☐ Pertinent lab results available (GBS, HCT, etc.)

☐ Special Concerns (allergies, medical problems, etc.)

Indication for induction: Elective ____ Medical ____ Indication: **Please Check Appropriate Box Below**

34.0 to 35.6 Weeks	**36.0 to 37.6 Weeks**
☐ Gestational hypertension w/severe-range blood pressures; ☐ Preeclampsia w/ severe features - stable; ☐ Preeclampsia w/ severe features – unstable; ☐ Monochorionic-diamniotic twins; ☐ IUGR w/abnormal umbilical artery dopplers: absent end diastolic flow; ☐ IUGR w/ concurrent conditions; ☐ Preterm PROM;	☐ Oligohydramnios; ☐ Chronic HTN – uncomplicated, controlled on medications (**37.0+ weeks**); ☐ Chronic HTN – difficult to control; ☐ Gestational HTN w/o severe-range blood pressures (**37.0+ weeks**); ☐ Preeclampsia w/o severe features **(37.0+ weeks)** ☐ Pregestational diabetes w/vascular complications, poor control or prior stillbirth; ☐ Intrahepatic cholestasis w/bile acids <100 micromol/L **(36.0 – 39.0 weeks)** ☐ Intrahepatic cholestasis w/bile acids >100 micromol/L; ☐ Alloimmunization **(37.0+ weeks)**; ☐ IUGR - <3rd percentile – no concurrent findings (**37.0+ weeks**) ☐ IUGR Abnormal umbilical artery dopplers: decreased end diastolic flow w/o absent flow (**37.0+ weeks**) ☐ di-chorionic/di-amniotic twins with FGR
38.0+ Weeks	**39.0+ Weeks**
☐ IUGR – between 3rd & 10 percentile – no concurrent findings; ☐ Di-chorionic/di-amniotic twins; ☐ Chronic HTN: controlled, uncomplicated – no medications.	☐ Pregestational diabetes – well controlled; ☐ Gestational diabetes – well controlled w/ diet & exercise; ☐ Gestational diabetes – well controlled on medications; ☐ Polyhydramnios (mild, idiopathic) ☐ Advanced maternal age 40+ years old ☐ HIV viral load <1,000 copies/ml with antiviral therapy

☐ Other:_____

MD Signature:_____ Date:_____ Time:_____

PROOF

ACOG
The American College of Obstetricians and Gynecologists

CLINICAL PRACTICE GUIDELINE

NUMBER 9

JULY 2025

(REPLACES PRACTICE BULLETIN NUMBER 107, AUGUST 2009)

Cervical Ripening in Pregnancy

Committee on Clinical Practice Guidelines–Obstetrics. This Clinical Practice Guideline was developed by the ACOG Committee on Clinical Practice Guidelines–Obstetrics in collaboration with Anjali J. Kaimal, MD, MAS, Uma M. Reddy, MD, MPH, and Veronica Gillispie-Bell, MD, MAS.

Early amniotomy after cervical ripening for induction of labor: a systematic review and meta-analysis of randomized controlled trials

Check for updates

Valentino De Vivo, MD; Luigi Carbone, MD; Gabriele Saccone, MD; Giulia Magoga, MD; Generoso De Vivo, RN; Mariavittoria Locci, MD; Fulvio Zullo, MD; Vincenzo Berghella, MD

OBJECTIVE DATA: Timing of artificial rupture of membranes (ie, amniotomy) in induction of labor is controversial, because it has been associated not only with shorter labors, but also with fetal nonreassuring testing, at times necessitating cesarean delivery. The aim of this systematic review and metaanalysis of randomized trials was to evaluate the effectiveness of early amniotomy vs late amniotomy or spontaneous rupture of membranes after cervical ripening.

as Foley catheter, or pharmacologic methods, such as prostaglandins.[1,3]

Amniotomy, or artificial rupture of membranes, can be performed during induction of labor, because it has been associated with the release of chemicals and hormones that stimulate

Questions?

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