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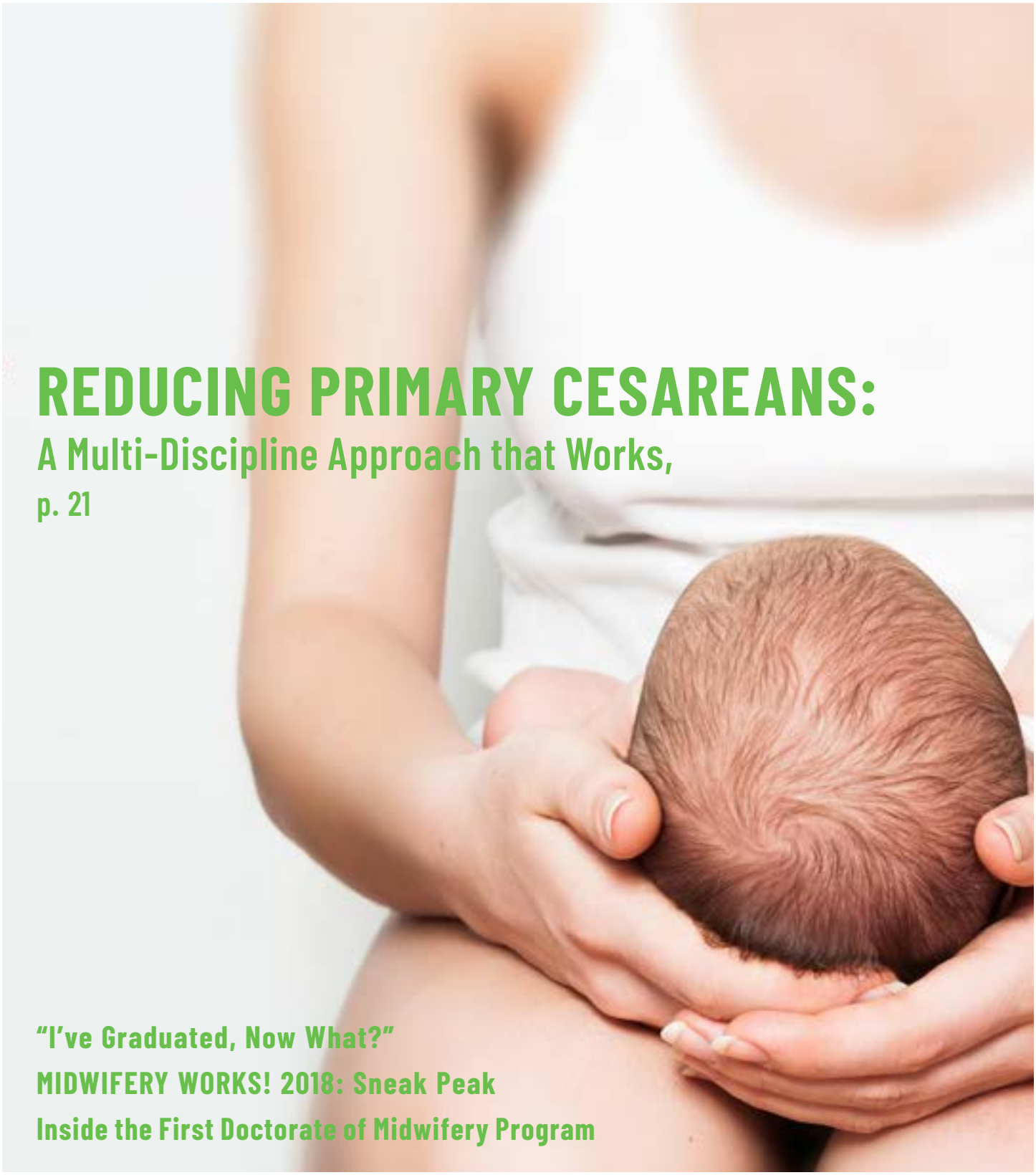

REDUCING PRIMARY CESAREANS:

A Multi-Discipline Approach that Works,

p. 21

"I've Graduated, Now What?"

MIDWIFERY WORKS! 2018: Sneak Peak

Inside the First Doctorate of Midwifery Program

ACNM's Reducing Primary Cesareans Project

In conjunction with its Healthy Birth Initiative, in 2016, ACNM launched its Reducing Primary Cesareans (RPC) project. Already, RPC is having an outsized impact.

"We knew we had a problem [with our cesarean delivery rate], but, seeing the data and having the support to have difficult conversations has allowed us to change.... The Reducing Primary Cesareans project gave us specific actions that our staff could take to do something about it."

Each year, nearly one third of births in the United States are delivered by cesarean section. Between 1996 and 2009, cesarean births increased by 60%, reaching a high of 32.9% before declining slightly to 31.9% of US births in 2016. Although cesarean birth can be a lifesaving procedure in situations in which vaginal delivery is not a safe option, for most low-risk women who are giving birth for the first time, cesarean deliveries create additional risks for complications such as hemorrhage, uterine rupture, abnormal placentation, and respiratory problems for infants. Further, mothers who have had cesarean deliveries face an increased risk of encountering these issues in subsequent cesarean deliveries.

The trend toward increasing numbers of cesarean births has received worldwide attention as a maternal and child quality issue. In 2000, ACOG published a report proposing a national goal of a 15.5% cesarean rate. More recently, the federal Healthy People 2020 guidelines set a target of no more than 23.9% cesarean births for low-risk women without prior cesareans. In addition, national data show that each avoided cesarean birth saves the health-care system up to $10,000.

Providing Tools and Resources

ACNM recognized the need for additional education and support for clinicians seeking to promote healthy births, and in 2015, developed the Healthy Birth Initiative™ (HBI). HBI provides the tools and resources to promote physiologic birth and avoid unnecessary medical interventions, including cesareans. In conjunction with the HBI, ACNM launched a pilot program in 2016, the Reducing Primary Cesareans (RPC) project, supported by a grant from Transforming Birth Fund. To date, 25 hospital teams nationally have participated in the RPC.

Participating hospitals work collaboratively with one another and a multi-disciplinary team of RPC quality improvement experts to identify areas of improvement, track process, and outcome measures. Hospitals implement one of three change bundles designed to reduce nulliparous, term, singleton, vertex (NTSV) cesareans by promoting key principles of physiologic birth. The three bundles focus on the following: 1) promoting progress in labor; 2) promoting comfort in labor, and 3) implementing intermittent auscultation (fetal monitoring). More information about the bundles can be found at www.birthtools.org.

A National Project

RPC and has drawn participation from a wide range of geographies (see map, page 27) nationwide as well as a diverse set of hospitals that each implements at least one change bundle. The hospitals represent a national cross-section of public, community, and academic medical centers in urban and rural settings. Most participating hospitals receive more than 40% of their payments from public insurance, with at least one participating hospital receiving 95% of its payments from this source. The racial and ethnic mix of women served varies tremendously by region, with the percentages of Caucasian patients served ranging from 20% to 80%. By the end of 2017, the RPC will have supported and improved the skills needed to promote physiologic birth of more than 70 clinicians on 22 multi-disciplinary teams responsible for more than 30,000 eligible births.

Results from RPC collaborative participants have shown reductions of up to 18% in the NTSV rate, and the balancing measure of Apgar scores of less than seven at five minutes was stable. One hospital reported savings from the decrease in the NTSV cesarean rate of close to $1 million in one year. What's more, the overall impact includes a valuable decrease in the risk of morbidity to women in their current and subsequent births.

RPC volunteer coaches, such as Holly Smith, CNM, MPH, MSN, see the impact of RPC firsthand: "We are putting front and center the idea that normalcy matters," Smith says. "Truly, there is no way to sustain cesarean reduction nationally without moving toward respecting normal processes of labor and birth. These bundles get to the heart of changing the culture of care. Secondly, this project promotes midwives as key players in this and in quality improvement as whole. Finally, as an interprofessional project, RPC highlights team effort, which is what changes the culture of care."

Why We Joined the RPC Project

Erin Baird, CNM and Katie Page, CNM, of Central Virginia Baptist Hospital, in Lynchburg, Virginia, have been participating in the RPC since 2016 and have implemented two change bundles: Promoting Comfort in Labor and Promoting Spontaneous Progress in Labor. Their hospital has approximately 2,512 deliveries a year, and an estimated 63% of patients have public insurance. Here, they share their experience with the RPC Collaborative.

"We joined the RPC Collaborative with the goals of lowering our NTSV cesarean rate and improving provider documentation and communication. Our department had already begun the process of increasing the variety of tools for labor comfort by adding more labor balls and peanut balls, exploring the use of nitrous, and encouraging use of intermittent auscultation for low-risk women. In addition, our midwifery group was encouraging and more openly educating patients and staff about the benefits of and methods to support physiologic labor. The RPC Collaborative was a natural next step for our hospital and an opportunity for our midwifery practice to lead this effort. "At the end of the first year, we achieved a 20% reduction in our NTSV cesarean rate, bringing it to 14.52%. We began offering nitrous oxide for labor comfort in September 2016 and had 4% use average by the end of the year. Our 2017 cesarean rate was 11.9%. Before2016, no women were assessed for coping in labor; by the end of 2016, 31.2% were assessed for coping. This rate has continued to increase. The percentage rate of spontaneous labor and birth also increased after the first year, from 41.6% to 52.7%."


Erin Baird, CNM


Katie Page, CNM


Ana Delgado, CNM, MS

Three Questions for an RPC Volunteer Coach

Ana Delgado, CNM, MS of Zuckerberg San Francisco General Hospital has served as a member of the RPC Steering Committee and as a coach. In 2018, she became a co-facilitator of the monthly coaching sessions for RPC participants. Here, she shares her experiences with the RPC.

What impact do you think RPC has had so far?
The RPC collaborative has created a space for midwifery-led quality improvement (QI) work that has made a real difference in c-section rates. I think it has enabled midwives in their institutions to learn more about how QI works in their settings and build a team that knows the importance of physiologic birth, which can apply to a whole host of efforts.

What has been a memorable moment in your work with RPC?
At the first kick-off meeting in Baltimore, Diana Jolles, CNM, PhD, FACNM and I led a discussion about common QI tools. It was great to see attendees get really excited about learning new things and to see the amount of QI expertise already in the room!

What have you gotten out of your volunteer role with RPC?
I have really enjoyed working with some of the giants of midwifery! As a coach, I have been able to hone my own quality improvement skills, thinking carefully about what motivates teams to do their best. Problem solving with them helps me apply the same learning to my work.

Join Us!

We are excited to recruit 12 hospitals for the RPC learning collaborative for 2019. The deadline to apply is July 31, 2018. If you are interested in having your hospital join us, instructions and an applications checklist can be found http://birthtools.org/RPC-Learning-Collaborative.

QUESTIONS?

Email: rpclearningcollaborative@gmail.com.

To learn more about physiologic birth, visit: www.midwife.org/Birth-Matters.

- Women & Infants Hospital of Rhode Island
- Health Alliance Network, Inc.
- Glen Falls Hospital
- Baystate Medical Center
- Einstein Medical Center Montgomery
- University of Minnesota Medical Center
- University of Virginia Health System
- Virginia Baptist Hospital
- Winthrop University Hospital
- University of New Mexico
- Stony Brook University Hospital
- Vanderbilt University
- Einstein Medical Center
- Jacobi Medical Center OB/GYN

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