



# Lessons from the Learning Initiative: Promising Engagement Practices

Doula Engagement and Patient Advocacy

# Lessons from the Learning Initiative

## Logistics and Slide Deck

1

### **All attendees are muted upon entry**

Please utilize the chat feature to share learnings and takeaways.

3

### **Please do not copy the slides**

The slides are the intellectual property of the presenting hospitals.

2

### **Please use the Q&A function**

We will do our best to answer any questions during the webinar.

4

### **Send us your feedback**

We welcome your recommendations for improving future webinars.

# Lessons from the Learning Initiative

## Webinar Recordings and Slides

The webinar recording and slides will be posted within 48 hours at:  
<https://www.cmqcc.org/education-research/webinars>

# Lessons from the Learning Initiative

## Webinar Agenda

1

### Introduction to the Learning Initiative

2

### Hospital Presentations:

- Community Regional Medical Center
- Kaiser Oakland, Kaiser San Leandro
- Kaiser South Sacramento

3

### Q & A



# Introduction to the Learning Initiative



# Lessons from the Learning Initiative

## What is the Learning Initiative?

### The Learning Initiative to Support Vaginal Birth Through An Equity Lens (LI)

- CMQCC Quality Improvement Initiative
- Funded by the Centers for Disease Control and Prevention (2022-2027)
- Five cohorts, each 18-months long
- Built upon CMQCC's Supporting Vaginal Birth Collaborative (2017-2019) and the pilot Birth Equity Collaborative (2019)



# Lessons from the Learning Initiative

## The Learning Initiative Goals

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Focused on reducing disparity gaps in low-risk cesareans with a goal of all patient groups reaching or exceeding the Healthy People 2030 target rate of 23.6%.

### Goals

1. Reduce **racial and ethnic differences in NTSV Cesarean rates** with a goal of all races and ethnicities reaching or exceeding the Healthy People 2030 target rate of 23.6%.
2. Increase **participation of hospitals** with high NTSV Cesarean rates among Black gravidas or patients from racial groups with similarly high rates
3. Increase **community and patient awareness** of existing racial disparities in NTSV rates and causes contributing to an NTSV Cesarean delivery
4. Increase the number of hospitals with **patient and community engagement practices** to inform the adoption of equitable care practices

# Lessons from the Learning Initiative

## Curriculum education and training

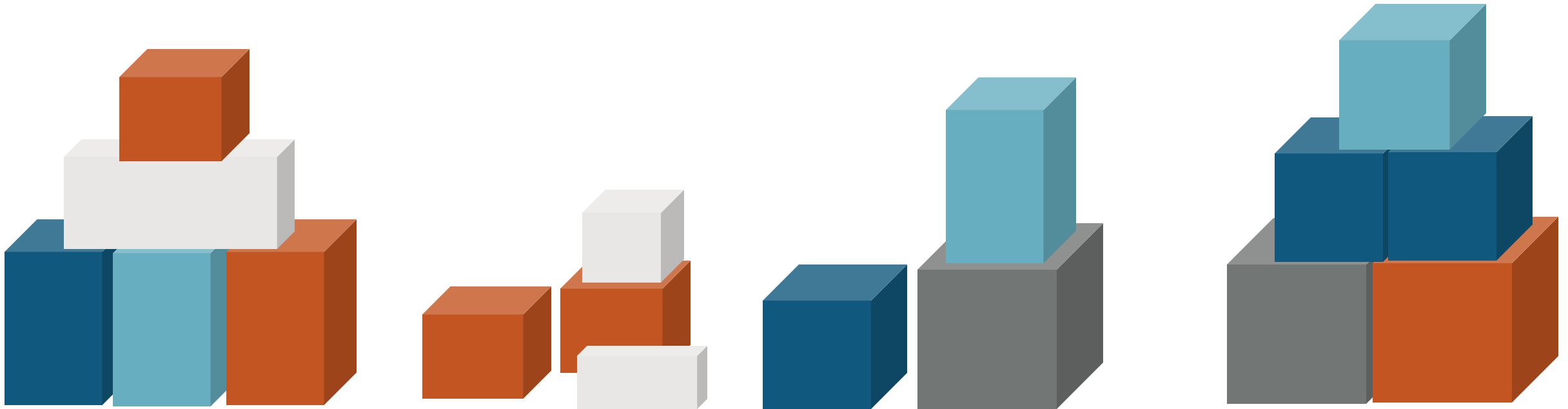
### **The Learning Initiative to Support Vaginal Birth Through An Equity Lens**

- Monthly coaching providing education and capacity building
  - Quality Improvement Fundamentals
  - Baseline Assessments
  - Implementation Science
  - Principles of Respectful Care
  - Technical assistance in leveraging CMQCC tools
    - Maternal Data Center (MDC)
    - Hospital Action Guide for Respectful and Equity-Centered Obstetric Care
- Quarterly webinars on health equity and Cesarean rate reduction tools

# Lessons from the Learning Initiative

## Building Blocks of Culture Change

It is a long-term effort to shift culture towards one that supports, promotes and embodies respectful care. It takes testing and iteration of the different building blocks to create your own culture.





# Lessons from the Learning Initiative

## Today's Presenters

### Community Regional Medical Center

#### Location

- Fresno, CA

#### Presenters:

- Sarah Putnam
- Chelsea Aivazian

### Kaiser Oakland & Kaiser San Leandro

#### Location

- Oakland & San Leandro, CA

#### Presenters:

- **Oakland**
  - Erica Canales
  - Anya Rapoport
  - Emily McCormick
- **San Leandro**
  - Christine Cox-Jude
  - Jamie Gonzalez
  - Sannaz Keyhani

### Kaiser South Sacramento

#### Location

- Sacramento, CA

#### Presenters:

- Lexi Parmer
- Spring Edwards
- Jenny Valdez

# Community Regional Medical Center



California Maternal Quality Care Collaborative

CMQCC



# Doula Training Partnership

**Sarah Putman, MSN, MHA, RNC**

Director, Women & Newborn Services, CRMC

**Chelsea Aivazian**

Project Manager, Community Benefit, CHS





- Located in the Central Valley, Fresno
- ~ 4,500 births a year
- Advanced Certification in Perinatal Care
- High-Risk Pregnancy Care
- Level 3 NICU





# We couldn't do it without the **BLACK Wellness & Prosperity Center!**

- BLACK Wellness & Prosperity Center (BWPC)
- Founded in 2019 by Shantay Davies-Balch
  - Advocacy, Infrastructure & Capacity Building, Research, & Strategic Ecosystems
- Fresno community partner in Black Maternal/Infant Health
- Offers doula training







# BWPC Doula Training Partnership

- A partnership with BWPC for CRMC to be a training site for doulas to get childbirth observation hours.
  - CRMC was their first site for this kind of training.
  - Doulas are trained at BWPC and come to CRMC to get the hours needed for their doula certification.



# Doula training program creation

- Role definition: The doula trainees function in a role in between students and volunteers
- Onboarding program
- Nursing / Provider relationship building
- Patient relationship coordination
- Supervised in coordination with L&D and BWPC supervisors
- Performed a mock “day in the life of a trainee”

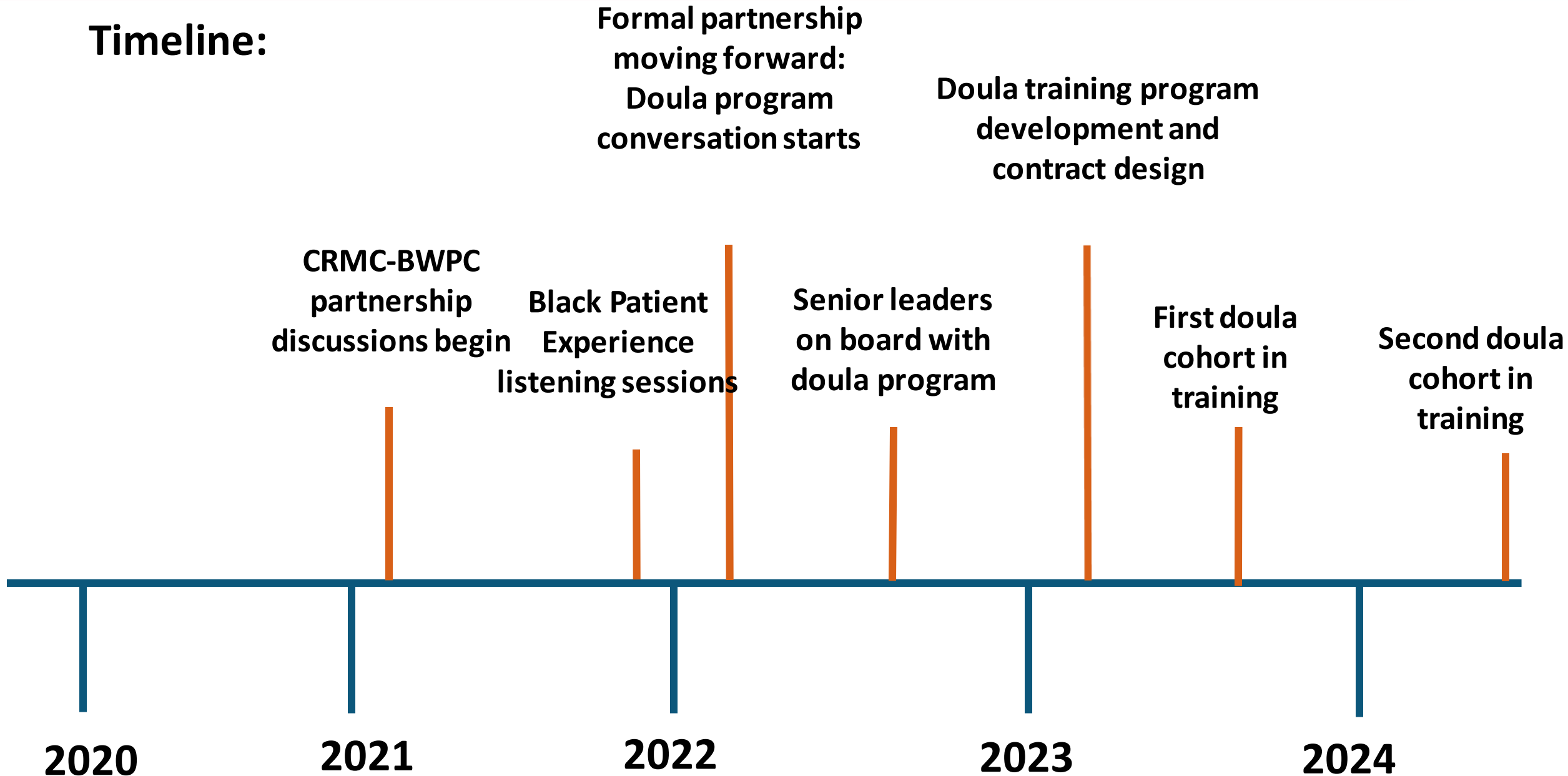


# Early work and supporting factors

- Shantay Davis-Balch and Sarah Putman, Director Women & Newborn Services, CRMC were professional colleagues wanting to make a difference
- Intentionally sought out Black patient experiences pre-2020.
- Participated in community listening sessions and focus groups
- Conversations around engaging doulas picked up as MediCal announced plans to cover doula services.
- Advanced Certification in Perinatal Care
- All these added up to support this project on all levels once it got started!



## Timeline:





# Who did we get buy-in from?

- Women & Newborn's Director & Leadership
- CRMC Executive Leadership
- Community Engagement/Benefit Planning
- Communications/Public Affairs
- Legal Affairs/Policy
- Risk Management
- Human Resources
- Contracting
- Volunteer Services





# Facilitators and Barriers

- Familiarity with data stratified by race/ethnicity
- Professional relationship with Shantay/BWPC with significant desire to provide equitable and respectful care to our community members
- Took time to build trust and understanding of hospital operations
- Improve understanding of the doula role and benefits by nursing and providers
- Support role by CHS Communications/Public Affairs

# What outcomes have we seen so far?

- Increased awareness by nurses/providers and embracing of doulas as part of the health care team.
- Helped expand BWPC training sites to other facilities
- CRMC partnering with Fresno County Public Health for doula training
- Expanded generalized trust in the county for doula programs





**“If you’re going to build a partnership,  
you need to build a relationship.”**

Doula Support in L&D:








# Kaiser Oakland & Kaiser San Leandro

California Maternal Quality Care Collaborative

CMQCC

# Doula Engagement Lessons Learned at two Kaiser sites:



Erica Canales, MD

Christine Cox-Jude, CNM

Jamie Gonzalez, MD

Sannaz Keyhani, MA

Emily McCormick, RN

Anya Rapoport, CNM



# The Why?

- Legislative mandate
  - Expansion of Medicaid & private insurance
- Doulas help to determine where patients go to give birth
- Staff satisfaction
  - Who is a doula? What do they do?
  - Feedback
- Benefits of doula care

# Doula partnership building steps

Start by connecting to community doulas

- Attend community events
- Invite doulas to partner with you
- Ask your internal network
- Member Advisory Council

Executive sponsors:  
educate them on the value  
of doulas and the demand

Hearts and minds  
campaign for your team to  
prepare them to welcome  
doulas (get your own  
house in order first)

Plan your event: flyer,  
social media, connections,  
etc

Start with the project that  
doulas are asking for

# Identify Your Champions of Doula Integration



Who is already working on this at your facility?



Who else needs to be included?



How will you include the doula voice in this work?



# Hearts and Minds Campaign for Your Team

## Educate your team

- What is a doula?
- Benefits of a doula
- Make Space for your team to be heard

Review communication  
strategies



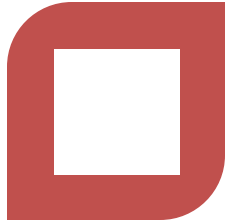
Plan an Event!





# Plan a Doula event

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START EARLY – GIVE  
YOURSELF SEVERAL MONTHS



BUILD CONNECTIONS IN A  
FRIENDLY ENVIRONMENT!



INCLUDE REPRESENTATIVES  
FROM VARIOUS MCH TEAMS



SHARE PUBLICLY AVAILABLE  
DATA  
[HTTPS://CALHOSPITALCOMP  
ARE.ORG/](https://calhospitalcompares.org/)



PROVIDE FACILITY UPDATES



CONSIDER OFFERING A TOUR



FACILITATE A LISTENING  
CIRCLE



OFFER A SUGGESTION BOX

# Event Logistics

- Weekend optimal, 2-4(or 5) pm timing, was good for parking
  - For first event, give yourself 4-5 months to brainstorm, book date, etc.
  - Two-month lead up for finding the date & starting to plan.
  - Have a core consistent team
- Snacks important, drinks, music, décor; creates a warm welcoming vibe
- Mixer with sticker identifiers without role identifier (example: butterflies and flowers)
- Listening session: 1-2 hours
  - Important to receive trauma of doula group and not be defensive, open to hear experience even if not directed towards you or your hospital specifically
- First hour: check in, mingle
- Seated Presentation: no more than 30 minutes (this may get integrated in the questions or comments that get asked during the listening circle)
- Listening Circle
  - Designate a facilitator

# Welcoming Doulas

June 22, 2024



**We want to partner with  
you in the care of our  
community!**

The **Kaiser Permanente San  
Leandro Medical Center** invites  
local doulas to a free event:

- Meet and mingle with our Labor and Delivery team.
- Take a tour of our medical center.
- Collaborate on conversations to promote birth equity.

RSVP to this event by scanning the  
QR code on the right or by calling  
510-342-4567.

*Presented by:  
Kaiser Permanente San Leandro Medical Center  
Maternal Child Health Department and Member  
Advisory Council.*

**Saturday,  
June 22, 2024  
2 – 4 p.m.**

**San Leandro  
Medical Center**  
2500 Merced St.  
San Leandro  
Hospital - Interior Courtyard  
(first floor, outside of the  
cafeteria)

Use your phone to scan the  
QR code below to RSVP:



# 35 attendees!

21 Community members + 14 KP folks



Some of our MCH team at the event!



# WELCOMING DOULAS

April 19, 2025 2-4pm

3600 Broadway, Oakland  
Atrium on the ground floor  
between elevator banks



**We want to partner with you in  
the care of our community!**  
The Kaiser Permanente  
Oakland Medical Center invites  
local doulas to a free event:

- Meet and mingle with our Labor and Delivery Team
- Take a tour of our medical center
- Collaborate on conversations to promote birth equity



**RSVP TO THE EVENT BY SCANNING QR CODE**

## 28 attendees!

21 Community members + 16 KP folks



Some of our MCH team at the event!





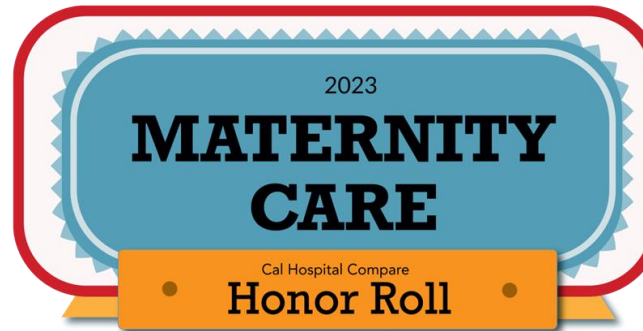


# Agenda from Doula Events

- **Flyer** shared widely outside of KP via informal connections
- **Pre- and on-site registration** via QR code/Microsoft Forms (builds email list)
  - Name tags with Flowers (KP staff) and Butterflies (Doulas)
- **Mingling in the Courtyard with staff and doulas (45 mins)**
  - Snacks, music, balloons and flowers created a welcoming atmosphere
  - Prop tables featuring: Supporting Vaginal Birth, Our Outpatient Clinic
- **Presentations (45 mins):**
  - Welcome
  - Intro to KP sharing our publicly available stats and goals
- **Facilitated listening circle (45 mins+++)**
- **Optional: Facility tour (30-45 mins)**
- We planned to end by 4pm but ***actual wrap up was 5pm, folks loved it!***
  - Allocate the MOST time for listening for the first 4-6 Meet and Greets

***== Gift swag bags provided ==***





# Introducing Community Doulas to KP

Building confidence in our program by  
sharing our publicly available data  
from <https://calhospitalcompare.org/>

And building trust by discussing the  
ways we are working to improve

	Current	State Average <span>▼</span>
Cesarean Birth Rate (NTSV)	<div><div>ABOVE AVERAGE</div><div>19.2%</div><div>(lower is better)</div></div>	24.6% (lower is better)
Breastfeeding Rate (CDPH)	<div><div>AVERAGE</div><div>79.7%</div></div>	69%
Episiotomy Rate	<div><div>ABOVE AVERAGE</div><div>0.9%</div><div>(lower is better)</div></div>	2.8% (lower is better)
VBAC Routinely Available	Yes	NA
VBAC Rate	<div><div>ABOVE AVERAGE</div><div>28.1%</div></div>	18.3%
Deliveries by Certified Nurse Midwives	52.4%	13.1%

# Good additions to the event:

- Props table with equipment and posters
- Tour guide
- FAQ handouts
  - Welcome Letter
- Parking validation
- Patient-facing information/handouts




**\*\*Some Feedback We Received: Doulas were impressed with our SVB offerings and ask that we ensure *consistent and equitable care* by keeping *equipment stocked* and *all staff trained and accountable* to this *high standard of care*!**



# Circle Guidelines

## (Created by Transforming White Privilege Facilitators)

- Speak and listen deeply, from the heart
  - You can pass if you don't wish to speak
    - Try it On - Invite both/and thinking
  - Attend to and speak from your own experience
    - Listen up/Speak up
      - Honor the circle
    - Honor confidentiality
  - We are open to calling each other in, not calling each other out
    - Recognize impact
- 

We collected feedback  
in Listening Circles and  
via Suggestion boxes:

Thank you for taking the time to help us improve care!

Please share your ideas and  
suggestions: \_\_\_\_\_

(Optional) if you would like to have a conversation, please  
share your name and contact information: \_\_\_\_\_





# Virtual Event

- Shorter format: 90 min
- Introduce team members
- Great for information sharing
  - IOL
- IMPORTANT: Use this time to close the loop on previously-shared requests/questions
- Consider having doulas present to your team!
- Be sure to include time for Q&A/discussion



**KAISER PERMANENTE. thrive**

## Douglas, Meet our Birth Team!

June 24, 2025 5:30pm via Zoom

Meet the San Leandro and Oakland OB teams, ask questions, and get the latest updates on what's new!  
Scan the QR code to register



"The nurses really partnered with the patient and myself at every turn. the midwife was super supportive of mom and her birthing choices"

"This was the first time I was permitted into Triage since Covid and I am happy that Kaiser changed the policy to allow doulas in triage. In this situation, once my client had the epidural placed, I was left alone to work with my client without conflict so we could do Spinning Babies to rotate the baby to LOA."

"Excellent midwifery care :) It's so much easier on me as a doula when I don't have to prepare my client to advocate for things they want. For example, no rush to clamp the cord "

## Next steps in our Doula Partnership:

- **Processing feedback to share** with staff, clinicians, leaders
- Looking for **funding sources and champions** to sustain a **quarterly event** with doulas
- Grow **data collection** to inform gaps and opportunities
- Creating feedback tools (goal: bidirectional):
  - [kpdoulaconnect@kp.org](mailto:kpdoulaconnect@kp.org)
  - Doula feedback survey on welcome letter and/or badges



# QUESTIONS???

[anya.rapoport@kp.org](mailto:anya.rapoport@kp.org)  
[christine.l.cox-jude@kp.org](mailto:christine.l.cox-jude@kp.org)



A photograph of a man and a pregnant woman standing outdoors in a garden. The man, on the left, is wearing glasses and a purple t-shirt, looking down at the woman's belly. The woman, on the right, has long dark hair and is wearing a yellow and white plaid dress, looking down at her belly. They are both smiling. The background is filled with green foliage. A large blue diagonal graphic is on the left side of the image.

# Kaiser South Sacramento



The Early Labor Walk (ELW)  
Phase II Video Implementation  
South Sacramento Kaiser Hospital

**Presented by**

**Spring Edwards, BSN, RN, IBCLC**

**Jenny Valdez, BSN, RN, IBCLC**

**Lexi Chase, MSNBSN, RN, IBCLC, C-EFM**

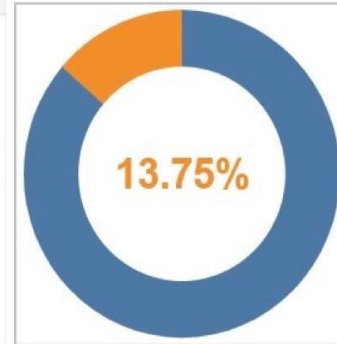


# The “Why” to our walk...



- Increase in early labor admissions hospitals
- Increases in cesarean birth rates
- Decrease in patient satisfaction

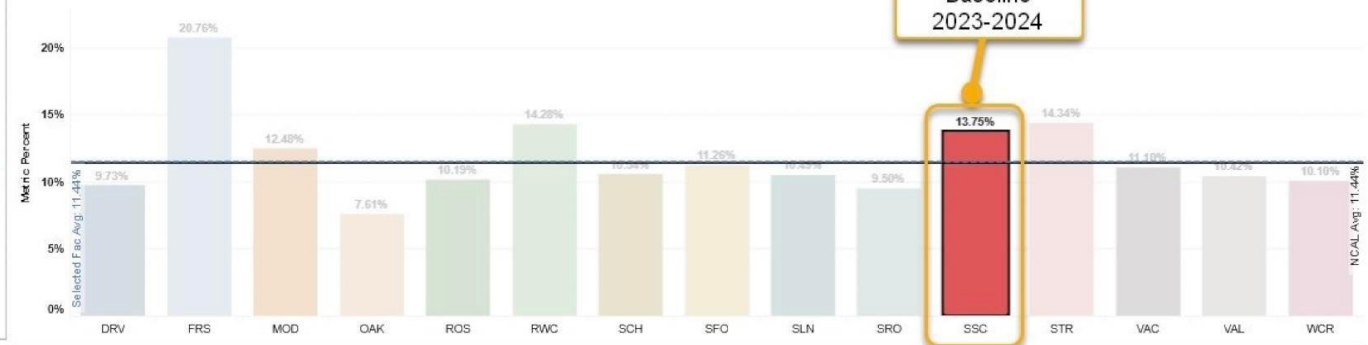
Regional Rate - Early Labor



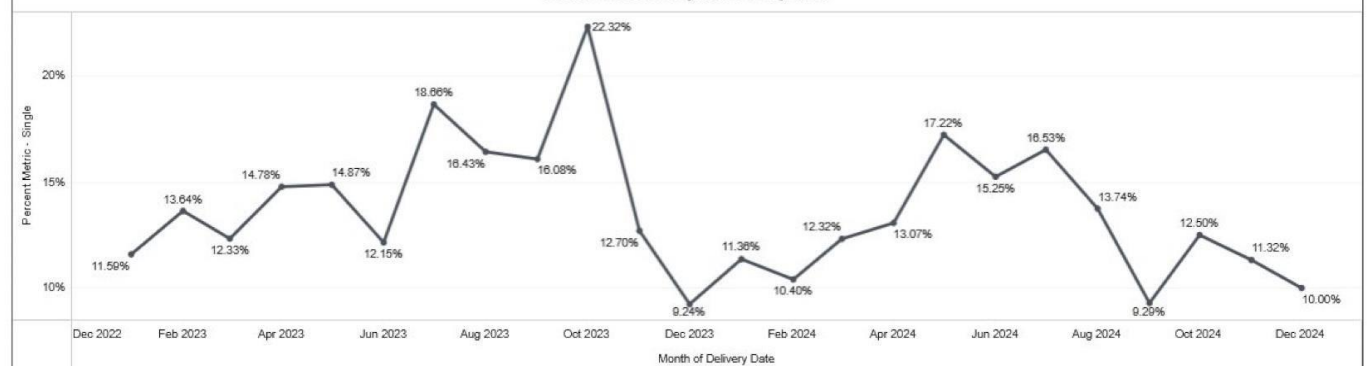
Top Facilities - Early Labor

1 SSC 13.75%

Perinatal Metric Rates by Facility - Early Labor



Perinatal Stat Rates by Month - Early Labor



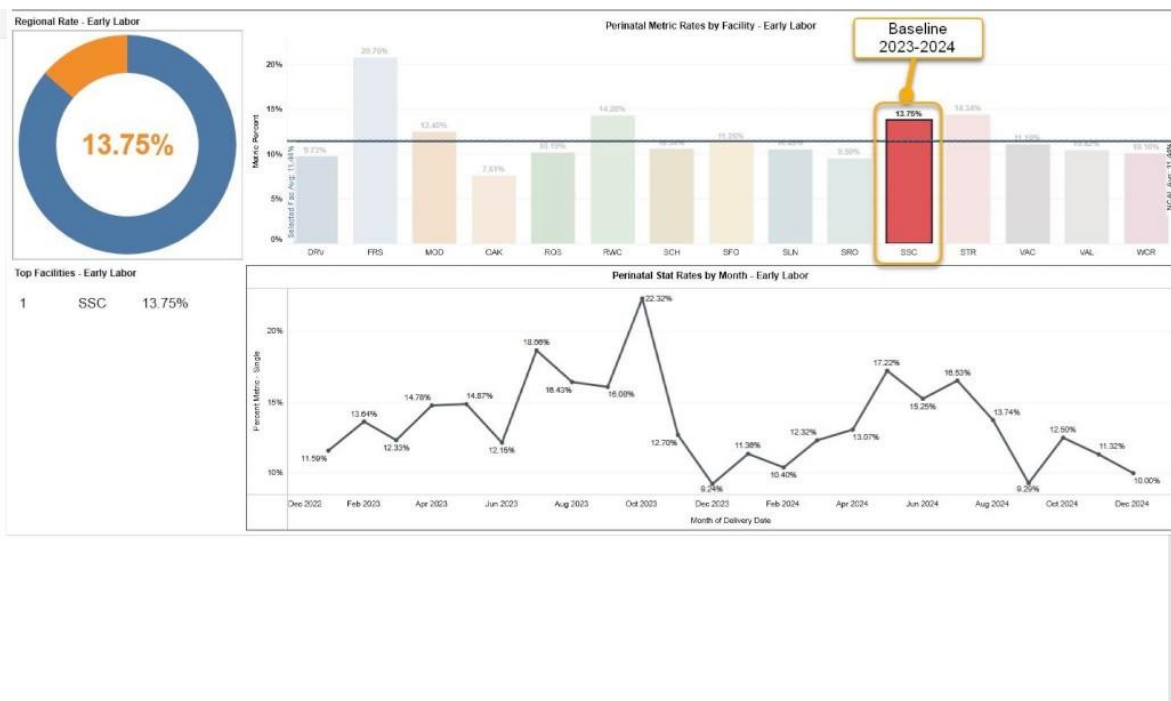
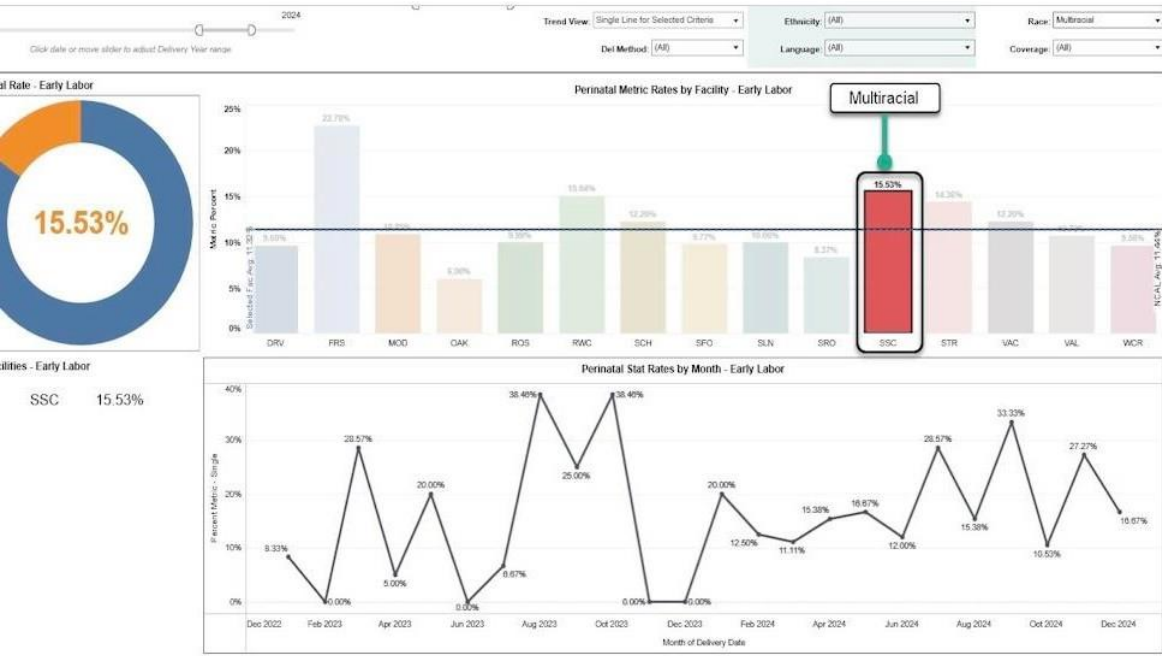


# Evolution of the Early Labor Walk



Early Labor Walk created by Supporting Vaginal Birth Committee years to get implementation into place, a true labor of love from bedside L&D nurses







# SSC Stats

Jan 2023 to Dec 2024

21.6%

NTSV Rate

6.39

Average OB Risk

32.69

Average BMI

39.64 weeks

Average Gestational Age

28.78 years

Average Delivering Age

About

This dashboard provides a summary of NTSV metrics based on KP site, EID metric, and monthly trend. The definition of NTSV (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth) is based on the consensus definition for PC-02 measure.

Instructions

Use the filters below to change the facility, EID category, or date range.

Filters

Choose Facility

SSC

Choose EID Category

Rate

Starting Month

Jan 2023

Ending Month

Dec 2024

Legends

NTSV Rate by EID Factor

16.7% - 28.0%

Control Chart Legend

In Range

Below Lower Limit

NTSV Rate By Region

SLN	18.4%
RWC	21.1%
SSC	21.6%
STR	20.7%
MOD	23.7%
SRO	23.8%
NCAL	24.1%
ROS	24.5%
DRV	24.6%
OAK	24.9%
SCH	25.8%
WCR	25.9%
VAC	27.6%
VAL	29.9%

NTSV Rate By Race

Asian	n = 272	16.7%
Hispanic/Latino	n = 285	27.8%
White	n = 184	19.1%
Black/African American	n = 82	24.1%
Other/Unknown	n = 81	18.8%

NTSV Rate By Monthly Trend

Month	NTSV Rate
January	19.7%
February	19.1%
March	26.2%
April	32.4%
May	23.2%
June	30.0%
July	21.8%
August	12.5%
September	24.2%
October	9.2%
November	21.4%
December	21.7%

Updated: 2/16/2025

SSC Stats

Jan 2024 to Dec 2024

23.8%

NTSV Rate

8.07

Average OB Risk

32.98

Average BMI

39.60 weeks

Average Gestational Age

28.96 years

Average Delivering Age

About

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NTSV Rate by EID Factor

16.7% - 28.0%

Control Chart Legend

In Range

Below Lower Limit

NTSV Rate By Region

SLN	18.0%
RWC	21.0%
OAK	21.2%
DRV	21.2%
VAC	21.3%
STR	21.9%
MOD	22.0%
SSC	22.1%
PC-02	22.9%
FRES	24.1%
ROS	24.2%
WCR	24.6%
SCH	25.0%
SRO	26.0%
VAL	30.6%

NTSV Rate By Race

Asian	n = 268	23.8%
Hispanic/Latino	n = 221	28.8%
White	n = 174	19.8%
Black/African American	n = 91	27.8%
Other/Unknown	n = 80	18.7%

NTSV Rate By Monthly Trend

Month	NTSV Rate
January	28.9%
February	22.9%
March	28.8%
April	17.9%
May	27.8%
June	23.9%
July	26.3%
August	16.9%
September	17.0%
October	33.0%
November	18.9%
December	22.1%

Updated: 2/16/2025

SSC Stats

Jan 2023 to Dec 2024

22.7%

NTSV Rate

7.23

Average OB Risk

32.83

Average BMI

39.62 weeks

Average Gestational Age

28.87 years

Average Delivering Age

About

This dashboard provides a summary of NTSV metrics based on KP site, EID metric, and monthly trend. The definition of NTSV (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth) is based on the consensus definition for PC-02 measure.

Instructions

Use the filters below to change the facility, EID category, or date range.

Filters

Choose Facility

SSC

Choose EID Category

Rate

Starting Month

Jan 2023

Ending Month

Dec 2024

Legends

NTSV Rate by EID Factor

17.4% - 28.2%

Control Chart Legend

In Range

Below Lower Limit

NTSV Rate By Region

SLN	18.2%
RWC	21.0%
SSC	22.6%
STR	22.7%
MOD	23.1%
DRV	23.1%
OAK	23.1%
FRES	23.9%
NCAL	23.6%
ROS	24.3%
VAC	24.6%
SRO	24.6%
WCR	24.9%
SCH	25.9%
VAL	30.2%

NTSV Rate By Race

Asian	n = 528	20.8%
Hispanic/Latino	n = 426	28.2%
White	n = 368	19.3%
Black/African American	n = 174	25.9%
Other/Unknown	n = 121	17.4%

NTSV Rate By Monthly Trend

Month	NTSV Rate
February 2023	19.7%
March 2023	18.1%
April 2023	32.4%
May 2023	23.2%
June 2023	30.0%
July 2023	23.6%
August 2023	12.5%
September 2023	24.2%
October 2023	9.2%
November 2023	24.4%
December 2023	21.7%
January 2024	29.8%
February 2024	22.9%
March 2024	28.8%
April 2024	27.8%
May 2024	23.0%
June 2024	26.1%
July 2024	16.9%
August 2024	17.0%
September 2024	33.0%
October 2024	18.9%
November 2024	22.1%

## SSC C-Section: NTSV (Jan-Aug 2024)

Regional Rate - C-Section - NTSV

Jan-Aug 2024 Average  
24.34%

Perinatal Metric Rates by Facility - C-Section - NTSV

Facility	NTSV Rate
DRV	31.53%
FRES	23.44%
MOD	23.91%
OAK	19.73%
ROS	24.91%
RWC	23.58%
SCH	25.74%
SFO	22.93%
SLN	16.91%
SRO	27.62%
SSC	24.34%
STR	23.93%
VAC	24.91%
VAL	32.84%
WCR	24.97%

Top Facilities - C-Section - NTSV

1	SSC	24.34%
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SSC PC-02

Aug 2024

13.8%

Perinatal Stat Rates by Month - C-Section - NTSV

Month	NTSV Rate
Jan 2024	30.95%
Feb 2024	24.49%
Mar 2024	26.76%
Apr 2024	17.91%
May 2024	27.55%
Jun 2024	25.00%
Jul 2024	25.44%
Aug 2024	13.89%

PC-02 NTSV Target <23.6%

C-Section Rate Jan-Aug 2024: 24.3%

# What is the Early Labor Walk

- The Early Labor Walk (ELW) is a walking circuit consisting of 8 evidence-based labor activity stations that support the physiologic birth process
- Located on the first floor of the South Sacramento Hospital
- Discharged low risk patients are now being offered ELW as an option for coping when there is no medical indication for admission
- Clear parameters on who is offered walk, see next slide for algorithm





# Early Labor Walk (ELW) Algorithm

## Who's Eligible?

- **Triage Patient meets Discharge Criteria**

- Reactive NST
- Stable VS
- Provider and Triage nurse agree and know plan
- Discharge with 1 of the 3 options:

1. Discharge Home

2. Discharge Home with  
Therapeutic Rest

3. Discharge with Early Labor  
Walk Instructions

### If SENDING PATIENT ON ELW:

- ☐ Give L&D discharge instructions
  - Walk patient to 2 door elevators
  - Walk should take 1-2 hours
- ☐ Give ELW lanyard (Pt scans QR code to start walk)
- ☐ Verify patient has a reliable support person to accompany them
- ☐ Offer water and a snack to go
- ☐ If sending pt on walk after 6 PM, please notify security at 72480
- ☐ Log patient in ELW binder

Triage nurse please fill out staff learning needs assessment survey found in ELW binder

- ☐ Remember: Patient only needs to return to labor if they feel they need a re-evaluation, otherwise they are already discharged to go home.

Staff: Please familiarize yourself with the walk to answer patient questions.





- Lanyard worn identifying patients on the ELW
- Security notified when triage RN sends a patient on the walk
- Hospital staff aware of patient participation in ELW, normalizing early labor “in the wild”



Scan QR code above to experience the ELW slide deck





## Station 1:

# Alcove by the 1st Floor Stair Access Area

### Side lunges on wall:

- Perform lunges on each side for 2 breaths, in & out.
- Repeat 3 times.



**L&D NURSE TIP:** Wiggle and lean into the stretch.

### Directions to next station:

Leave stair access area, and head across the hall to the right of radiology.



## Station 2:

# Radiology/ED Hallway

### Toe taps & walking:

- Walk up and down the hall. Stop by the window and do 10 alternating toe taps on each foot.
- Repeat 3 times.



**L&D NURSE TIP:** Stop on a toe tap and open knee to the side to stretch the hip.

### Directions to next station:

Return back to main hospital hallway, then turn left. Walk towards the bathroom (will be on right side).

## Station 4A:

# Alcove by the Meditation Room

### The Labor Dance:

- Standing, swaying & leaning.
- Move for 5 minutes.



### Directions to next station:

Turn left in main hospital hallways, take 8-10 steps left and find 2nd alcove (both activities of 4A and 4B can be done in alcove).

**L&D NURSE TIP:** Play a song on your phone and move with the music!



## Station 4B:

# Alcove by the Meditation Room

### Hula & Big Hip Circles:

- In the alcove, do 5 hip circles in one direction.
- Do 5 hip circles in the other direction.
- Repeat 3 times.



**L&D NURSE TIP:** Start with small circles and work into big circles to help loosen hips.

### Directions to next station:

Turn left from alcove towards the South Tower Lobby.





# Celebrating Success So far...

## Patient Testimonials



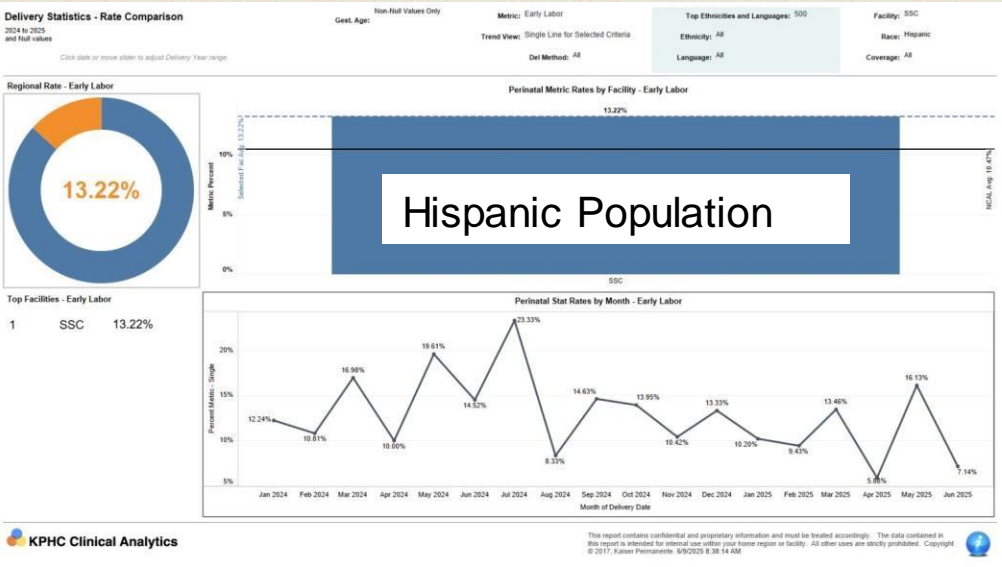
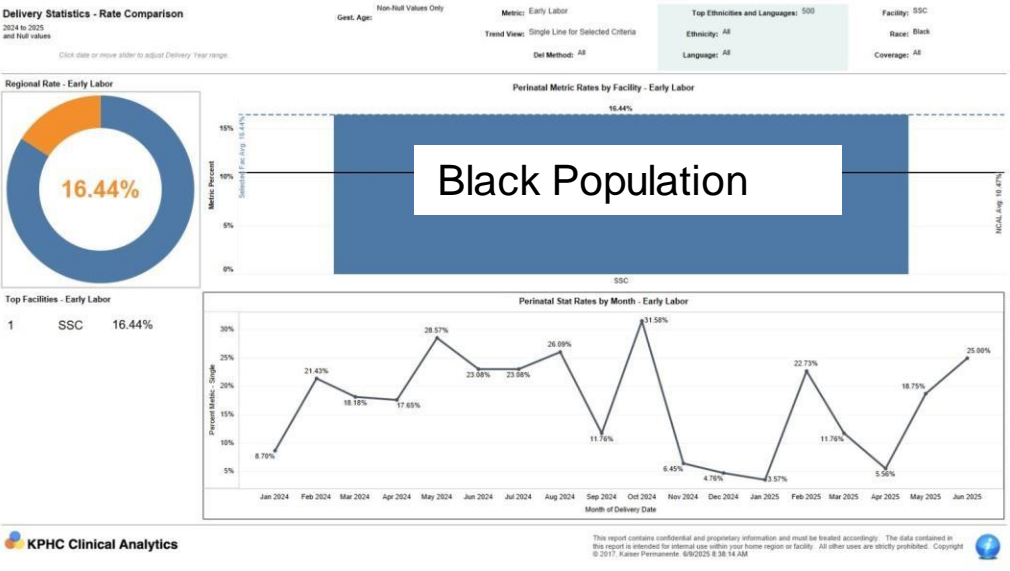
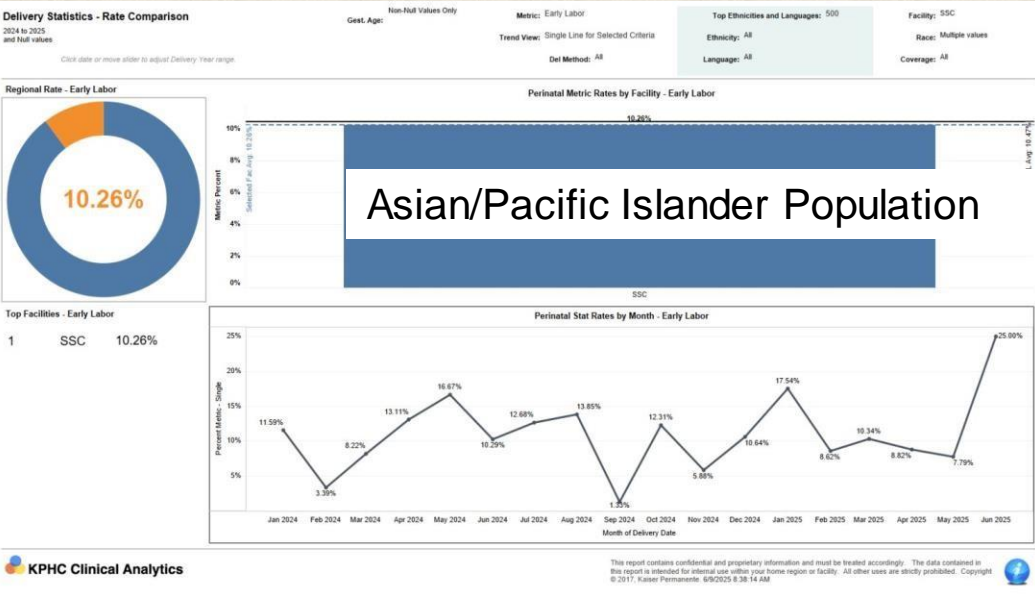
A big thank  
you to the two  
families  
willing to  
share their  
pictures with  
us





2025 stats thus far...







# Where do we go from here?

- We created a flyer to get information out to pregnant patients in clinic, prior to L&D arrival, normalizing the ELW
- We will be taking our ELW on the road: Poster presentation at national AWHONN Conference in Orlando, FL in June 2025
- Next phase of project: video replication, with language translation services and ability to be shared with other KP NorCal facilities, standardizing our ELW
- Data collection on lowering early labor admits and improving patient involvement and satisfaction with triage experience
- Possible research opportunity to explore benefits of physiologic movement in early labor and supporting vaginal births and lowering cesarean birth rates







Thank **You** from  
KSSC SVB team!





Q & A

Please submit questions in the chat!



# Lessons from the Learning Initiative

Join us for future webinars!

August 25<sup>th</sup> 12-1pm PT

- *“Lessons from the Learning Initiative: Staff and Leadership Engagement”*

Register at [www.cmqcc.org/education-research/webinars](http://www.cmqcc.org/education-research/webinars)

# Lessons from the Learning Initiative

Join us!

Interested in joining a Learning Initiative cohort group?

- Round 4 launching Fall 2025
- Round 5 launching Winter 2026

Please contact [info@cmqcc.org](mailto:info@cmqcc.org) for more information.

\*Only for California CMQCC-member hospitals

# Thank you for joining us!

Stay involved with CMQCC



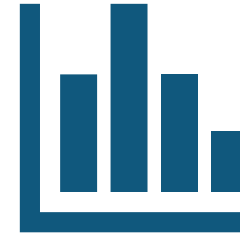
## TOOLKITS

Evidence-based toolkits on leading causes of preventable maternal morbidity and mortality.



## IMPLEMENTATION

Coaching on how to implement best practices and sharing among member hospitals.



## MATERNAL DATA CENTER

Near real-time benchmarking data to support hospitals' quality improvement.



## ENGAGEMENT

Engaging partners around aligned goals and promoting patient awareness.



# Contact Us and Follow

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Quality Care Collaborative