

Supporting Intended Vaginal Birth

All-team webinar March 22, 2011

Good morning...

Please do not put this call on hold! Use the chat window at left to sign in: name of hospital, your name and any team members participating with you.



AGENDA

Welcome/Introductions	Kate Berrien	7:30
Case study of one hospital's approach to induction of labor: WakeMed Raleigh	Donna Lane	7:35
Team discussion of current hospital practices around induction of labor	CMC-Northeast, Women's Hospital of Greensboro, Presbyterian Matthews, Carteret General, Pitt County	7:50
Status report from each team: progress and challenges	All teams	8:15
Labor Support	Frieda Norris	8:40
Next steps	Kate Berrien	8:55

Case study: physician-led change in induction policies at WakeMed

- ▶ Donna Lane, RNC
Nurse manager for L & D
919-350-8883
dlane@wakemed.org
- ▶ Angela Gantt, MD, MPH
WakeMed Faculty Practice

WakeMed Raleigh

- ▶ Total deliveries 2009: 4996
- ▶ Total deliveries 2010: 4848
- ▶ 2010 data:
 - Overall c-section rate: 23%
 - Primary c-section rate: 13.4%
 - VBAC rate: 7.7%
 - Induction of labor rate: 29%
 - Epidural rate: 50%

WakeMed Raleigh

- ▶ 5 induction slots/day (3 in AM, 2 in PM), 7 days/week
- ▶ 3-4 scheduled c-sections, 5 days/week
- ▶ 12 L&D beds
- ▶ Several years ago the MDs with admitting privileges decided to schedule only medically-indicated inductions
- ▶ Over the past 2 years, 1 induction at 38^{6/7} without medical indication because husband was being deployed

WakeMed Raleigh

- ▶ If no bed availability for inductions, the attending MD and the private OB for the day collaborate on a priority list for IOLs based on medical history, indication for induction. If delayed more than a few hours, patient comes to triage for NST/BPP.
- ▶ One attending and one private OB are in-house 24/7

NTSV vaginal birth rate

Aggregate: 75.23% overall (range 66–93%), 80.23% no risk factors (range 71–94%), 61.69% with risk factor (range 50–90%)

Facility	VBR overall	VBR no risk factors	1 + risk factors
110	79.22%	80.60%	70.00%
200	81.82%	82.50%	80.00%
210	77.50%	73.30%	80.00%
270	76.92%	83.08%	46.15%
300	68.24%	79.03%	39.13%
320	73.08%	81.82%	45.16%
330	86.71%	91.67%	50.00%
350	66.67%	72.09%	50.00%
390	82.00%	87.18%	63.64%
391	80.00%	85.00%	70.00%
392	74.07%	78.18%	56.00%
400	75.56%	81.08%	50.00%

Facility	VBR overall	VBR no risk factors	1 + risk factors
420	74.23%	80.45%	60.66%
430	73.29%	78.95%	53.13%
490	91.30%	94.12%	83.33%
500	80.95%	78.82%	90.00%
510	86.36%	88.24%	80.00%
530	74.39%	80.65%	55.00%
540	69.62%	70.83%	67.74%
640	70.83%	71.05%	70.00%
650	73.42%	80.70%	54.55%
660	78.23%	85.53%	66.67%
680	76.81%	81.63%	65.00%

Vaginal birth rate: induction vs. spontaneous labor

- ▶ Baseline data, all hospitals
 - Vaginal birth rate, induction of labor: 64.93%
 - Vaginal birth rate, spontaneous labor: 85.79%

S4B baseline admits: <41 weeks with none of the 6 risk factors

- Risk factors:
- Hypertension
 - Diabetes
 - Obesity
 - AMA
 - IUGR
 - Macrosomia

Facility Code	Induction rate among patients <41wks, no risk factors	Vaginal birth rate for induced patients <41 weeks, no risk factors	Vaginal birth rate among patients in spontaneous labor < 41 weeks, no risk factors
640	20.0%	50.0%	79.2%
680	23.9%	63.6%	88.6%
392	24.2%	65.2%	86.1%
120	25.0%	100.0%	93.3%
490	28.6%	100.0%	90.0%
200	29.7%	63.6%	84.6%
110	30.2%	68.8%	83.8%
510	31.3%	100.0%	81.8%
210	32.1%	66.7%	78.9%
270	32.8%	57.9%	94.9%
430	33.0%	63.3%	91.8%
540	36.1%	53.8%	82.6%
350	39.5%	66.7%	87.0%
300	40.7%	72.7%	84.4%
380	40.7%	54.5%	75.0%
500	41.7%	73.3%	92.9%
660	43.1%	78.6%	89.2%
420	43.7%	71.2%	86.6%
320	48.3%	81.4%	87.0%
650	49.1%	80.8%	88.9%
330	50.0%	83.3%	100.0%
400	52.8%	78.9%	82.4%
390	54.8%	76.5%	92.9%
530	70.0%	78.6%	88.9%

Averages

- Induction rate: 38.4%
- VBR for inductions: 72.9%
- VBR for spontaneous labor: 87.1%

Status report from the S4B teams

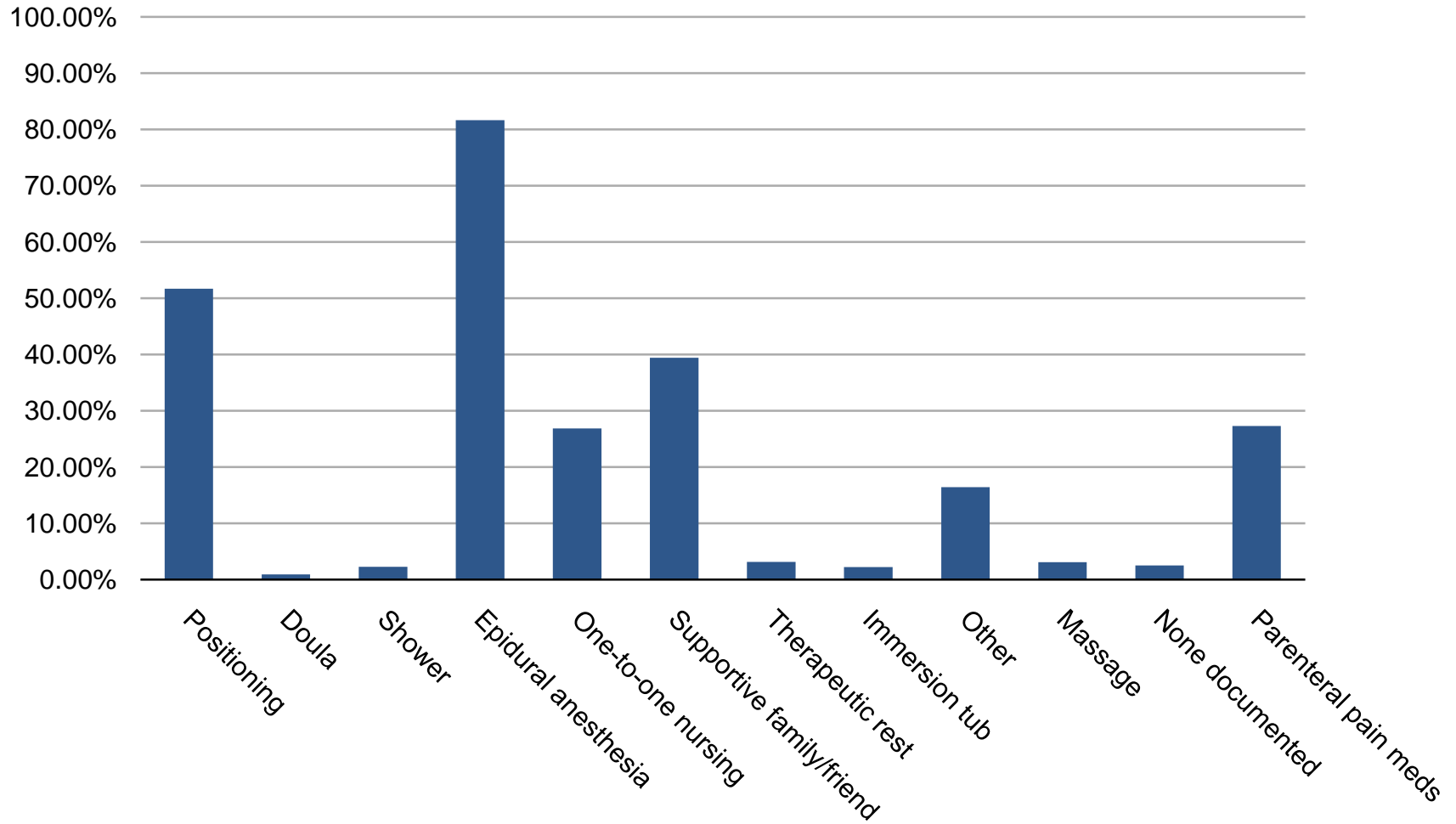
WEST to EAST – if you are in Asheville or Charlotte, take the phone off mute now!

- ▶ What have you worked on in the past month?
- ▶ What has been successful? What has not worked?
- ▶ What are your team's next steps?
 - What change will you test – something you will try to do differently to see if it makes a difference?
 - How will you know if it worked?

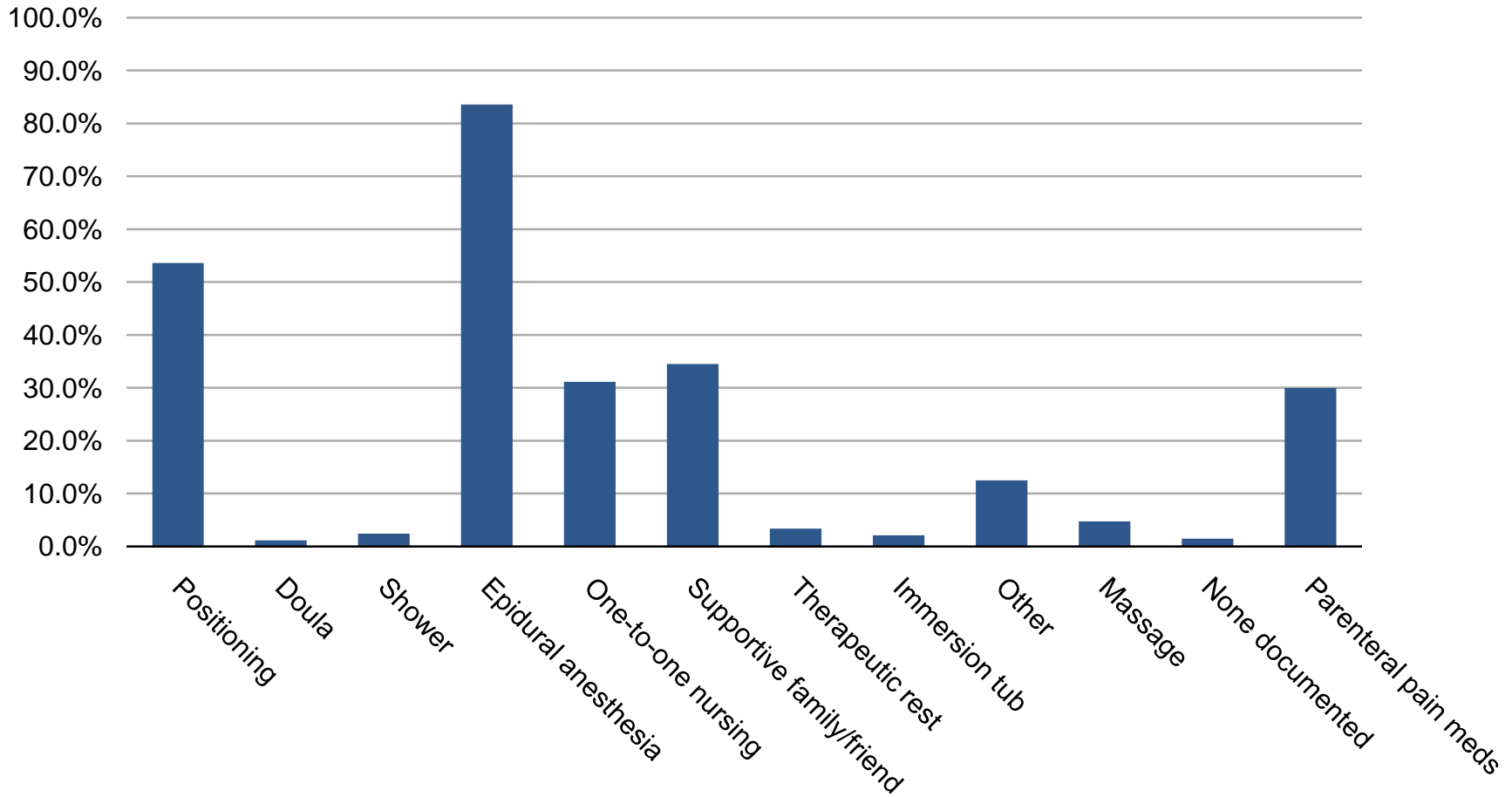
Examples:

- Provider education results in increased use of IUPC
- Patient education results in fewer requests for elective induction
- Induction guidelines result in more patients with unfavorable cervix receiving cervical ripening

Baseline Labor Support Methods Frequency of Use



February 2011 Labor Support Methods Frequency of Use



Labor Support Methods – improved documentation?

February 2011:
Of 951 patients:
•11 patients had a doula
•795 had an epidural
•14 had no labor support method documented

Labor support method	Rate of use: Baseline	Rate of use: February 2011
Acupuncture	0.1%	0.0%
TENS unit	0.1%	0.0%
Hypnosis	0.1%	0.0%
Homeopathics/herbals	0.1%	0.4%
Sterile water injection	0.2%	0.3%
Doula	0.9%	1.2%
Immersion tub	2.2%	2.1%
Shower	2.3%	2.4%
None documented	2.5%	1.5%
Massage	3.1%	4.7%
Therapeutic rest	3.2%	3.4%
Other	16.5%	12.5%
One-to-one nursing	26.9%	31.1%
Pain medication	27.3%	30.0%
Supportive family/friend	39.4%	34.5%
Positioning	51.7%	53.6%
Epidural	81.6%	83.6%

Evidence-Based Labor Support: Six Healthy Birth Practices

Frieda Norris, RN, BSN, LCCE, CIMI

Maternal-Neonatal Practice Clinician

CMC-Pineville

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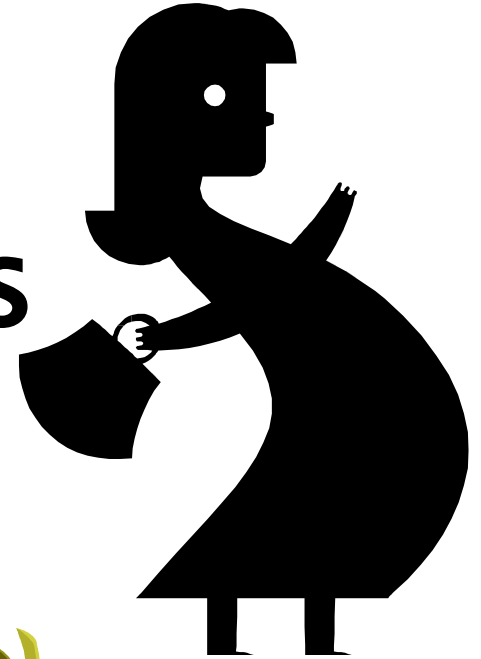
#1

**Let
Labor
Begin
on its
Own**



#2 Freedom of Movement in Labor

- ▶ **Walk, Move Around, and Change Positions Throughout Labor**



#3

Continuous Labor Support:

Bring a
Loved One,
Friend, or
Doula for
Continuous
Support



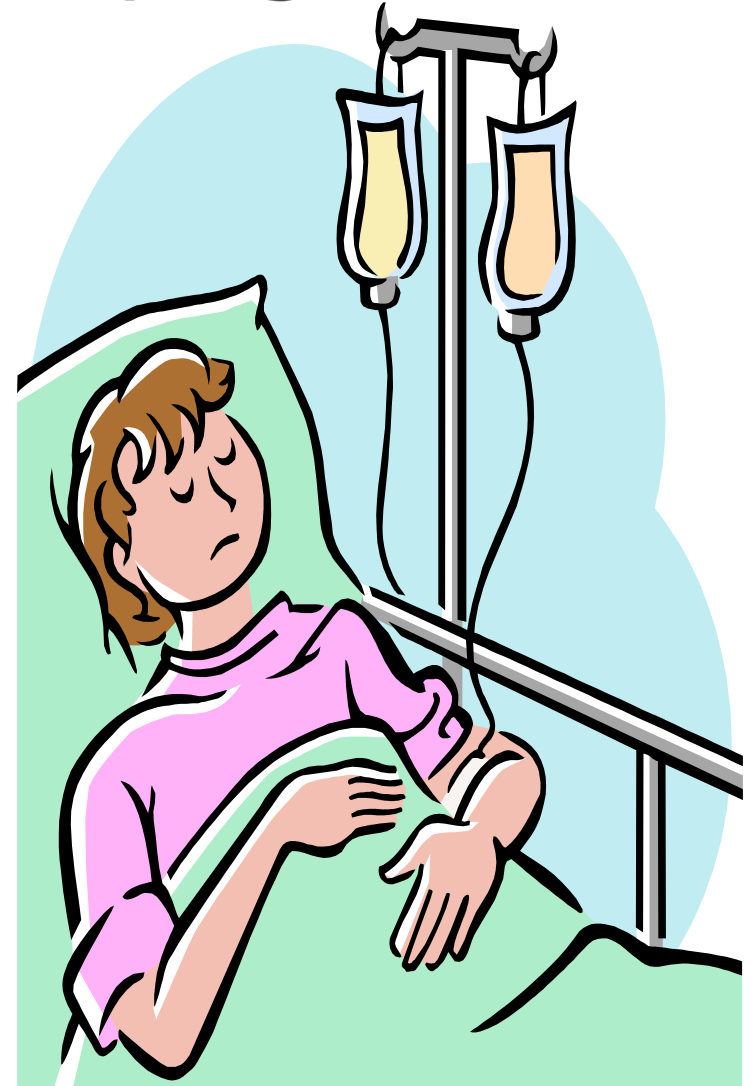
#4 No Routine Interventions:

Avoid
Interventions
That Are Not
Medically
Necessary



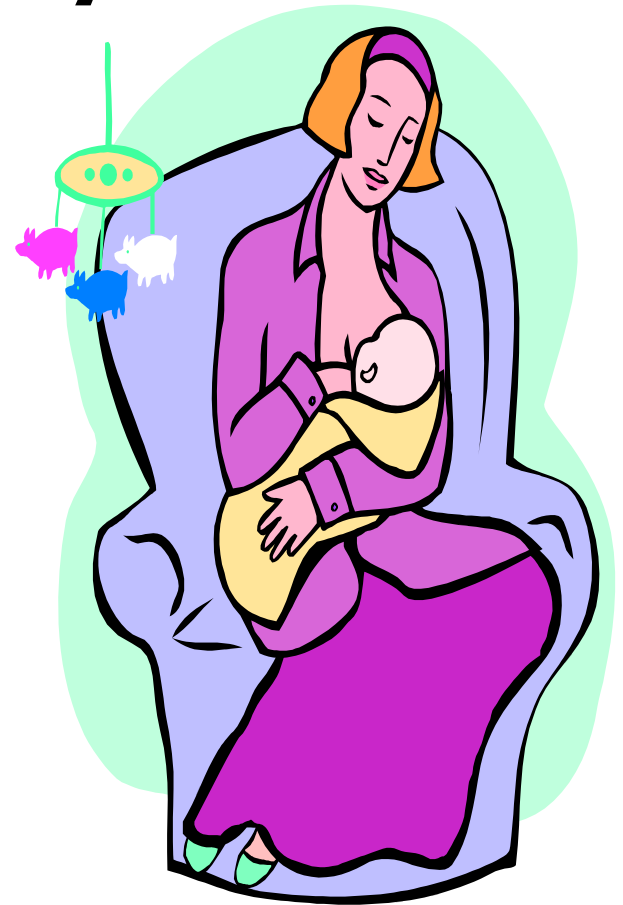
5 Non-supine positions for birth...upright or sidelying

Avoid giving birth on the back and follow the body's urges to push.



6 No separation of mother and baby after birth

► **Keep Mother and Baby together–
It's best for mother,
baby and
breastfeeding**



Evidence Based Nursing Care: Labor Support Skills

- ▶ **Free 7 CEs, workbook and labor support lapel pin paid for by NC region 3 perinatal outreach grant
- ▶ **Cost is for instructor Frieda Norris to teach the workshop
- ▶ Supports perinatal core measures
- ▶ Email frieda.norris@carolinashealthcare.org for detailed information if interested in bringing workshop to your facility.

Data notes

- ▶ Please do not enter any cases which are not NTSV into the database
- ▶ Sample size = 40 NTSV patients admitted for intended vaginal delivery plus as many c-section patients as there are along the way
 - Consider larger sample to increase accuracy
- ▶ Enter March data!!
- ▶ Ask questions early and often

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Next steps

- ▶ Focus for next month
 - C-section for failure to progress?
 - Management of prodromal labor/rule-out labor protocols?
- ▶ Next month's webinar:
 - Tuesday April 26, 7:30-9:00am