

Safe Reduction of Primary Cesarean Rates

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Purpose

Norton Healthcare’s birthing facilities: Norton Women’s and Children’s Hospital and Norton Hospital overall primary cesarean rate (for Nulliparous Term Singleton Vertex- PC02) in 2018 was 28.1% which was well above the national target rate of 25%.

Background

The rise of primary cesarean rates at Norton Healthcare has mirrored the cesarean rates nationwide. Variation in practices for both providers and hospital staff contributed mainly to this increase. This trend is worrisome due to the known morbidities associated with cesarean delivery and its potential impact on a mother’s future pregnancies.

By engaging delivering providers, nursing staff, and healthcare administrators, a plan was created to facilitate change. First, all Norton Medical Group (NMG) providers and Nursing staff completed Gnosis training on Fetal Heart rate interpretation during labor followed by training on Promoting Vaginal Delivery.

A multidisciplinary team was created to examine the cesarean delivery rate, identify trends in indications for cesarean delivery at our facility, and an audit tool was created. This team also created a letter to be used during prenatal counseling regarding elective induction of labor.

Norton Healthcare implemented a Reaching for Zero program focusing on safety strategies, such as 200% accountability and team communication. This facilitated a culture of safety and goal to eliminate preventable harm.

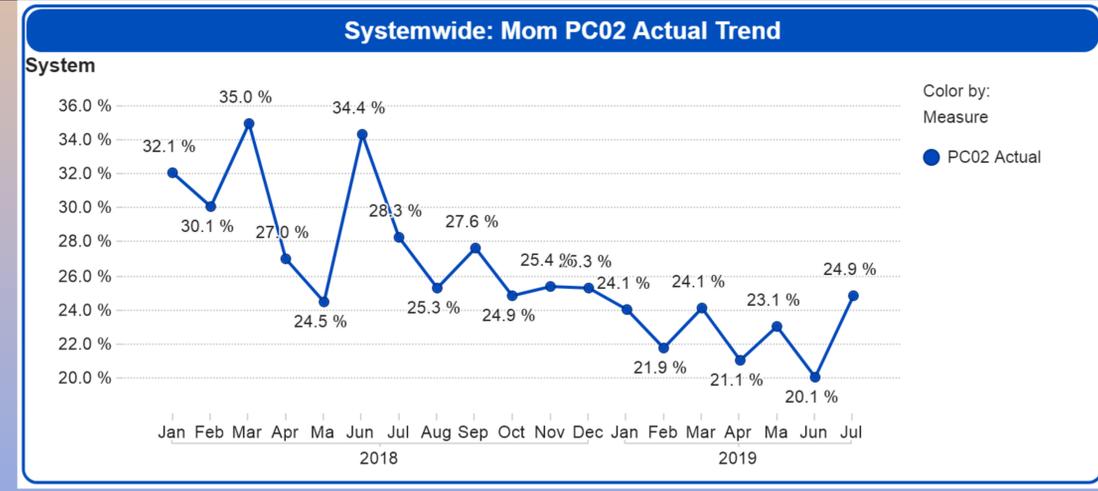
Acknowledgements

Thanks to the System Cesarean Reduction Team who led the improvement effort for safer births and better outcomes.

Action Items

- 1) Established a multi-disciplinary system team to help develop and coordinate improvement efforts to safely reduce primary cesarean rates.
- 2) Provide feedback to providers on individual primary cesarean rates as well as un-blinded physician group rates. Developed a Mother and Baby analytic dashboard with this data accessible and transparent to all.
- 3) Required GNOSIS training “Fetal Assessment and Monitoring” in 2017 and “Promoting Vaginal Birth” by June 2019
- 4) Required labor support techniques training for all labor and delivery nurses 2017-2018.
- 5) Developed an audit tool to conduct reviews of primary cesarean care to assist in the identification of opportunities for improvement.
- 6) Established an OB Rapid Response Team.
- 7) Developed Cervical Exam tab in the EHR to be used by providers and nurses to quickly document exam and calculate Bishop score prior to induction of labor
- 8) Educational letter developed for patients undergoing elective induction of labor that was distributed during prenatal visits

Results



Discussion

Following education on Fetal Heart Rate interpretation for Nursing staff and Delivering providers in 2016-2017 the expected decrease in Cesarean Rates did not occur. A multidisciplinary committee for Primary Cesarean Delivery Reduction was created in 2018. The Toolkit from CMQCC was used as a resource for implementing several of the action items listed above.

NHC experienced a reduction of primary cesarean rates from 28.1% in 2018, to 22.8% in 2019. This is a statistically significant reduction of 5.3% and below the national target rate of 25%.

We attribute this reduction of our primary cesarean delivery rate to a continued commitment to provider and nursing education, continued awareness of our indications for cesarean delivery and continued engagement of the patient and healthcare providers in shared decision making regarding induction of labor and cesarean delivery.

References

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