
Developing an action plan for the Supporting Intended Vaginal Birth initiative

S4B Initiative: “Buckets” of work for improving approaches to induction of labor



Induction of labor procedures:

- Cervical ripening orders, methods
- Pitocin protocols
- Labor support
- Use of analgesia, anesthesia in labor
- Nurse-patient ratio
- Use of AROM
- Serial induction

Induction of labor policies:

- Elective inductions before 39 weeks, before 41 weeks
- Elective inductions with unripe cervix
- Documentation required to post an induction
- Documentation required at admission for an induction
- Standing orders for induction
- Definition of labor, active labor, latent labor, prodromal labor
- Definition of failure to progress, failed induction
- Informed consent

Culture of the Labor & Delivery unit

- Is there a will to improve approaches to induction on your unit?
- To what extent are doctors, midwives, and nurses committed to improvement?
- What are the communication challenges on your unit?
- How are patients educated about expectations and processes?
- How are individual patient needs, desires, fears and concerns addressed?

Action Plan Guide

The PQCNC team is available to work with your team as we focus on improving practice around induction of labor due to its association with higher rates of cesarean section. The Collaborative can function to help each hospital work on developing a plan and implementing actions that will allow you to reach your goals for this initiative. Use this guide and the attached worksheet to draft an action plan. At the end of this session, submit your Goals & Objectives on the attached page. Submit a copy of your action plan to PQCNC by February 10.

1. Set a BHAG: Big, hairy, audacious goal

Long-term, sustainable goal for your hospital related to promoting vaginal birth in the NTSV (nulliparous, term, singleton, vertex) population.

Examples:

- By January 2012, we will increase the rate of vaginal birth among NTSV patients by 25%.
- By January 2012, we will increase the vaginal birth rate among NTSV patients to 85%.

2. Develop objectives that are SMART and DUMB

SMART objectives: specific, measurable, attainable, realistic, time-bounded

DUMB objectives: doable, understandable, manageable, beneficial

Examples:

- By June 30, 2011, we will decrease the rate of cesarean sections for failure to progress performed <4cm among the NTSV population by 50%.
- By March 30, 2011, we will decrease the rate of elective inductions in NTSV women with an unfavorable cervix (Bishop Score <7 or cervical dilation <3cm) by 90%.
- By March 30, 2011, we will increase the number of patients admitted for induction with an unfavorable cervix who receive cervical ripening by 50%.

3. Identify needed stakeholders to achieve your hospital's goals and objectives

Who do you need to engage to help your team achieve its goals?

What is the role of each stakeholder?

Who will engage each stakeholder? How?

4. Build a perinatal quality improvement team

What will the structure of your team be for this initiative?

Do you have an existing quality improvement team for your maternity services?

How will team members communicate with each other?

How often will you meet? When? Where? For how long?

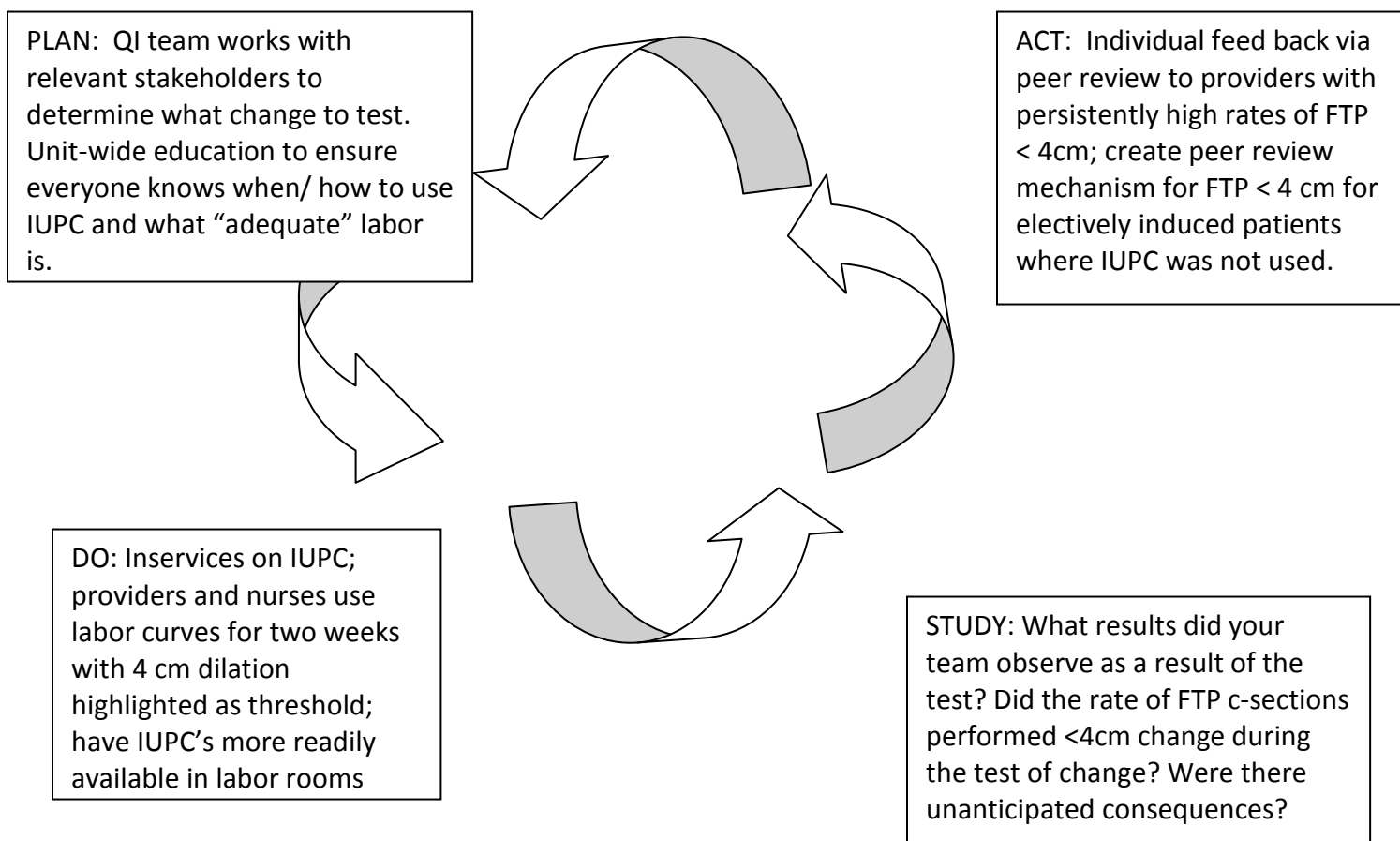
What can your team do to sustain or further the gains from this initiative when it ends?

5. Determine action steps

Develop specific action steps for each objective for this project with assigned accountability. These steps should describe the small tests of change to practices and processes on your unit that your team will conduct to try to increase the vaginal birth rate in the NTSV population. This should be a list of concrete steps that your team will take, including when, how and by whom each step will be put into action. Consider using PDSA (Plan-Do-Study-Act) framework.

Example of Plan, Do, Study, Act cycle:

“By June 30, 2011, we will decrease the rate of cesarean sections among the NTSV population for the indication of failure to progress prior to 4 cm dilation by 50%”.



Action Plan Worksheet

Name of hospital:

GOAL

Specific objectives

1.

2.

3.

4.

Key stakeholders

Name	Role for this project	Needed contribution from this person	How will they be engaged for this initiative?

Team structure

Who are the members of the perinatal quality improvement team?

_____	_____	_____
_____	_____	_____
_____	_____	_____

What are the roles of each team member for this initiative?

When/where/how often will the team meet?

How will communication of information related to this initiative be handled?

How will this team ensure sustainability of gains made during this initiative?

Action steps

Objective 1:

Objective 2:

Objective 3:

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____

GOAL

Specific objectives

1. _____

2. _____

3. _____

4. _____

Stakeholders/action steps/other notes: