Where do I start BEFORE I start?
Implementation Guide

- Contains:
  - Basics of quality improvement
  - Leadership
  - MOST IMPORTANT:
    - Where and how to start!
Potential Implementation Barriers & Strategies to Overcome

- Clinician
- Upper Management
- Time Limitations
- Resource Limitations
Early Wins Matter
- Immediate Impact
- Quickly Implemented
**Readiness:** Build a provider and maternity unit culture that values, promotes, and supports intended vaginal birth and optimally engages patients and families.

Create a team of providers (e.g. obstetricians, midwives, family practitioners, and anesthesia providers), staff and administrators to lead the effort and cultivate maternity unit buy-in.

Develop program for ongoing staff training for labor support techniques including caring for women regional anesthesia.

Develop a program positive messaging to women and their families about intended vaginal birth strategies for use throughout pregnancy and birth.
Response: Develop unit-standard approaches for prompt identification and treatment of abnormal labor and fetal heart patterns.

Implement standard criteria for diagnosis and treatment of labor dystocia, arrest disorders and failed induction.

Implement training/procedures for identification and appropriate interventions for malposition (e.g. OP/OT).
Recognition and Prevention: Develop unit-standard approaches for admission, labor support, pain management and freedom of movement

- Implement protocols and support tools for women who present in latent (early) labor to safely encourage early labor at home

- Implement Policies and protocols for encouraging movement in labor and intermittent monitoring for low-risk women
Reporting and Systems Learning: Utilize local data and case reviews to present feedback and benchmarking for providers and to guide unit progress.

- Share provider level measures with department (may start with blinded data but quickly move to open release).
- Perform monthly case reviews to identify consistency with dystocia and induction ACOG/SMFM checklists.
- Establish a project communications plan (at least monthly education and progress updates).
START WHERE YOU ARE
USE WHAT YOU HAVE
DO WHAT YOU CAN.

ARTHUR ASHE
Beyond the Toolkit

Improved Maternity Care

Transforming Maternity Care
A Toolkit to Support Vaginal Birth and Reduce Primary Cesareans
Collaborative Resources

- Listserv
- Resource Round Tables
- Mentor Team Calls
- CMQCC Staff
- Quarterly Webinars
The Collaborative Monthly Call Report Out

Hospital Name

Goal from last month:

- Progress during month:
- Challenges:
- Successes:
- Goal for next meeting:
Measure Analysis: Identify “Drivers” of the CS Rate

What Drives Our Nulliparous Term Singleton Vertex (NTSV) CS Rate?

Screen Shot from the CMQCC Maternal Data Center
Task 1: What’s in your data?

Examine your own CS data and see if there are “clues”
TASK 2: What are your biggest hurdles?

What do you see as the biggest challenge to implementing this project and at least one strategy for overcoming?
Task 3: First Steps Sheet

- Goal
- Who to Reach
  Out To
- Timeline