











Readiness Assessment to Support Vaginal Birth and Reduce Primary Cesareans

Hospital Name:		
Project Contact:		
Focus	Readiness Questions	Y N
	Has your hospital previously participated in a formal data-driven OB QI Collaborative?	
	If yes:	
	Were there monthly chart reviews for process measures?	
	Were there monthly reports on outcome measures?	
	Were results shared with staff on an ongoing basis?	
	Have you identified current practices or policies that may be associated with increased cesarean rate?	
	Have you considered alternative policies/practices to reduce cesareans?	
	Do you have a multidisciplinary team?	
	If yes, have you started meeting?	
	If so, has your team considered strategies (practices, policies) that could serve to address and identified barriers?	
	Has your team discussed and understands the rationale for a standardized approach to the definition and management of labor dystocia?	
The Top Ten tasks are identified as ones that have the greatest value for the project		
	Created a team of providers (e.g. obstetricians, midwives, family practitioners, and anesthesia providers), staff, quality dept. and administrators to lead the effort and cultivate maternity unit buy-in?	
 Process measure	Developed a program for ongoing staff training for labor support techniques including caring for women with regional anesthesia?	
	Developed a program with positive messaging to women and their families about intended vaginal birth strategies for use throughout pregnancy and birth?	

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Focus	Readiness Questions	Y N	Date completed
For Structure Measures—please enter the date of completion			
 Structure Measure	Implemented standard criteria for diagnosis and treatment of labor dystocia, arrest of disorders and failed induction?		
 Structure Measure	Implemented training/procedures for identification and appropriate interventions for malpositions (OT/OP?)		
 Structure Measure	Implemented protocols and support tools for women who present in latent (early) labor to safely encourage early labor at home?		
 Structure Measure	Implemented policies and protocols for encouraging movement in labor and intermittent monitoring for low-risk women?		
 Structure Measure	Shared provider level measures with department (may start with blinded data but quickly move to open release?)		
 Process measure	Perform monthly case reviews to identify consistency with dystocia and induction ACOG/SMFM checklists		
 Structure Measure	Establish a project communications plan (at least monthly education and progress updates)		
Structure Measure	Has your hospital developed OB specific resources and protocols to support patients, and family through an unexpected/traumatic cesarean?		
Structure Measure	Are some of the recommended tools for the Safe Reduction of Primary C/S bundle integrated into your hospital's electronic health record system?		
Structure Measure	Has your hospital developed a policy to integrate doulas into the birth care team?		