Supporting Intended Vaginal Birth: SIVB, the "Support for Birth" initiative of the Perinatal Quality Collaborative of North Carolina

Housekeeping for today's webinar

- Please do not put this call on hold!
- Please "mute" your phone unless you are asking a question (*6 if you don't have a mute button). However, feel free to interrupt with questions.
- Use the chat window in the bottom left corner of your screen to ask a question at any time.

Audience participation: Please enter your name, the name of your hospital, and any other team members listening in with you in the chat window now.

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Support for Birth Project Team

Contact us early and often!

- SIVB Clinical Director: Nancy Chescheir, MD
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- SIVB Project Coordinator: Kate Berrien, RN, BSN, MS
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- PQCNC Project Manager: Keith M. Cochran
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- PQCNC Director: Marty McCaffrey, MD
- PQCNC Quality Improvement Advisor: Karen Metzguer

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Support for Birth Project Overview

What are we trying to accomplish?

Increase the rate of vaginal delivery among first-time mothers at term with singleton, vertex babies by 25% by January 31, 2012.

Why?

The c-section rate is too high! In North Carolina, as in the U.S., the c-section rate continues to increase. Preliminary data suggest the c-section rate in 2009 was 31.7% of all deliveries, the highest it's ever been.

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Support for Birth Timeline

- October 1, 2010: “Prework” data collection begins
- November 30, 2010: “Prework” data collection ends
- December 15, 2010: Deadline for submission of all “prework” data to PQCNC using online data entry
- January 2011: Action learning lab (one day session); dates/times TBA by end of September
- February 1, 2011: Real-time data collection begins
  - Use same data collection form as for prework

Support for Birth structure

- Weekly email newsletter will go out to each team's key contact.
- Monthly conference calls/webinars to begin in February 2011.
- We will meet in person 2-3 times over the course of the initiative.
- Final version of data collection form and definitions document ("data dictionary") will go out in next week's email newsletter.

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Support for Birth:
Target Population for Data Collection

Data collection includes the “NTSV” population:

- Nulliparous (no deliveries >20 weeks) woman
- Term (>37 weeks) pregnancy
- Singleton gestation
- Vertex presentation

Exclusions:

- Fetal demise prior to admission

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Support for Birth Data Collection Form

- Facility ID
  - 3-digit number assigned by PQCNC
  - If you already have a Facility ID, add a “0” to the beginning
  - Be VERY careful when entering data to enter the correct Facility ID, or else there is no way to track that record back to your hospital
- Chart Number
  - Assigned by your hospital
  - Can repeat from one month to the next
  - Do NOT use actual medical record number (HIPAA violation)

Screening out questions on Data Collection Form

- Is this patient nulliparous? Yes/No
- Is this a singleton gestation? Yes/No
- Is this a vertex presentation? Yes/No
- Is the gestational age at admission at least 37 0/7 weeks? Yes/No
- Is the fetus alive at admission? Yes/No

If the answer to any of the above is "No", stop here and do not enter any data.

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Data Collection Form: Mode of Delivery

This is the primary outcome we're measuring for this initiative!

Mode of delivery:

- Spontaneous vaginal birth
- Operative vaginal birth
- Cesarean section 1st stage
- Cesarean section 2nd stage
- Scheduled cesarean section (no additional data collection needed for these cases)

More screening out questions: complications

Are any of the following conditions present?

- Placenta previa
- Vasoprevia
- Previous myomectomy with endometrial involvement
- Prolapsed cord
- Active herpes infection
- HIV infection with viral load >1000 copies
- In diabetic patient, EFW >4500g
- In nondiabetic patient, EFW >5000g

If any of the conditions listed above is present, stop here and enter this data and "mode of delivery" only.

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Data collection form: Admission questions

Labor: regular contractions leading to dilation and effacement

- Is the patient in labor?
- Was the patient admitted for scheduled induction?

- Check if any of the following conditions are documented in the chart (check all that apply):
  - Diabetes (any type)
  - Hypertensive disease
  - IUGR
  - Macrosomia (EFW >4000g)
  - Maternal age ≥ 35
  - Obesity

Obesity: BMI ≥30 or pre-pregnancy maternal weight ≥200 pounds
IUGR: EFW<10th percentile AND oligohydramnios or abnormal BPP/NST/Dopplers
Hypertensive: CHTN, PIH, preeclampsia, eclampsia, HELLP syndrome

Data collection form: Admission questions

- Cervical exam at admission:

  Dilation:_____ Effacement:_____% Station:_____
  Position:_____ Consistency:_____

Dilation is the only required field for cervical exam; if you enter all 5, the Bishop Score is automatically calculated.

- Were the membranes spontaneously ruptured prior to admission? □ Yes □ No
  - If yes, did this occur prior to the onset of labor (PROM)?
    □ Yes □ No
  - If yes, and labor induced with oxytocin, time interval in hours from PROM to oxytocin initiation:_____
  - If yes, and labor not induced with oxytocin, time interval in hours from PROM to active labor:_____

Data collection form: Admission questions

- Gestational Age:□ 37 $^{0/7}$-38 $^{6/7}$ □ 39$^{0/7}$-40 $^{6/7}$ □ ≥41 $^{0/7}$
- Estimated Fetal Weight: _____g

Data collection form: Cervical ripening

- Was cervical ripening used? □ Yes □ No
- If yes, check all that apply:
  - Laminaria
  - Foley bulb
  - Misoprostol
  - Cervidil
  - Prepidil
  - Extra amniotic infusion
  - Nipple stimulation
  - Herbal/homeopathic remedies
  - Acupuncture
  - Low-dose oxytocin
    - How far dilated was the cervix when oxytocin was started? _____cm
  - Other:_____

Data Collection Form: Augmentation/Induction

- Were any methods used to induce/augment the patient's labor?
- If yes, check all that apply:
  - Oxytocin
    - How far dilated was the cervix when oxytocin was started? _____cm
  - Artificial rupture of membranes
    - Cervical dilation at time of AROM:_____
  - Nipple stimulation
  - Enema
  - Misoprostol
  - Acupuncture
  - Ambulation
  - Herbal/homeopathic remedies
  - Other:_____

Augmentation: Administration of techniques to enhance contractions in the face of documented inadequate contractions once a patient is in active labor.

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Data Collection Form: Oxytocin

If oxytocin was used prior to delivery of the neonate:

- Was the oxytocin ever discontinued to allow the patient to rest? Yes/No
- Was the oxytocin discontinued or decreased due to tachysystole? Yes/No
- Was the oxytocin discontinued or decreased due to a category II or III strip? Yes/No
- Was the oxytocin restarted (if discontinued) after the situation had resolved? Yes/No

Tachysystole: >5 contractions in 10 minutes, averaged over a 30-minute window

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Data Collection Form: Labor support

- Labor support methods (check all that apply):
  - Acupuncture
  - Doula
  - Epidural anesthesia
  - Homeopathic/herbal remedies
  - Hypnosis
  - Immersion tub
  - Massage
  - Parenteral pain medication
  - Positioning
  - Shower
  - Sterile water injection
  - Supportive family/friend presence
  - TENS unit
  - Therapeutic rest
  - Other:_____
  - None documented

Data Collection Form: Mode of Delivery

If cesarean birth, indication(s) for c-section (check all that apply):

- Nonreassuring fetal status
- Failure to progress
  - Was an IUPC used? Yes/No
  - Did MVUs reach 200 for ≥2 hours? Yes/No
- Chorioamnionitis
- Failure to descend (2nd stage C/S)
- Presumed cephalopelvic disproportion
- Malpresentation
- Failed operative vaginal delivery
- Maternal exhaustion
- Hemorrhage
- Other:_____

Indications for c-section asks for the primary indication, or the reason the c-section was performed when it was, and then for any other indications.

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Data Collection Form: Neonatal Complications

- Neonatal complications (check all that apply):
  - Stillbirth
  - Apgar at 5 minutes ≤6
  - Admission for nonstandard newborn care
  - Meconium aspiration syndrome (first 24 hrs)
  - Cord pH ≤7.0
  - Seizure activity in first 24 hours
  - Birth trauma (check all that apply):
    - Brachial plexus injury
    - Cephalohematoma
    - Subgaleal hematoma
    - Clavicular fracture
    - Humerus fracture
    - Laceration of neonate
    - Other:_____

These are “balancing measures” to ensure that changes we make during this project to increase the vaginal delivery rate do not have unintended consequences such as an increase in birth trauma.

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Data Collection Form: Maternal Complications

- Maternal complications:
  - Chorioamnionitis
  - 3rd/4th degree laceration
  - Postpartum hemorrhage
  - Shoulder dystocia
  - Transfusion
  - Endometritis
  - Uterine rupture

These are “balancing measures” to ensure that changes we make during this project to increase the vaginal delivery rate do not have unintended consequences such as an increase in maternal complications.

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Data Collection Form: Final items

- Day of week when patient was admitted:
  - □ Mon □ Tues □Wed □ Thurs □ Fri
    □ Sat □ Sun
- Length of time in hours from admission to delivery:_____
- Birth weight: _____g
- Time of birth: _____
- Comments/notes

Data Collection Strategies

- Print out form on colored paper
- Train all L&D nurses to collect some or all data in real time
- Solicit help from front desk staff
- Assign one member of the team to be in charge of data collection for each day of the week
- Divide the form into sections for different staff
- Some data will be easier to find in the chart than others
- Some fields are not required because they might be hard to find consistently, but we hope you will try to capture that data as often as possible

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Data entry using www.pqcnc.org

The data entry program will be available via our website:

- Go to www.pqcnc.org
- Choose “Support for Birth” under Initiatives.
- Choose “Support for Birth” data.
- This will take you to the data website for this initiative.
- You will need to log in to access the data functions on this site.

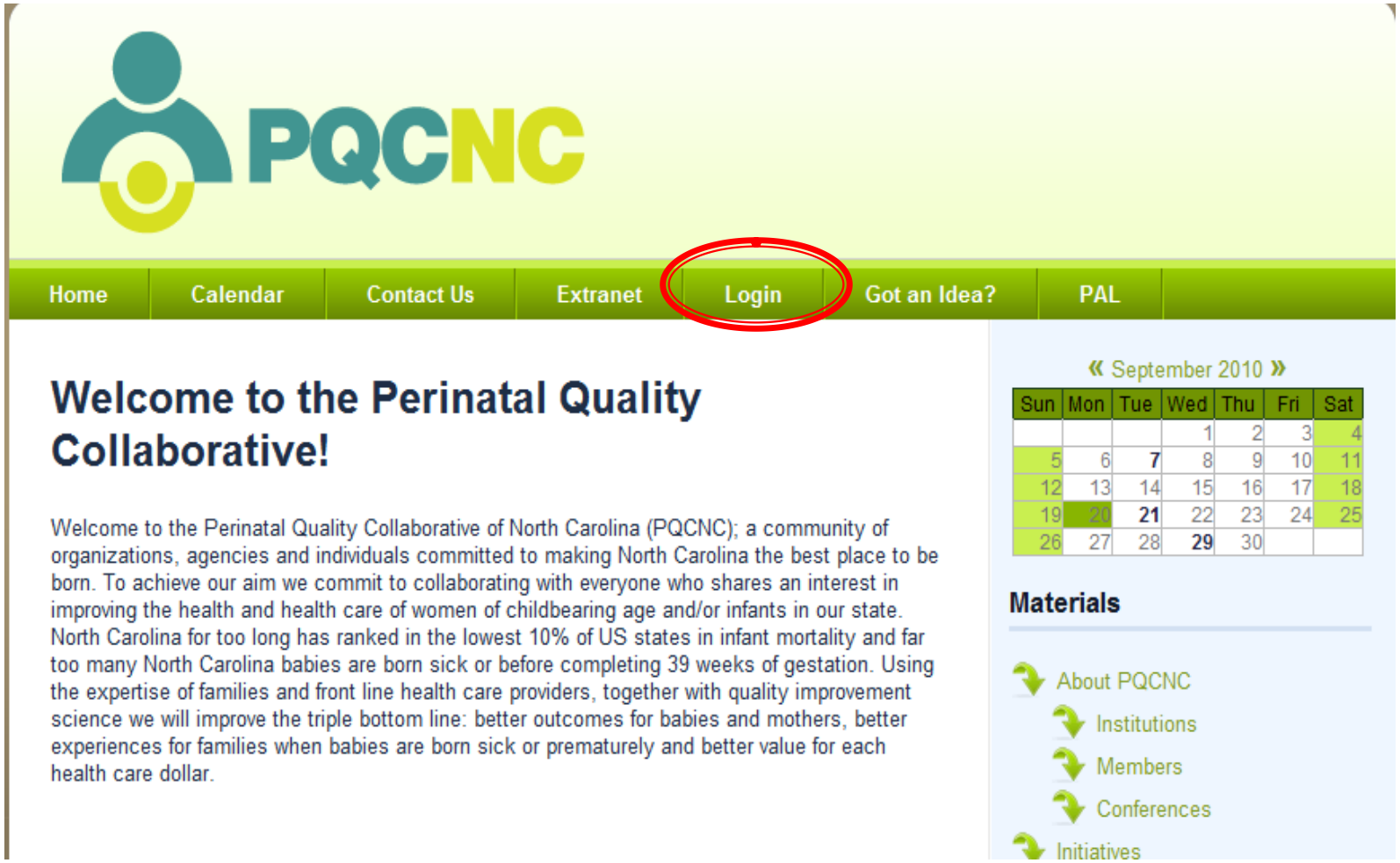
The data website is not available yet; do not worry if you don’t see it! When the data entry program is available online, we will announce it in the email newsletter.

Creating a www.pqcnc.org account

In order to have access to the data entry program, you must do two things:

1. Create an account on www.pqcnc.org using the green "login" button at the top of the page.
2. Let us know that you will be a data enterer so we know to give your account access to the data site.

Each team will have a "data administrator" who can view the data entered from your hospital (based on the Facility ID).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Welcome to the Perinatal Quality Collaborative!
Welcome to the Perinatal Quality Collaborative of North Carolina (PQCNC); a community of organizations, agencies and individuals committed to making North Carolina the best place to be born. To achieve our aim we commit to collaborating with everyone who shares an interest in improving the health and health care of women of childbearing age and/or infants in our state. North Carolina for too long has ranked in the lowest 10% of US states in infant mortality and far too many North Carolina babies are born sick or before completing 39 weeks of gestation. Using the expertise of families and front line health care providers, together with quality improvement science we will improve the triple bottom line: better outcomes for babies and mothers, better experiences for families when babies are born sick or prematurely and better value for each health care dollar.
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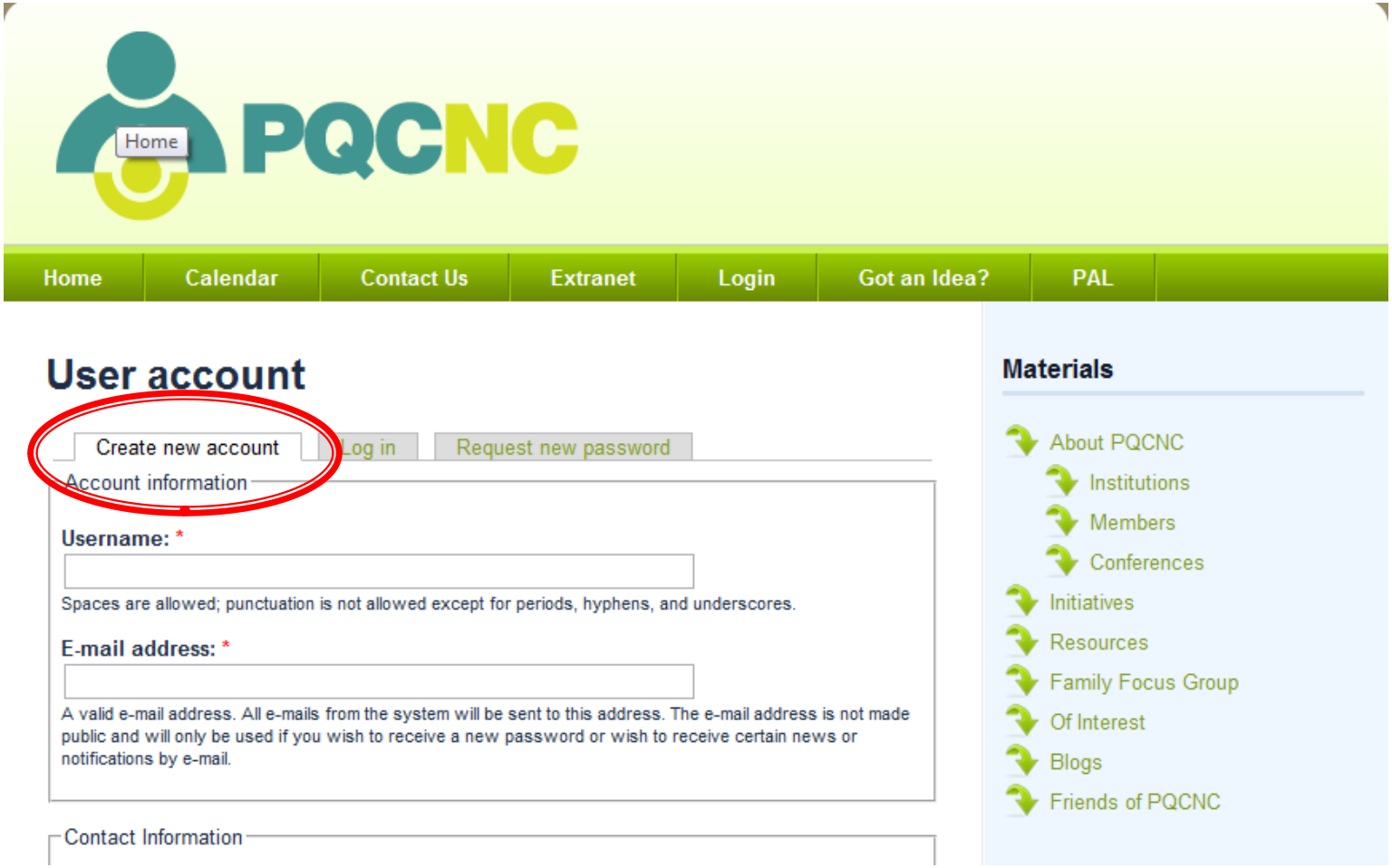
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Spaces are allowed; punctuation is not allowed except for periods, hyphens, and underscores.
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A valid e-mail address. All e-mails from the system will be sent to this address. The e-mail address is not made public and will only be used if you wish to receive a new password or wish to receive certain news or notifications by e-mail.
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Contact us!

- You can reach us on www.pqcnc.org – use the “Contact Us” button.
- Please get in touch any time there is a question about data collection or data entry procedures. It is much better to call us as often as you need to rather than to guess and have to fix it later!

Questions?

Thank you for your participation today.
We look forward to working with all of you over the coming year!