

Support for Birth Initiative: Team Goals and Objectives

Carolinas Medical Center - NorthEast

Goal: By June 30, 2011 we will increase the vaginal birth rate among NTSV patients from 73% to 80%

Objectives:

1. By May 1, 2011 we will increase our vaginal birth rate for inducted NTSV patients from 63% to 70%
2. By May 1, 2011, we will decrease the number of NTSV patients admitted for induction of labor with unfavorable cervix (Bishop Score less than 7 or cervical dilation less than 3cm) by 20%.

Cape Fear Valley Medical Center

Goal: Increase NTSV vaginal birth rate for our hospital from 81% to 85% by May 2011

Objectives by May 2011:

1. Increase IUPC rate in patients with failure to progress from 63% to 90% (for patients >4cm)
2. Increase use of cervical ripening for patients with unfavorable cervix to 100%
3. Reduce c-section for non-reassuring fetal heart rate from 50% to </=40%
4. Documentation of Bishop Score for inductions (>/=90%) - nursing or physician notes

Catawba Valley Medical Center

Goal: Reduce Reduce rate of elective induction of labor by 50%; reduce rate of c-section in induction patients by 30%

Objectives:

1. Work with childbirth educators to address elective inductions, "being done", and normal discomforts
2. Scripting for RNs for drop-in patients re: normal gestation and normal discomforts
3. Develop handout on normal discomforts
4. Increase staffing at bedside, educate RNs to actively manage Cytotec, explore Cervidil, RNs actively engage in labors with exams if unable to increase Pitocin or 2 hours upright positioning and position changes frequently

Central Carolina

Goal: Reduce elective inductions under 40 weeks

Objectives:

1. Educate providers and patients
 2. Reduce c-section rate for NTSV
 3. Compliance with use of Bishop Score on admission
 4. Use of induction screening tool by providers
 5. Update/create induction policy
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Columbus Regional Healthcare System

Goal: To increase NTSV vaginal deliveries by 25%

Objectives:

1. Patient education
2. Decrease the induction of the unripe cervix
3. Increase the use of cervical ripening agents through physician education
4. Provide 1:1 ratios for nursing to patient during induction and active labor patients

Forsyth Medical Center

Goal: 80% of patients scheduled for induction with a Bishop score ≤ 6 and/or 0-1cm cervical exam will have cervical ripening agents administered.

Objectives:

1. Improve utilization of Bishop Score in determining method of induction
2. Implement a revised policy inclusive of Bishop Score and cervical ripening as a required element
3. Facilitate the use of cervical ripening agents when Bishop Score ≤ 6 and for cervical exam < 3 cm

Granville Health Systems

Goal: Bishop Score to be used with 50% of inductions with minimum score of 6 and preferable 8 by June 2011

Objectives:

1. Perform Bishop Score on admission
2. Create guidelines for induction using Bishop Score

Mission Hospital

Goal: By September 2011 we will increase the vaginal birth rate among NTSV patients from 79.2% to 85%

Objectives:

1. By September 2011 we will decrease the rate of cesarean section for failure to progress by 10%
2. OB providers will be educated about the PQCNC guidelines for failure to progress and failure to descend
3. Education will be provided to the Mission Hospital OB providers and nursing staff regarding the use of Foley bulb for cervical ripening
4. Transparency of our data that has been collected: these stakeholders will share the PQCNC data with OB providers and staff every other month throughout the data collection period

Nash General Hospital

Goal: By January 2012, we will increase the vaginal birth rate among NTSV patients to 82%

Objectives:

1. By June 30, 2011, we will decrease the rate of cesarean section for failure to progress to 20%
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2. By September 2011, we will decrease the rate of induction in patients <3cm dilated by 25%
 3. By December 2011, we will increase the use of cervical ripening agents in patients >40 weeks for induction of labor with unfavorable cervix
 4. Develop an induction policy

New Hanover Regional Medical Center

Goal: Decrease by 25% the number of NTSV patients delivering by cesarean section by June 30 2011

Objectives:

1. Decrease "elective inductions" prior to 41 weeks
2. Implement new induction policy
3. Implement documentation tool for scheduling inductions (educate all physicians in use of form)

Onslow Memorial Hospital

Goal: Decrease primipara c-section rate to $\leq 20\%$ by June 30, 2011

Objectives:

1. Foley bulb Cytotec/Cervidil protocol
2. Improve IUPC utilization
3. Treatment plan or protocol for prodromal labor
4. Develop strict protocol for induction utilizing ACOG recommendations

Pitt County Memorial Hospital

Goal: Improvement of vaginal delivery rates for first-time mothers

Objectives:

1. Implement Bishop Score with all of our OB practices to decrease failed inductions
2. Evaluate our practices related to cervical ripening
3. Evaluate labor support for patients (massage, walking, getting out of the bed)
4. Evaluate how often operative vaginal delivery is used before c-section is performed

Presbyterian Hospital Matthews

Goal: By January 2012, we will increase the vaginal birth rate among NTSV patients to $\geq 85\%$. Currently, as of January 2011, the vaginal birth rate among NTSV patients is 82%.

Objectives:

1. Need to define Post Dates
 2. Reasons for induction of labor
 3. Physician "buy in" to an Agreement for Elective Procedures from all groups which also includes patient education
 4. Define "failed induction"
 5. Investigate reasons that could slow inductions
 6. Nursing - to keep laboring patient out of bed and moving as long as possible
 7. Physicians being open to second day inductions
 8. Utilizing Bishop Score for determining if patient is favorable for elective induction
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Rex Hospital

Goal: To reduce the rate of c-section in the 1st stage of labor related to failure to progress

Objectives:

1. Failure to progress in active phase = 100% use of IUPC; 100% documentation of adequate MVUs (>200) for at least 2 hours; if possible, same examiner for two SVEs at least 2 hours apart
2. Peer review of physicians with all failure to progress c-sections
3. Educate RNs on correct documentation of MVU; change adequate MVU definition to 200 (rather than 180)
4. Look at the reason for and appropriateness of c-section in the latest phase

UNC

Goal: Increase vaginal birth rate by 10%

Objectives:

1. 80% of patients will have Bishop Score at admission by February 2011 (BMI, EFW)
2. Develop induction of labor policy: elective IOL ≥ 41 weeks if Bishop Score < 8
3. Develop algorithm for induction of labor, including elective IOL

Women's Hospital of Greensboro

Goal: Reduce our NTSV c-section rate by 20%

Objectives:

1. Track RN c-section rates. Provide feedback and education if any correlation is found.
2. No scheduled elective inductions in nullips (39-40 weeks) unless cervix is 2cm/80%
3. Research not using Pitocin until Bishop Score > 6