Reducing Primary Cesareans Collaborative
April 5, 2019 Webinar
Working in interdisciplinary teams and engaging providers

Supported in part by Transforming Birth Fund. Fiscal sponsorship provided by the ACNM Foundation
Welcome!

We have a full agenda today so will dive right in. Please send your questions to the Q&A box and we will get to as many as we can at the end of the webinar.

Our objectives for today are to hear from one of our RPC teams about how their interdisciplinary team has achieved terrific success and to learn from one of our physician faculty members about best practices for partnering with clinicians. First, we’ll hear from Einstein Philadelphia’s team, and then we’ll hear from Sharon Phelan, MD.
Einstein Philadelphia team

Paige Rowland, BSN, MSN has lived outside of Philadelphia most of her life. She graduated from Gwynedd Mercy University with a BSN in 2011 and from Frontier Nursing University with an MSN in 2016. Paige has over four years of experience as an emergency room nurse, over two years as a nurse on labor and delivery, and work as a case manager. She has been working at Einstein Philadelphia since July 2017 as a Nurse-Midwife where both she and Melissa have been working hard to lower the cesarean rate and promote midwifery care. Outside of nursing, Paige runs a non-profit organization called In The Light Fund where she hosts events to raise money for families battling illness.

Melissa Rosenberg, BSN, MSN grew up in South Florida, and graduated from the University of Pennsylvania with a BSN in 2012 and her MSN in Midwifery and Women's Health in December 2015. Before completing her MSN, she worked as a pediatric nurse, outpatient OB/GYN nurse, labor doula, and in nursing research on the elderly and reducing hospital readmissions. Prior to working at Einstein, she completed a short term midwifery fellowship at a Birth Center in Bryn Mawr, PA (the same birth center where she gave birth to both of her kids). She started at Einstein in July 2017 with Paige.

Dr. White is a graduate of the University of California, Berkeley, and the University of California, Davis, School of Medicine. He completed his internship at University of California, Irvine, Medical Center, and his obstetrics and gynecology residency at Albert Einstein Medical Center; where he was Chief Resident. Dr. White is a lecturer for the Department of Obstetrics and Gynecology on several topics including prediction and management of preterm labor, research design and analysis, and evidence-based medical practice. He is a recent recipient of the Award for Excellence in Teaching.

Dr. Loh is an OBGYN at Einstein Medical center. He completed his training in OBGYN at Abington Memorial Hospital in 2017. He was selected as an administrative chief resident. Prior to that he attended medical school at the Commonwealth Medical College in Northeastern Pennsylvania. Dr. Loh is interested in resident and medical student education, labor management, family planning and minimally invasive gyn surgery.
Objectives

• Introduce our team and hospital
• Discuss the culture of L&D in 2017
• Discuss our team’s process
• Review the various initiatives implemented in 2018
• Review the culture of L&D at the end of 2018
• Discuss the NTSV rates from 2017 thru 2018
Our Team

Team Leads:
• Paige Rowland, CNM
• Melissa Rosenberg, CNM

Physicians
• Dr. Chase White, MD
• Dr. Andrew Loh, MD

Quality Improvement
• Anneliese Gualtieri, RN

Statistical Analysis
• Andrew Paoletti

Nurses
• Karen Horner, RN
• Kristen Yoh, RN

Residents
• Casey Carney, MD
• Rebecca Garbose, MD
Einstein Medical Center Philadelphia (And how we got started)
Culture in 2017

• Little to no midwifery presence on L&D
• Bed pans
• Not typically allowed out of bed
  • especially if membranes were ruptured
• Everyone on continuous monitoring
• No peanut balls or birth balls
Our Team Process

• Team meets biweekly
• Performed an analysis of the C-sections in 2017 to decide which bundle to initiate
  • Promoting Spontaneous Progress in Labor
• Created charter
Initiatives Implemented

• Pre-Intervention Survey
• Birth sheets to obtain more accurate data
• Peanut Balls
• Birth Balls
• Getting women out of bed!
• Education
  • Nurses
  • Residents
  • Patients
• Policy work
• Referrals for doulas

Our numbers initially dropped then came back up...
Our Bulletin Board
Patient Handouts

Positions for Laboring Out of Bed

**WALKING, STANDING, AND LEANING**
- All may help stimulate effective contractions
- All use gravity to help baby’s descent

**KNEELING**
- May relieve back pain
- Helps baby rotate to most favorable posterior (OA)
- Relieves hemorrhoids

**SITTING**
- Uses gravity to help baby’s descent
- Allows rest between contractions

**SQUATTING**
- Uses gravity to help baby’s descent
- Opens pelvis to provide more room

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**Am I in Labor? Where to go to the hospital**

When contractions first start, they usually feel like cramps during your period. Sometimes you feel pain in your back. Most often, contractions feel like waves pulling painfully in your lower body. At first, the contractions will probably be 15 to 20 minutes apart. They may be irregular and still be annoying and uncomfortable, but not painful. This part of labor is called the period. As your body gets ready for labor, you feel the contractions getting stronger, closer together, more consistent, and more painful.

**What should I do during early labor when the contractions start?**

- **Walk.** If the pains you are having are real labor, walking will make the contractions come closer together and they will be stronger, but you will be able to cope with them better if you are standing or moving around. If this is “false labor,” walking can make them go away.
- **Eat dinner.** Your body needs a lot of energy to be effective. Go ahead and eat if you are hungry, and eat easily digestible foods.
- **Drink water.** Not drinking enough water can cause contractions not to be as effective as they should be. You need to be well hydrated to help your body work well during labor.
- **Take a nap.** If you feel tired, lie down on your side and get as much rest as you can. It helps to be rested when you go into active labor.
- **Take a shower or bath.** This will help you relax. Stay in there awhile. While standing in the shower, put one heel up on the side of the tub, as if you were sitting in a chair. Do this for at least 3 contractions each.
- **Do something you enjoy.** Spend time with family. Watch a movie. Distraction will help you relax.
- **Get a massage.** If your labor is in your back, a strong massage on your back can feel very good. Try using a therapy ball on the wall if you don’t have a partner to help or a cold soak can prevent your lower back. Getting a foot massage or having a partner rub your feet can also be very relaxing.
- **Sit on an exercise ball.** Do circles on the ball.
- **Spend some time on hands and knees.** Do a palm push-up on your “coming”.
- **Don’t panic. You can do this.** Your body was made for this. You are strong!
When We Ran Into Problems...

• We regained buy-in for the project with help from the department head
• Developed a separate team to review every NTSV C/S
• Hands-on Education for Nurses
• Movement in Labor/Pelvimetry Seminar
Interventions in the Works

- On-Staff “Doula”/Labor support
- Wireless/Tele Monitors
- Policies
  - IA
  - Ambulation in labor
- Continued Hands-On training
- More education for residents
- Press release
  - news pieces
  - articles
The Numbers

Our NTSV C-section rate declined from 27.9% in 2017 to 21.4% in 2018 → a drop of 6.5% → “preventing” 35 NTSV C-sections!
Other improvements

• **Total C-section rate declined** from 32.3% in 2017 to 26.9% in 2018
  - a drop of **5.4%**
  - “preventing” 123 Total C-sections!

• **NTSV births supported by a doula increased** from a baseline of <1% in 2017 to 3.5% in 2018

• **NTSV 5 minute Apgars >7 increased** from a baseline of 88.35% to 92%

• **68.2% of NTSV laboring mothers had a mobility intervention** documented on the EMR in 2018

• **Picker score for patients "given enough input or say in your care" during inpatient admission increased** from 59.2 to 68.5 (>5%) comparing April-September 2017 to April–September 2018
Perspectives from our Teammates
Thank you!!

Please add questions to Q&A box and we will address them after the next presentation!
Engaging Physicians and other providers

Sharon Phelan MD, FACOG
Professor Emeritus Ob-Gyn
University of New Mexico

Chair New Mexico Maternal Mortality Committee
Goals for today

Discuss best practices for engaging physicians in change

• Identifying champions
• Acknowledging concerns
• Building a team and bringing people in the middle along
• Other support
Physicians will engage best when they are

• Engaged early in the change planning and process
• Feel in “control” of the process or truly included
• Have clear goals
• Have clear accurate timely data to compare outcomes
• Are sure that their patients are embracing the concept
• Know that they still can do a c-section when needed
• Not feel lectured to and accused of substandard care
• Not feel that they are expected to do cookbook/checklist medicine
Making the case -- communication is key

• Physicians will often hear another physician better. Find a champion that is committed to the process AND respected by the other providers in the institution.

• Focus on the concept of shared decision making and responsibility including patient/family, nursing staff and provider

• Provide the literature but then apply it to your institutional protocols and procedures as a team.

• Listen to the naysayers – if they are open about their concerns, they will keep you appraised of concerns
Acknowledging concerns and understanding why there are naysayers

I mean the evidence is there
  • Better for mom
  • Better for infant
  • Better for health care systems

But is it ...
  better for the provider?
Acknowledge concerns

For example... this evidence is fine but ....

• This comes out of academic hospitals where they have residents in house 24/7
• We have more complicated/demanding patients
• Our patients demand/expect a c-section if labor is not perfect
• If I do not deliver my patients they are upset
• You only get sued for doing a c-section if you did not do it soon enough.
• I cannot trust that I will be called in time if there is a problem
• If you wait too long the patient gets infected or impacted and has worse complications
• What about the ARRIVE Trial?
Why aren’t Providers behind this? Are they:

• Stupid?
• Stubborn?
• Ignorant of the science and literature behind it?
• Scared patients will not like it?
• Scared their own family will suffer?
• Scared of financial impact?
• Scared of legal implications?
• Feeling this is one more thing the system is pushing on them without their input?
Build a team and engage all unit staff

• Assess needed education and plan to provide it
• Educate regarding FHM – especially around category II tracings. Staff over-reaction to variables and some rates can make a provider feel trapped into an operative delivery
• Address passive aggressive behavior that can be present in a unit promptly
• Provide the education, equipment and support to allow staff to safely and effectively provide alternatives to epidurals if patients desire
• Have staff share experiences of patients and providers that have been successful so others can learn
Use champions, bring those who are in the middle along, and manage the naysayers

- Acknowledge the fears of the members of the team including the physicians
- Work to address fears and (through data and examples) minimize their impact on care decision making
- Develop a healthy positive sense of competition. (Be careful can become negative easily)
- Deal with conflicts timely and professionally using the champions and even facilitators if necessary.
- Realize there are early adopter and late adopter. Give folks some time and space to accept change. (Nudge don’t Push)
What other support do you have? Actions speak louder than words: is administration committed to the process?

- Providing one on one staffing needed for comfort care or IA
- Are they willing to address barriers (such as not admitting until active labor)
- Work to provide pain relief equipment including nitrous
- Provide the staff to collect accurate and timely data that can demonstrate outcomes (especially regarding provider concerns)
- Consider a laborist or similar individual who can manage labor while provider is at the office or home
- Support protocol development and team building with conferences, workshops etc.
- Get articles into the community news so patients are aware of the efforts for improvement
Summary

• Read your environment and planning accordingly
• Providers truly want to do what is best for their patients
• There are early adopters and late adopters – acknowledge
• Give accurate and frequent feedback on how new strategies are working or not working
• Problem solve as a team when a labor, a protocol or a system is not going as planned
• Acknowledge hidden agendas and fears. Data and positive experience are key to true change
• Remember what is important to a successful delivery is different for different individuals
Please add questions for any of our presenters to the Q&A box
This concludes our webinar for April

• Please help us improve by completing our evaluation (here is the URL, and we will also send you an email link). We take your feedback very seriously.

  https://forms.gle/exE3WcJBYnFKdNU39

• ACNM RPC participants please stay on the line for our coaching call!