

Perinatal Quality Collaborative of North Carolina



North Carolina AIM Safe Reduction of Primary Cesarean Birth Charter

Problem Statement:

Cesarean section (CS) is the most common surgery performed in the United States with one in every three infants delivered via CS. While certain clinical conditions merit delivery via CS, nulliparous women at low risk for surgical delivery experience a higher rate of adverse maternal and neonatal outcomes after CS. Additionally, recovery from CS creates a challenge to establishing successful breastfeeding. The rate of CS performed in hospitals across North Carolina is significantly variable and merits closer examination of delivery practices.

Mission:

The Council on Patient Safety in Women's Health Care and the Alliance for Innovation on Maternal Health (AIM) have developed a safety bundle for safe reduction of primary cesarean section birth that outlines critical clinical practices that should be implemented in every obstetrical unit. PQCNC AIM-RPC perinatal quality improvement teams will implement this bundle, potentially develop better practices and employ QI methodologies to:

- Provide the education and support necessary to develop standards of care for reducing primary cesarean section births in NC obstetric units
- Partner with patients and families to optimize intended primary vaginal birth
- Identify and address disparities in care related to clinical practice

Aim:

- The project aims to engage all obstetrical units in North Carolina to improve management of primary labor so that fewer mothers deliver via CS. By January 2020, perinatal quality improvement teams in NC obstetrical units will utilize the AIM RPC bundle and other defined best practices to improve management of primary labor.

Scope:

Working with perinatal quality improvement teams in participating centers, the initiative will focus on reducing primary cesarean section for all women who birth at each center. Recognizing that racial and ethnic disparities exist in maternal and perinatal outcomes and health care quality and mindful of the principle that health care quality cannot fully be realized without health care equity an additional area of focus will be to to eliminate race based disparities given PQCNC's commitment to the

principle that every child-bearing woman is entitled to safe, respectful equitable care based on principles of cultural humility and empowerment.



Method:

Invite teams from obstetrical units to participate in the collaborative organized by PQCNC including learning sessions, web conferencing and coaching, to support perinatal quality improvement teams use of quality improvement strategies to implement elements of the action plan.

Measurement Strategy:

Outcomes/Goal Statement:

To implement the national AIM RPC bundle as a framework for the standard of care at all obstetrical units in NC that:

- Defines the needed infrastructure to reduce primary cesarean section delivery at each obstetrical unit
- Demonstrates 100% compliance with the all AIM RPC structure metrics
- Ensure that all women having an NTSV Cesarean Section have met the ACOG/SMFM Cesarean Criteria
- Have a statewide average NTSV Cesarean rate at or below 20.0% and a hospital NTSV Cesarean rate at or below the Healthy People 2020 goal of 23.9%
- Demonstrate no change in newborn outcome by route of delivery measured by 5-minute Apgar score < 7 and admission to the NICU stratified by reason for admission
- Measure disparities with the goal of reducing the gap by 50%