Opportunities to Prevent Primary Cesarean Delivery in the 1st Stage of Labor

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What are the opportunities for improvement?

Indications for Primary Cesarean Deliveries

- Labor Arrest, 34%
- Nonreassuring Fetal Tracing, 23%
- Malpresentation, 17%
- Maternal-Fetal, 5%
- Maternal Request, 3%
- Multiple Gestation, 7%
- Other Obstetric Indications, 4%
- Preeclampsia, 3%
Areas of Potential Impact

Prenatal Education

Arrest Disorders

Non Reassuring Fetal Heart Tracings

Cesarean Delivery Utilization Review

OBI 2019 strategy
Labor Progress
Latent labor
Survey Findings
Insight into evidence-based practices being implemented around the state

• January 2018
• 83 Michigan maternity hospitals queried
• 42 maternity hospitals completed the survey

A special thank you to Trinity Health!
They generously shared work that they had done to survey 41 hospitals nationally. Their efforts helped to shape our survey questions.
Latent Labor Admissions, Michigan Hospitals

Women in Latent Labor are Routinely Admitted or Placed in Observation

24/41 hospitals indicated that admission happens in latent labor at least “usually” (10-59%)
Latent labor admission

“Women presenting in latent labor are routinely admitted or placed in observation status”

NTSV Cesarean Delivery Rate

Hospital policy may have an impact on primary cesarean delivery rates

NTSV rates calculated with MDHHS hospital data; https://www.obstetricsinitiative.org/obi-documents/
OBI January 2018, Hospital Survey Findings Report
How we can use these ideas to our benefit?
**Michigan AIM**

**AIM GOALS:**
- Reduce maternal mortality by 1,000 deaths
- Reduce severe maternal morbidity by 100,000 cases

**PATIENT SAFETY BUNDLES**
- Maternal Safety Bundles
  - Maternal Mental Health: Depression and Anxiety
  - Maternal Venous Thromboembolism (AIM)
  - Obstetric Care for Women with Opioid Use Disorder (AIM)
  - Obstetric Hemorrhage (AIM)
  - Postpartum Care Basics for Maternal Safety: Transition From Maternity to Well-Woman Care (AIM)
  - Postpartum Care Basics for Maternal Safety: From Birth to the Comprehensive Postpartum Visit (AIM)
  - Prevention of Retained Vaginal Sponges After Birth
  - Reduction of Peripartum Racial/Ethnic Disparities (AIM)
  - Safe Reduction of Primary Cesarean Birth (AIM)
  - Severe Hypertension in Pregnancy (AIM)
  - Support After a Severe Maternal Event (AIM)
- Non-Obstetric Bundles
  - Prevention of Surgical Site Infections After Gynecologic Surgery

[www.safehealthcareforeverywoman.org](http://www.safehealthcareforeverywoman.org)
Two options for Hospital Implementation

• Checklist for Labor Admission
  • Prenatal Education: Birth Partnership
  • Latent Labor Admission Focus
  • Support in Labor
  • Use of ACOG Labor Progress Guidelines

• Progress in Labor Safety Bundle
  • Uses AIM Bundle Format
  • Multiple options to support labor progress including latent labor
  • Use of ACOG Labor Progress Guidelines
1st Stage of Labor

- **Prolonged latent phase** should not be an indication for cesarean delivery.
  
  >20 hours for nulliparas >14 hours for multiparas

- **Slow but progressive labor** should not be an indication for cesarean delivery.
  
  Standards of active phase should not be applied when cervical dilation <6cm

- **Active phase arrest** should be reserved for women with cervical dilation >6cm and ruptured membranes
  
  Adequate contractions x 4 hours Inadequate contractions x 6 hours
Collaborative efforts are also proving successful...

OBI wants to collaborate with Michigan Hospitals to organize change and facilitate quality improvement efforts in Michigan.
Obstetrics Initiative

Safe Births. Healthy Moms & Babies.

OBI supports vaginal births and safely reducing cesarean deliveries for “low-risk” pregnancies in Michigan hospitals.

www.obstetricsinitiative.org