



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. 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 key¹metrics
- Have access to materials and tools that have enabled others to succeed

The Healthy People 2020 NTSV rate target is ≤ 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. 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](#)

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?

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



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In 2019, there will be a fee of \$7,500 per hospital annually for participants to defray ACNM's costs of supporting this project.

Where can I find more information and application materials?

Informational Webinars:

At ACNM's Annual Meeting, attend our Reducing Primary Cesareans Informational Session

Tuesday, May 22, 2018

8-9 AM

103, First Floor, Convention Center

June 8, 2018, 12:00 p.m. – 1:00 p.m. Eastern

Informational Webinar on ACNM's Reducing Primary Cesareans Collaborative – What is it? How to apply!

Free, but registration required: <https://attendee.gotowebinar.com/register/4229254273464358657>

Please contact us at: rplearningcollaborative@gmail.com