



THE AMERICAN COLLEGE OF NURSE-MIDWIVES HEALTHY BIRTH INITIATIVE™

# Reducing Primary Cesareans

## What is the ACNM Reducing Primary Cesareans Collaborative?

The American College of Nurse-Midwives will be accepting applications in the summer of 2018 for its fourth year of a multi-state, multi-hospital initiative aimed at reducing primary cesarean births in low risk women through the support of physiologic labor and birth. The collaborative is called Reducing Primary Cesareans, or “RPC.” Twenty five hospitals from across the U.S. participated in the first and second years of the collaborative during 2016, 2017 and 2018. These hospitals have already achieved reductions in their NTSV rates of up to 18%.

Hospitals selected to participate in the learning collaborative work with a multi-disciplinary team of RPC quality improvement experts to identify areas of improvement and track process and outcome measures. Hospitals implement one of three change bundles that are designed to reduce NTSV cesareans by promoting key principles of physiologic birth. The three bundles are aimed at: promoting progress in labor; promoting comfort in labor; and implementing intermittent auscultation (fetal monitoring). More information about the bundles can be found at [www.birthtools.org](http://www.birthtools.org). In addition, hospitals collect and submit data to the ACNM RPC Data Center, which produces key measures so hospitals can track their progress.

**What’s in it for your hospital:** Hospitals participating in the collaborative will work with national experts to change clinical practice at your facility. You will:

- Participate in learning community and share best practices
- Receive coaching from our clinical experts
- Contribute data to and get access to reports from our data center that allow you to track key metrics
- Have access to materials and tools that have enabled others to succeed

The Healthy People 2020 NTSV rate target is  $\leq 23.9$  percent. Physiologic birth is associated with reduced health care costs and adverse iatrogenic events related to the overuse of medical interventions. National data shows that each avoided cesarean birth saves the healthcare system between \$4,459 and \$9,537<sup>1</sup>. In addition, perinatal care data are increasingly available to the public for use when choosing health care providers and facilities. Hospitals that foster and encourage physiologic birth will perform better on perinatal care quality measures and will attract more patients.

For more information on why physiologic birth matters, please see: [Birth Matters](#)

## What will my time commitment be?

- One day initial kick-off meeting for several members of your team (mandatory attendance, full day for some members of your team). Meeting will be held in the fall of 2018, location and date to be determined.
- Monthly, collaborative-wide, participatory webinars. These webinars are facilitated by RPC

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<sup>1</sup> <http://transform.childbirthconnection.org/wp-content/uploads/2013/01/Cost-of-Having-a-Baby1.pdf>



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coaches and faculty, and typically include 45 minutes of teaching and presentation, and up to 75 minutes of facilitated discussion among collaborative members.

- Data collection activities for the collaborative. ACNM will identify key data elements that you must provide on a monthly basis, results of which will be discussed during the monthly conference calls. The data center has been greatly simplified in 2018 to reduce the time commitment required. Some data will be extracted from existing reports, and other data may require chart review to collect. (time estimate of 4 hours per month; this will vary by hospital based upon how you are currently collecting data)
- Meet with your hospital team twice a month plus other interdisciplinary meetings at your hospital. (2-5 hours/month)
- Designate at least 2 co-leaders for this project for your hospital, who will serve as the primary points of contact to the broader collaborative. These co-leaders will complete a set of online courses offered by IHI if they do not already have quality improvement training or experience.

**When is the next collaborative being launched?** A new cohort of participants who will attend a kickoff meeting in the fall of 2018 and begin work on the collaborative in 2019. The collaborative will continue for 18 months.

#### **What are the costs to participate?**

In 2019, there will be a fee for participants to defray ACNM's costs of supporting this project. We expect this fee will be \$7,500 per hospital annually. Each institution is responsible for all expenses related to travel to the kick off meeting.

#### **Where can I find more information and application materials?**

Please contact us at: [rplearningcollaborative@gmail.com](mailto:rplearningcollaborative@gmail.com)