




California Maternal
Quality Care Collaborative

A decorative graphic on the left side of the slide consists of several overlapping squares in various shades of orange, arranged in a stepped, staircase-like pattern.

An Introduction to HUDLS

Hands-on Understanding & Demonstration of Labor Support

A CMQCC Member Resource

Before we begin...

- HUDLS is a CMQCC resource that is only available to member hospitals
- The current version is a Beta
- Future enhancements include a gradebook
- We are working through the possibility of LMS/platform interfacing

Webinar Objectives

- Describe the program
- Explain how to access online modules
- Show how to access Trainer materials
- Introduce Trainer materials
- Give an overview of lesson content
- Discuss options for implementation

What is **HUDLS**?

- **H**ands-on **U**nderstanding & **D**emonstration of **L**abor **S**upport
- Created in response to hospital feedback about scalable resources for education
- Combination online and in-person program
- Six educational modules with 21 lessons total
- Each lesson is designed to take 15 minutes or less to complete

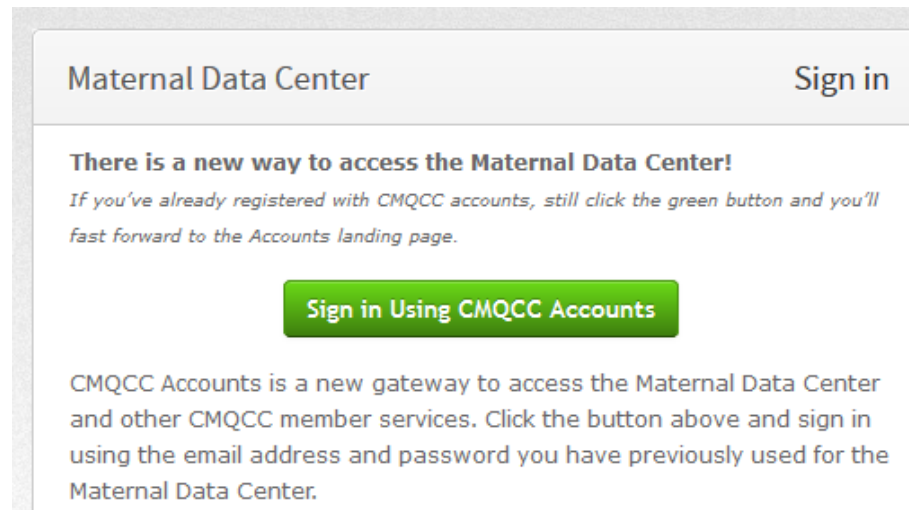
How to access

- All students will have to register for a CMQCC account to access HUDLS
- 1200 Users successfully registered
- If you have not yet.....



Registering in CMQCC Accounts – Maternal Data Center Users

- Password and email address imported into new system
- Go to <https://datacenter.cmqcc.org> (like always!)
- You will be re-directed to new CMQCC Accounts
- Make sure to use existing email and password!



Registering in CMQCC Accounts – NO MDC Access

- Go to <https://accounts.cmqcc.org>
- Use your organizational email address!
- Will give you access to CMQCC's online member resources

CMQCC
ACCOUNTS

Sign In / Register

Welcome to CMQCC's new single sign-on platform. As a part of our continual efforts to improve access to our quality improvement tools, we have consolidated logins for all of our services.

Enter your email address below. **If you work for one of our member hospitals, use your hospital-affiliated email address to access our member-exclusive services.**

Email Address *

Continue to Sign In / Register

CMQCC Accounts

- Gateway to all CMQCC online services
- Single Sign On
- Exclusively for CMQCC Member Hospitals:
 - Maternal Data Center (MDC)
 - HUDLS
 - Share

CMQCC
ACCOUNTS

[Contact Us](#) [Hello, Anne](#) [Sign Out](#)

Home

CMQCC Website



Stay up to date with the latest from CMQCC and download toolkits on our website

[Launch Website](#)

Maternal Data Center



Track near real-time data and performance metrics at your hospital in the MDC

[Launch CA MDC](#)

HUDLS Labor Education



Learn Hands-on Understanding and Demonstration of Labor Support through our online education platform

[Launch HUDLS](#)

Share Listserv



Join the conversation about quality improvement best practices in our online discussion group

[Launch Share](#)

Profile



Reset your password and manage contact preferences in your personal profile

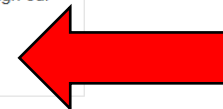
[Update Your Profile](#)

Hospital Staff



Manage user permissions and key contact information for your hospital.

[Review Hospital Staff](#)



Landing Page and Trainer Access

Welcome to HUDLS

✓ The memberships have been updated for this user. x

Hands-On Understanding and Demonstration of Labor Support

✓ Are you a trainer at your hospital? [Click here to request trainer access](#)


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Course Overview

[RESUME YOUR LESSON ▶](#)

MODULE I: PROMOTING SPONTANEOUS LABOR

WORK ON THIS MODULE ▶



MODULE II: PROFESSIONAL TEAMWORK

WORK ON THIS MODULE ▶



MODULE III: FIRST STAGE LABOR

WORK ON THIS MODULE ▶



Contact

Type of request *

Request Trainer Access

Your email *

cms423@stanford.edu

Your Name *

CHRISTA SAKOWSKI

Message

CMQCC Hospital|

Submit

A CMQCC Administrator will grant you access

Landing Page Navigation

Welcome to HUDLS

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Course Overview

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The artificial precipitation of labor has contributed significantly to an increase in c-sections. In this module, we will explore methods for encouraging the onset of spontaneous labor and optimizing outcomes during an induction.

[WORK ON THIS MODULE ►](#)

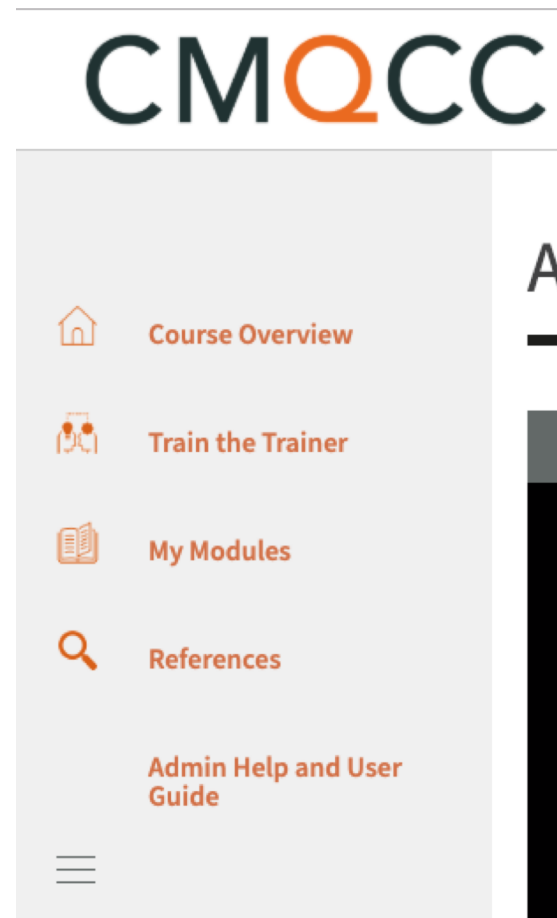
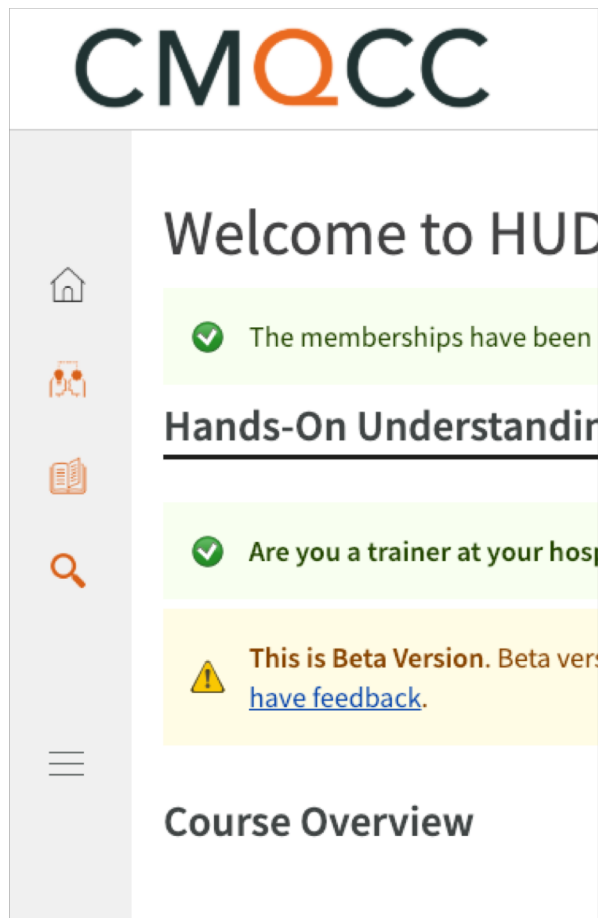
MODULE II: PROFESSIONAL TEAMWORK

[WORK ON THIS MODULE ►](#)


MODULE III: FIRST STAGE LABOR

[WORK ON THIS MODULE ►](#)


Go through left navigation





Train the Trainer




welcome Christa Sakowski | Contact | CMQCC Accounts

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[edit](#)



MODULE II: PROFESSIONAL TEAMWORK

WORK ON THIS MODULE ►

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MODULE III: FIRST STAGE LABOR

WORK ON THIS MODULE ►

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HUDLS Resources

Top 10 Tips for HUDLS Leaders

MODULE I: PROMOTING SPONTANEOUS LABOR

"Trainer the Trainer" session	Student Lesson	Edit link
Trainer Session for Lesson A: The Bishop Score	A: The Bishop Score	
Trainer Session for Lesson B: Latent Labor Management	B: Latent Labor Management	
Trainer Session for Lesson C: Prolonged Latent Labor & Therapeutic Rest	C: Prolonged Latent Labor & Therapeutic Rest	
Trainer Session for Lesson D: Safe Induction of Labor	D: Safe Induction of Labor	
Trainer Session for Lesson E: Coping With Labor	E: Coping With Labor	

MODULE II: PROFESSIONAL TEAMWORK

"Trainer the Trainer" session	Student Lesson	Edit link
Trainer Session for Lesson A: Shared Decision Making	A: Shared Decision Making	
Trainer Session for Lesson B: Closed Loop Communication	B: Closed Loop Communication	
Trainer Session for Lesson C: SBAR Communication	C: SBAR Communication	
Trainer Session for Lesson D: Shared Mental Modeling	D: Shared Mental Modeling	

MODULE III: FIRST STAGE LABOR

"Trainer the Trainer" session	Student Lesson	Edit link
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Train the Trainer



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Trainer Session for Lesson D: Safe Induction of Labor

[← BACK TO THE TRAIN-THE-TRAINERS LIST](#)[Huddle Script - Module 1 Lesson D](#)[Induction Scheduling Request Policy](#)[Labor Induction Algorithm](#)[What's the Big Deal – March of Dimes Infographic](#)

Background:

One of the most significant contributors to the cesarean birth rate is induction of labor. Professional organizations unanimously endorse induction only for medical reasons prior to 41 weeks. Carefully selecting candidates for induction and appropriate clinical management during an induction are both important. Utilizing algorithms to achieve uniform application of best practice standards is often helpful in holding individual providers accountable. Also, patients' awareness of the importance of awaiting spontaneous labor is critical. Educating patients, often one woman at a time, will create a much-needed cultural shift towards awaiting spontaneous labor.

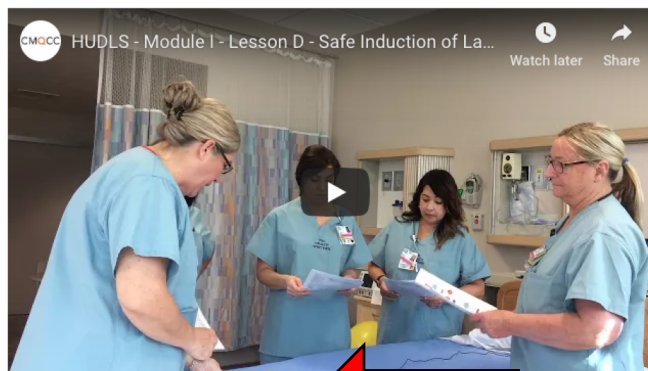
Session Goals:

1. Highlight the importance of patient education in promoting spontaneous labor
2. Explore the application of the Induction Scheduling Request in clinical context



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Trainer Session for Lesson D: Safe Induction of Labor

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Huddle Script - Module 1 Lesson D.pdf 1 / 4

CMQCC
California Maternal
Quality Care Collaborative

Module 1 – Lesson D: Safe Induction of Labor
Hands-On Understanding of Labor Support Workshop

Background:
One of the most significant contributors to the cesarean birth rate is induction of labor. Professional organizations unanimously endorse induction only for medical reasons prior to 41 weeks. Carefully selecting candidates for induction and appropriate clinical management during an induction are both important. Utilizing algorithms to achieve uniform application of best practice standards is often helpful in holding individual providers accountable. Also, patients' awareness of the importance of awaiting spontaneous labor is critical. Educating patients, often one woman at a time, will create a much-needed cultural shift towards awaiting spontaneous labor.

Session Goals:

1. Highlight the importance of patient education in promoting spontaneous labor
2. Explore the application of the Induction Scheduling Request in clinical context
3. Discuss the practical application of the Labor Induction Algorithm

Session Outcomes:
By the end of the session students will have:

- Utilized the Induction Scheduling Request as a tool to determine if induction of labor is indicated
- Applied the Labor Induction Algorithm to manage clinical situations
- Practiced teaching patients about the importance of awaiting spontaneous labor

Session Outline:

0:00	Introductions, Overview, and Context
0:02	Setting Expectations – Patient Teaching
0:05	Induction Scheduling Request – Accountability Hard Stops
0:08	Labor Induction Algorithm – Standards of Practice
0:11	Labor Induction Algorithm
0:14	Take Home Points
0:15	Dismissal

The times above are approximate. Please vary this schedule according to the progress in your group.

Session Resources:

- Pencil/pen – one per learner
- Induction Scheduling Request Policy
- Labor Induction Algorithm
- What's the Big Deal – March of Dimes Infographic (patient handout)

Appendix T Model Policies

Induction of Labor: Gravity: _____ Parity: _____

Indication: (check all appropriate indications below)

Level 1	Level 2	Level 3
<input type="checkbox"/> Chorioamnionitis	<input type="checkbox"/> ≥ 41 weeks gestation / Post-term pregnancy	<input type="checkbox"/> Distance from hospital
<input type="checkbox"/> Diabetes Uncontrolled	<input type="checkbox"/> Gestational diabetes	<input type="checkbox"/> History of rapid labor
<input type="checkbox"/> Fetal Anomaly	<input type="checkbox"/> IUGR – reassessing testing	<input type="checkbox"/> Maternal request
<input type="checkbox"/> Fetal hydrops/isoimmunization	<input type="checkbox"/> Fetal demise	<input type="checkbox"/> Prior C/S
<input type="checkbox"/> Gestational/Chronic hypertension		<input type="checkbox"/> Patient desires VSAC
<input type="checkbox"/> IUGR less than 5%		<input type="checkbox"/> Psychological factors (specify): _____
<input type="checkbox"/> Maternal medical conditions (specify): _____		<input type="checkbox"/> > 39 weeks with a favorable cervix
<input type="checkbox"/> Multiple gestation:		<input type="checkbox"/> Other indication: _____
<input type="checkbox"/> twins <input type="checkbox"/> tri/di <input type="checkbox"/> m/m		
<input type="checkbox"/> Non-reassuring fetal testing		
<input type="checkbox"/> Oligohydramnios		
<input type="checkbox"/> Preeclampsia/HELLP		
<input type="checkbox"/> PROM		

Confirmation of gestational age: _____

LMP: _____

EDC: _____ determined by: (check all that apply)

☐ Ultrasound obtained at < 20 weeks on (date): _____ @ (gestational age): _____ weeks confirms gestational age

☐ Known date of conception on (date): _____ associated with infertility treatment

If EDC was not determined by above methods, then identify documentation of fetal maturity:

☐ Amniocentesis performed on: _____ Results: _____

*Provide explanation if scheduling at < 39 weeks: _____

	0	1	2	3	Score
Dilation (cm)	closed	1-2	3-4	≥ 5	
Effacement (%)	0-30	40-50	60-70	≥ 80	
Station (cm)	-3	-2	-1	≥ 0	
Cervical Consistency	Firm	Medium	Soft		
Cervical Position	Posterior	Midline	Anterior		
				Total:	

A Bishop Score ≥ 6 is required for elective induction of multiparous patients.

Physician Signature: _____ Date/Time: _____

To be completed by Chief of Maternal Fetal Medicine or OB Hospitalist

Procedure Scheduling Determination:

☐ Schedule: Medically indicated and necessitates delivery < 39 weeks gestation

☐ Schedule: Gestation age ≥ 39 weeks on scheduled date

Completed by: _____ Date/Time: _____

(Chief of Maternal Fetal Medicine/OB Hospitalist)

	0	1	2	3	Score	Repeat Score
Dilation (cm)	closed	1-2	3-4	≥ 5		
Effacement (%)	0-30	40-50	60-70	≥ 80		
Station (cm)	-3	-2	-1	≥ 0		
Cervical Consistency	Firm	Medium	Soft			
Cervical Position	Posterior	Midline	Anterior			
				Total:		

Exam done by: _____

☐ Difference in Bishop score greater than or equal to 4

☐ Cervical ripening ordered

☐ Patient discharged and rescheduled

FAX FORM TO LDR

INDUCTION OF LABOR SCHEDULING REQUEST
PS 5529 Rev 09/14/15

Name Label

Page 2 of 2



(291)

Appendix R Induction of Labor Algorithm

Why to have this baby!
the big deal?

39 weeks to grow before they are born.

Inductions are medically necessary.
being scheduled early for



In the last 2 decades, the
number of
inductions has
**MORE THAN
DOUBLED.**

and your baby are healthy, wait for
to begin on its own. Here's why...

Your due date may
NOT be exactly right!
It could be off by as much as **2 weeks.**

Babies aren't fully developed until
39 completed weeks of pregnancy.

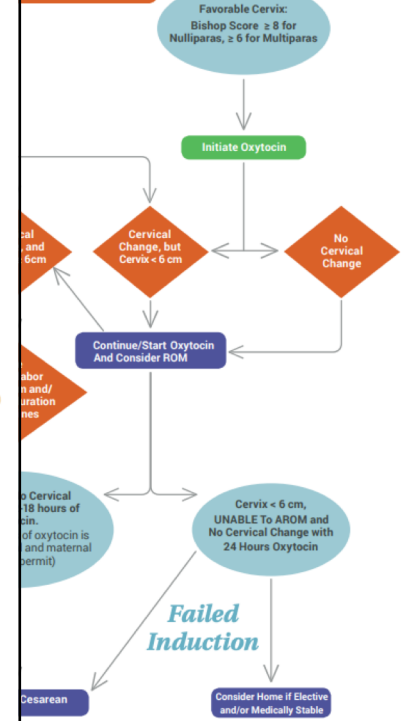
☒ brain ☒ lungs ☒ liver

At 35 weeks, baby's brain weighs just
two-thirds of what it does at 39 weeks.



Babies born even a FEW WEEKS early



INDUCTION
Per ACOG guidelines, induction of
labor before 41 weeks should only be
performed if there is a maternal or fetal
indication for or do so only with a
favorable cervix.



My Modules

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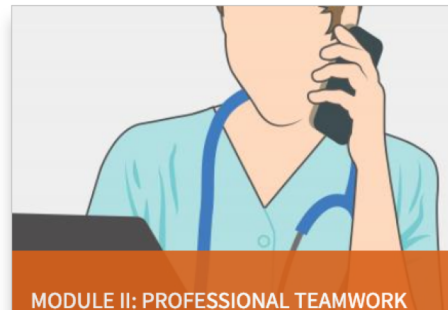
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[edit](#)

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[edit](#)

Also serves as “transcript”

My Modules

MODULE I: PROMOTING SPONTANEOUS LABOR

Lessons	Score	Total Time
A: The Bishop Score	-	-
B: Latent Labor Management	-	-
C: Prolonged Latent Labor & Therapeutic Rest	-	-
D: Safe Induction of Labor	-	-
E: Coping With Labor	-	-

MODULE II: PROFESSIONAL TEAMWORK

Lessons	Score	Total Time
A: Shared Decision Making	-	-
B: Closed Loop Communication	-	-
C: SBAR Communication	-	-
D: Shared Mental Modeling	-	-

MODULE III: FIRST STAGE LABOR

Lessons	Score	Total Time
A: Active Labor Support	-	-
B: Labor Preferences Checklist	-	-
C: Labor Dystocia	-	-
D: Peanut Balls	-	-

MODULE IV: COMFORT IN LABOR

Lessons	Score	Total Time
A: Supportive Measures	-	-
B: Movement and Positioning	-	-
C: Using the Rebozo	-	-
D: Nitrous Oxide	-	-



MODULE V: FETAL WELL-BEING

Lessons	Score	Total Time
A: Intermittent Fetal Auscultation	-	-
B: Leopold's Maneuvers	-	-

MODULE VI: SECOND STAGE LABOR

Lessons	Score	Total Time
A: Labor Management	-	-
B: Fetal Malposition Resolution	-	-

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WORK ON THIS MODULE ►


[edit](#)



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MODULE III: FIRST STAGE LABOR

WORK ON THIS MODULE ►

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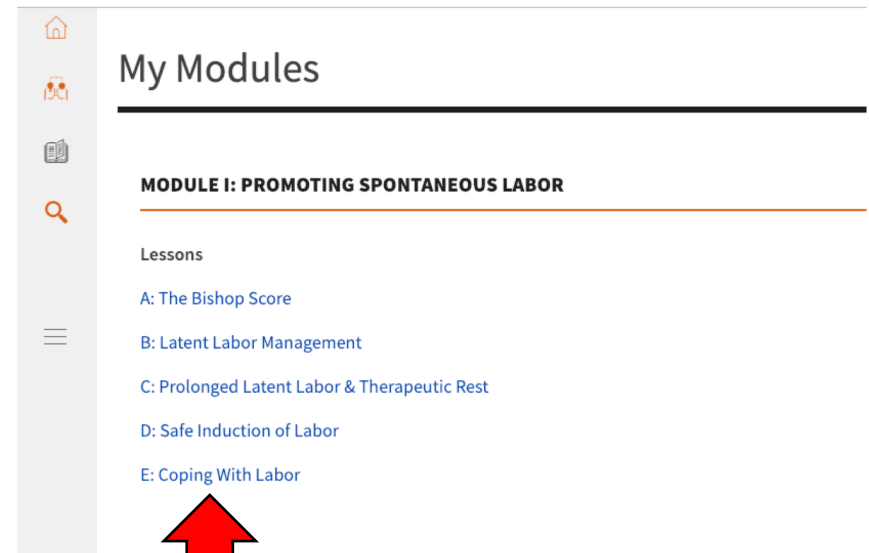
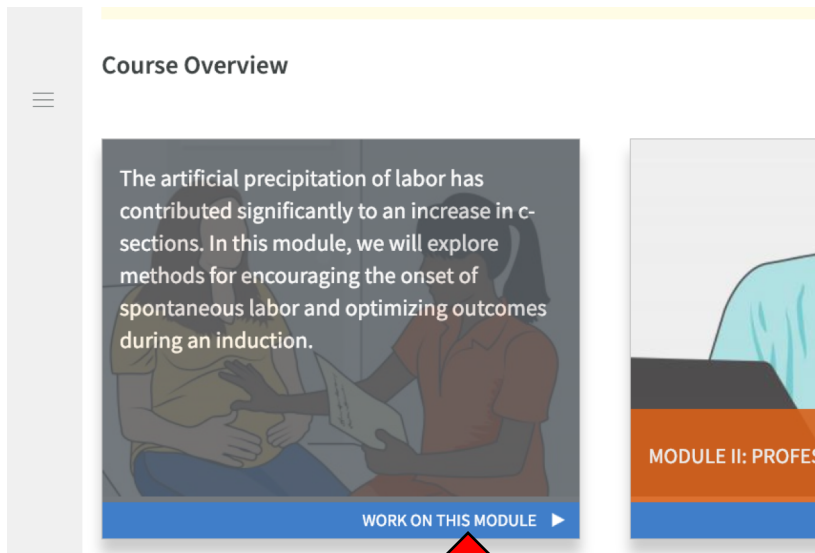
MODULE II: PROFESSIONAL TEAMWORK

[References for Lesson A: Shared Decision Making](#)[References for Lesson B: Closed Loop Communication](#)[References for Lesson C: SBAR Communication](#)[References for Lesson D: Shared Mental Modeling](#)

Access Lessons 2 Ways

■ Home Page by Module

■ My Modules by Lesson

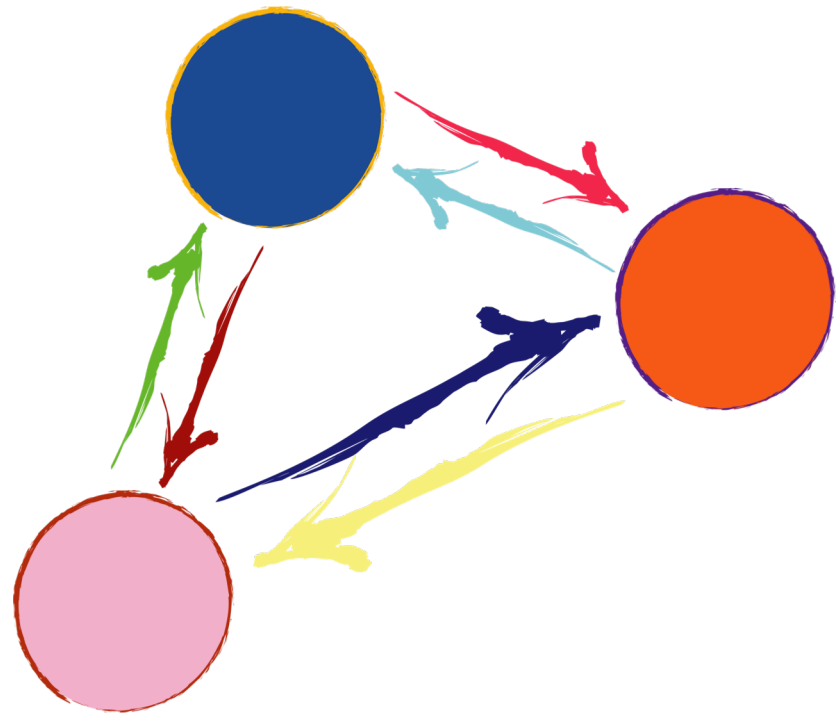


Objectives

- Review cervical change during normal physiologic labor, specifically first stage labor
- Define the Bishop Score and clinical application rationale
- Outline the components and calculate a Bishop Score
- Review patient teaching regarding Bishop Score

Two Types of Lesson Interactions

- Knowledge Checks
- Pop Ups



Knowledge Check

The screenshot displays a knowledge check interface within a video player. A modal window is centered on the screen, showing a question about the required elements of SDM. The user's selected answer, "Trust & empathy", is highlighted in a red box with a red 'X' icon, indicating it is incorrect. The feedback text states: "Incorrect! Empathy is not required element of SDM." Below the feedback, three other options are listed in grey boxes: "Trust & respect", "Empathy & transparency", and "Transparency & respect". A progress bar at the bottom of the modal shows a score of 0/1, with a red arrow pointing to the "Show solution" button. The video player controls at the bottom include a play button, a progress bar, a timestamp of 0:24 / 0:24, and "BACK" and "NEXT" buttons.

✕ Trust & empathy

Incorrect! Empathy is not required element of SDM.

Trust & respect

Empathy & transparency

Transparency & respect

0/1

Show solution

Retry

QCC

0:24 / 0:24

BACK NEXT

Pop Ups

D: Safe Induction of Labor

Professional Position Statements

ACOG Practice Bulletin

CLINICAL MANAGEMENT GUIDELINES FOR OBSTETRICIAN-GYNECOLOGISTS

Induction of Labor

More than 25% of all pregnant women undergo induction of labor in the United States, and the overall rate of induction of labor in the United States has been steadily increasing since 1990 to 2007 (1). The practice of induction of labor is an ancient medical tradition. In contemporary medicine, induction of labor is a common obstetric intervention. Induction of labor is most often a therapeutic option when the benefits of induction outweigh the risks of continuing the pregnancy. The benefits of labor induction for medical reasons are the potential to avoid complications associated with pregnancy and delivery and to ensure the safety of the fetus and the mother. Induction of labor is also used for elective reasons, such as to avoid complications associated with pregnancy and delivery. Induction of labor is a common obstetric intervention. Induction of labor is most often a therapeutic option when the benefits of induction outweigh the risks of continuing the pregnancy. The benefits of labor induction for medical reasons are the potential to avoid complications associated with pregnancy and delivery and to ensure the safety of the fetus and the mother. Induction of labor is also used for elective reasons, such as to avoid complications associated with pregnancy and delivery.

ACNM Position Statement

Induction of Labor

Induction of labor should be offered to women only for medical conditions that are expected to improve maternal and fetal outcomes, including the optimal method to use during the induction process.

Informed consent prior to labor induction is a key component of the maternal process of labor and the benefits and potential risks of induction of labor should be discussed with the patient. The decision to induce labor should be based on the patient's medical history, current status, and the potential risks of induction of labor.

Through a process of education and shared decision-making, the patient and the provider should discuss the potential risks of induction of labor and the benefits of induction of labor. The decision to induce labor should be based on the patient's medical history, current status, and the potential risks of induction of labor.

AWHONN Position Statement

Non-Medically Indicated Induction and Augmentation of Labor

Induction and augmentation of labor are common obstetric interventions. Induction of labor is the process of starting labor before it begins naturally. Augmentation of labor is the process of speeding up labor once it has begun. Induction and augmentation of labor are common obstetric interventions. Induction of labor is the process of starting labor before it begins naturally. Augmentation of labor is the process of speeding up labor once it has begun. Induction and augmentation of labor are common obstetric interventions. Induction of labor is the process of starting labor before it begins naturally. Augmentation of labor is the process of speeding up labor once it has begun.

CMQCC

0:01 / 1:12


BACK NEXT

Opens in a separate window

← → ↻ ⓘ Not Secure | www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000235/Induction-of-Labor-2016.pdf ☆

Gnosis Login HP Software and ... Stanford Bookmar... Stanford University Stanford Webmail Stanford Medicine... Google MDC ZOOM Qualtrics PROMPT Council on Patient...

Induction-of-Labor-2016.pdf 1 / 3



POSITION STATEMENT

INDUCTION OF LABOR

The American College of Nurse-Midwives (ACNM) affirms the following:

- Spontaneous labor offers substantial benefit to the mother and her newborn. Disruption of this process without an evidence-based medical indication represents a risk for potential harm.
- Induction of labor should be offered to women only for medical indications that are supported by scientific evidence which indicate the benefit outweighs the risk of induction of labor, including the potential risks of prematurity or postmaturity.
- Informed consent prior to labor induction should include discussion of the normal processes of labor and the benefits and potential harms of induction, including the optimal method to use during the induction process.
- Development of the state of the science regarding the use of obstetric interventions for healthy childbearing women should continue, focusing on both the health outcomes associated with induction of labor and the context in which the decision for induction of labor occurs between healthcare providers and childbearing women.
- Through a process of education and discussion, midwives can assist childbearing women to make informed decisions regarding induction of labor.

Background


In the United States, 23% of women with singleton pregnancies experience an induction of labor for medically and non-medically indicated reasons.¹ Evidence-based medically indicated inductions of labor offer an opportunity to improve maternal and infant health outcomes when selected complications of pregnancy are present.^{2,3} Such inductions of labor are generally considered within a risk-benefit decision making process in which the risks of the medical condition worsening or causing harm are balanced against the risks of an induction of labor, including consideration of the gestational age of the fetus.

In contrast, induction of labor without an evidence-based medical indication – often termed elective induction – is not an evidence-based practice and represents a misapplication of obstetric interventions.^{2,4} Elective inductions have been cited as contributing to late pre-term births prompting policy statements^{5,6} and quality indicators⁷ which have decreased the practice of inductions of labor prior to 39 weeks gestation.¹






Until recently, induction of labor has been thought to be directly related to higher risk of cesarean birth. However, recent studies⁸ suggest that this relationship is related to multiple factors: maternal - nulliparity and high maternal body mass index; clinician related - lack of cervical preparation, failure to allow adequate time to achieve active labor, and then for labor progress^{9,12} and lack of provider advice and counseling regarding induction of labor.^{10,14}

8403 Colesville Road, Suite 1550, Silver Spring, MD 20910-6374 240.485.1800 fax: 240.485.1818 www.midwife.org

Post Lesson Quizzes



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A: Shared Decision Making


Now it's time for the quiz!

- There are 5 questions.
- Please provide your best answer.
- A score of >80% is passing.

◀ BACK




NEXT ▶

5 questions
80% is passing score



Stanford Medical School Office Building, 1265 Welch Road, MS 5415,
Stanford, CA 94305 USA

(650) 725-6108





Scoring

Post Quiz



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D: Peanut Balls

You got 10 of 50 possible points.
Your score: 20%

My Modules

MODULE III: FIRST STAGE LABOR

Lessons	Score	Total Time
A: Active Labor Support	-	-
B: Labor Preferences Checklist	-	-
C: Labor Dystocia	-	-
D: Peanut Balls	20	00:40:36

Recommended Strategies

- **Pre-Requisite Knowledge:** Online segment should be completed first to enhance the effectiveness of bedside training huddles
 - We recommend a two-week interval where the unit is required to complete the online didactic training prior to roll out of huddle teaching

- **Ideal Instructors:** Consider a peer-led team of bedside nurses to enhance cultural change
 - Teams of 2-3 staff nurses from different shifts can work together to blitz all staff with the huddle training
 - The CNS/Nurse Educator can be involved acting as the coach and mentor to the teaching team, providing feedback, encouragement and administrative support

- **Videos:** Videos are meant to be used as examples for *instructors* to learn how to lead the huddle teaching sessions.
 - Videos are NOT meant for staff to watch as a substitute for huddles.

Practical Implementation Steps

- Form a Labor Support Education team
- Review the lessons
 - Is there a need to omit any training?
 - Are there lessons that should be prioritized?
- What works in your facility
 - Consider staff volume/bandwidth
 - One lesson at a time, two at a time?
 - On-unit huddles or grouped together?
- Develop a training schedule
- Train the Trainers
- Roll Out to Staff

Please provide us with feedback!

- Beta version
- YOUR resource!
- Tell us what is working and what isn't working



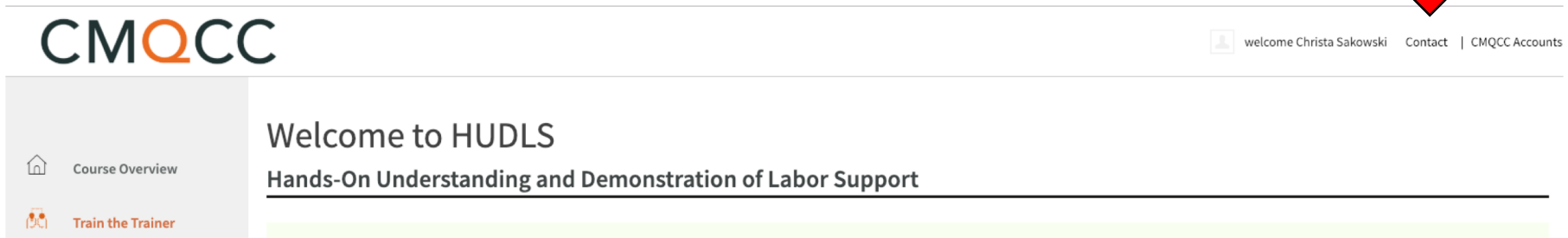
Thank you!

- **The HUDLS Team:** Kathryn Andrews, Jan Trial and our technical team at Fibonacci.

The following hospitals who volunteered their time and facilities for us to film the train-the-trainer videos: Anaheim Global, Mission Hospital, Palomar Poway, PIH Whittier, Riverside University, Scripps La Jolla, St. Jude, USC Verdugo Hills, Torrance Memorial, and UCLA - Santa Monica.

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