



MSPQC
INITIATIVE TO SUPPORT
VAGINAL BIRTH
“I-SUPPORT” TOOLKIT

2021

MSPQC INITIATIVE TO
SUPPORT VAGINAL BIRTH TOOLKIT

HOW TO USE THIS TOOLKIT

This toolkit is organized according to the 4-Rs of the AIM Safe Reduction of Primary Cesarean Births Safety Bundle:

- **Readiness**
- **Recognition & Prevention**
- **Response**
- **Reporting/Systems Learning**

The MSPQC Toolkit has adapted the 4 R's

Readiness
Recognition and Reporting
Response
Respectful & Equitable Care

The MSPQC Bundle Advisory Team has selected key resources from existing toolkits that may be adopted and adapted by each facility. This is not an exhaustive compilation of tools; however, it does provide the core components needed for a facility to successfully implement labor management practices that promote vaginal delivery and meet the goals of the MSPQC Initiative to Support Vaginal Births. We fully encourage providers and hospitals to review and utilize the resources from the following organizations in addition to the MSPQC, as they each offer valuable tools and guidance for promoting vaginal births.

In addition to the AIM Safety Bundle, resources within this toolkit are from the California Maternal Quality Collaborative's (CMQCC) Toolkit to Support Vaginal Birth, Florida's PROVIDE Initiative, and Carolinas Health System.

Key references for this toolkit include:

AIM: <https://safehealthcareforeverywoman.org/aim/>

California Maternal Quality Care Collaborative: <https://www.cmqcc.org/>

Florida Perinatal Quality Collaborative PROVIDE Initiative:
<https://health.usf.edu/publichealth/chiles/fpqc/provide>

WHAT IS AIM?

The Alliance for Innovation on Maternal Health (AIM) is a national partnership of organizations with a mission to continually improve patient safety in women’s health care through multidisciplinary collaboration that drives culture change. The AIM program is funded through a cooperative agreement with the Maternal and Child Health Bureau/Health Resource Services Administration.

- AIM aligns national, state, and hospital- level efforts to improve maternal health and safety
- AIM develops maternal safety bundles and promotes their implementation in all birth facilities to ensure consistent maternity care

CORE:

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Safe Reduction of Primary Cesarean Birth
- Cardiac Conditions in Obstetrical Care
 - Care for Pregnant and Postpartum People with Substance Use Disorder
 - Obstetric Care for Women with Opioid Use Disorder

Maternal Safety Bundles

- Postpartum Discharge Transition
- Venous Thromboembolism
- Sepsis in Obstetrical Care – *in development*

Anxiety ○ Maternal Venous Thromboembolism

- Reduction of Peripartum Racial and Ethnic Disparities
- Retained Vaginal Sponges After Birth
- Support After a Severe Maternal Event

SUPPORTING:

- Postpartum Basics: From Birth to Postpartum Visit
- Postpartum Basics: Maternity to Well-Woman Care
- Maternal Mental Health: Perinatal Depression and

ADDITIONAL:

- Prevention of Surgical Site Infections After Gynecologic Surgery
- Enhanced Recovery After Major Gynecologic Surgery

- AIM facilitates multidisciplinary and interagency collaboration between states and hospitals

- AIM supports harmonized data-driven continuous quality improvement processes
- AIM provides evidence-based implementation resources to streamline bundle implementation



Project Overview

This document is an outline of the quality improvement project for the Mississippi Perinatal Quality Collaborative and Blue Cross & Blue Shield of Mississippi, *Initiative to Support Vaginal Births* (I-Support). The goal of the initiative is to support hospitals in implementing evidence based practices that promote vaginal birth and the safe reduction of primary cesarean births among low-risk women. While cesarean births can be undeniably life-saving and necessary, the progressively increasing rates of cesarean births and significant variation across care settings has been cause for national attention. Mississippi has one of the highest rates of cesarean births and improving these rates, where possible, can translate to reduced morbidity for mothers in our state.

Furthermore, there are significant racial and ethnic disparities in the rates of cesarean delivery with Black women experiencing higher rates compared to White women and other racial groups. In addition to varying rates of medical conditions leading to interventions like labor

our goal to eliminate disparities and ensure optimal outcomes in all populations.

This initiative was developed in alignment with the Alliance for Innovation on Maternal Health (AIM) Safe Reduction in Primary Cesarean Births Safety Bundle, the California Maternity Quality Care Collaborative (CMQCC) Toolkit to Support Vaginal Birth and Reduce Primary Cesareans, and the Florida Perinatal Quality Collaborative PROVIDE toolkit. Each of these resources provides best practices shown to promote vaginal delivery and safely reduce cesarean delivery in low-risk, first time mothers.

Following the two-year I-Support Pilot, lessons learned from participating hospitals provided information to improve and refine the I-Support initiative prior to statewide rollout. MSPQC thanks the nine Pilot hospital teams for their valuable contributions. Their involvement and input have been critically important to the success of this initiative and are deeply appreciated.

Participation

Participation in the initiative will require the development of a Project Team, a group of key stakeholders from the healthcare team that will be actively engaged in leading and supporting the initiative. It is expected that all team members participate in all in-person and/or virtual meetings and webinars and share Team updates as active participants of the I-Support Initiative. Below is a list of recommended roles and associated responsibilities of the Project Team:

Project Lead. *The Hospital official making the commitment for hospital participation, will be the Hospital Team Leader for the initiative, and the main contact. This person should have influence to drive change and ultimate project oversight and management to ensure implementation objectives and timelines are met.*

OB Physician Lead. *Must be a leader willing to engage colleagues on this issue and attend your hHospital team's meetings on this initiative.*

Nurse Lead. *Must be a leader willing to engage colleagues on this issue and attend your hHospital team's meetings on this initiative.*

Data Lead. *Will be responsible for submitting monthly data to the AIM Data Portal.*

Hospital Administrator. *Is responsible for full administrative support for this initiative.*

Information Technology Lead. *Is responsible for EMR integration of recommended tools (i.e. order sets).*

Mississippi Perinatal Quality Collaborative (MSPQC) and Blue Cross & Blue Shield of Mississippi (BCBSMS) Initiative Support Team. *The Initiative to Support Vaginal Births (I-Support) is a collaborative effort led by MSPQC and BCBSMS driven by a shared goal of improving the health status of mothers and babies in Mississippi. The implementation of the AIM Safety Bundles is a key component of the BCBSMS Maternity Quality Model. Network Hospitals' progress with implementing the Bundle Components will be monitored by BCBSMS through progress updates entered in the AIM Data Portal by Network Hospital teams and the quarterly Maternity Quality Model Performance Review. MSPQC and BCBSMS will be a part of the multidisciplinary Initiative Support Team that will provide guidance, feedback, and educational opportunities to participating hospitals on executing improvement strategies via collaborative coaching calls, learning session webinars, and in-person trainings.*

Implementation

Implementation of AIM Safety Bundle components will be accomplished in 3 Phases throughout the initiative. Hospital teams are welcomed and encouraged to utilize available resources to move at a faster pace or expand upon the proposed activities.

Ensuring Respectful Care and Disparity Reduction will be addressed throughout all phases of the initiative with a focus on education, data collection, and patient engagement.

Below is a description of the 3 Phases of Implementation and key roles and responsibilities.

Phase 1- Readiness (Implement in 3-6 months)

Team Preparation and Education

Statewide kick off is planned for April 2022. Hospital teams and providers will be invited to participate in the annual MSPQC conference to allow time for healthcare teams to discuss the current state of practice within their facilities, share perceived challenges and collaborate on recommendations related to promoting safe primary vaginal births. Education in this phase will also focus on the provision of respectful and equitable care and how disparities in cesarean delivery can be addressed. Hospitals will be asked to complete a baseline readiness survey to establish processes/practices already in place related to Bundle components.

SUPPORT VAGINAL BIRTH TOOLKIT

Expected participation by the following key stakeholder(s):

- Project Lead
- OB Physician Lead and other OB Providers from your Network Hospital ▪
Nursing Lead
- Data Lead

Expected responsibilities:

- Attend MSPQC statewide kick-off conference in April 2022
- Completion of readiness assessment
- Attend AIM Safety Bundle Regional meetings and monthly MSPQC webinars as scheduled

Education of best practices (ACOG/SMFM guidelines)

AIM E-modules will be the didactic method for education of best practices for all nurses and providers. This will be monitored through progress updates entered in the AIM Data Portal by the Data Lead. Additional educational opportunities will be provided through active learning seminars that focus on labor support education for Providers and nursing staff.

Expected participation by the following key stakeholder(s):

- OB Physician Lead and other OB Providers from your Network Hospital ▪
Nursing Lead and Women's Services Staff
- Data Lead

Expected responsibilities:

- Complete designated online AIM E-modules
- Attend active learning seminars as scheduled
- Enter progress updates on completed education into the AIM Data Portal

Phase 2- Recognition & Reporting (Implement in months 3-9)

Data sharing

Throughout the initiative BCBSMS will share Provider rates for the BCBSMS population in a claim-based report for all participating Maternity Quality Model Network Hospitals. Hospital teams will be asked to establish a defined process for sharing provider rates for their entire delivering population if they are not already doing so. Specific neonatal and maternal outcome measures for the BCBSMS delivering population will be shared as balancing measures throughout the initiative.

MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT

MSPQC will share global outcome measures for participating hospitals including overall cesarean rates, NTSV rates, severe maternal morbidity rates and neonatal morbidity and mortality rates. Neonatal morbidity and mortality rates will serve as a balancing measure, to ensure that rates of unexpected poor neonatal outcomes do not rise during the course of the initiative.

Expected participation by the following key stakeholder(s):

- Nursing Lead
- OB Physician Lead and other OB Providers from your hospital
- BCBSMS

Expected responsibilities:

- BCBSMS shares Provider rates and balancing measure data for each participating Network Hospital
- Designated person from the hospital tracks and shares all-payor Provider rates and balancing measures from your Hospital
- All Providers from your Network Hospital review their rates

Multidisciplinary Case Reviews and Audits

Chart audits and Case reviews are key components of the AIM Safety Bundle. The processes of chart auditing and establishing multidisciplinary case reviews will be reviewed during monthly MSPQC webinars. The Initiative Support Team can serve as a resource for helping hospital teams establish a process to perform case reviews as needed. Case reviews that are multidisciplinary will allow educational opportunities to be identified and aid in recognizing practice variations that impact delivery outcomes. The AIM Safety Bundle Multidisciplinary Case Reviews focus on cesarean deliveries resulting from common medical indications. Examples are *Dystocia/Failure to Progress and Failed Induction*. Monthly chart audits on both of these focus areas should guide which deliveries are discussed in the Multidisciplinary Case Review based on which indication is noted to be the primary driver of cesarean delivery in your facility.

Expected participation by the following key stakeholder(s):

- Data Lead
- Nurse Lead
- OB Physician Lead and other OB Providers from your hospital
- Other key stakeholders involved in the management of the patient

Expected responsibilities:

- Complete 10 chart audits per month (or more if you choose) on the 2 primary indication areas of focus (Dystocia/Failure to Progress or Failed Induction) ▪ Attend monthly MSPQC webinars as scheduled
 - Establish and maintain a process within your facility for quarterly Case Reviews

MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT

- Update the AIM Data Portal on a monthly basis with your data collected in Case Reviews

Phase 3- Response (Implement in months 9-12)

Policy/Protocol Changes

Education on best practices (phase 1) and identifying care opportunities in Case Reviews and data review (phase 2) will guide Hospital teams in reviewing and revising policies and protocols accordingly. Integration of policy and protocol changes into the electronic medical record is expected. The Initiative Support Team is available to conduct an in-person or virtual meeting with your team to support the policy review process. At the meeting we will discuss policies and protocols implemented at other facilities that were successful in initiating quality improvement programs related to supporting intended vaginal deliveries. In addition, examples of evidence based practices shown to safely reduce cesarean delivery will be discussed.

Expected participation by the following key stakeholder(s):

- Nurse Lead
- OB Physician Lead and/or other OB Providers from your hHospital
- Other key stakeholders involved in the management of the patient
- Information Technology Lead

Expected responsibilities:

- Policy/Protocol Development and Review
- Attend monthly MSPQC webinars as scheduled

Key Tasks and Timeline

Tasks	Key Stakeholder	Timeframe
Attend annual MSPQC conference for statewide kick off	OB Physician Lead and Nurse Lead	April 2022
Introduce the I-Support Project to your Hospital Leadership Team and Women's Services department with an educational session, department meeting, or other event/announcement	Administration, Physician Lead, Nurse Lead	May 2022
Establish your I-Support Project Team and develop a timeline for progression	Designated Project Lead	May 2022

Establish a schedule for routine touchpoints throughout the I-Support Project for your Hospital Project Team to discuss implementation progress and opportunities for improvement (suggested monthly)	Designated Project Lead	May 2022
---	-------------------------	----------

MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT

Attend MSPQC monthly I-Support webinar meetings for collaboration and advice (includes sharing successes/challenges of Bundle implementation)	Project Team	May 2022 – March 2023
Complete AIM e-module education	OB Physicians, Nurses	April 2022 – September 2022
Adopt shared decision making practices to ensure respectful, equitable and supportive care for birthing mothers and their support network	Project Team	April 2022 – June 2022
Establish and implement a process for Chart Audits	Project Team	July 2022 – September 2022
Establish and implement a process for multidisciplinary Case Reviews		October 2022 – December 2022
Develop new policies and protocols and review/revise existing ones	Project Team	January 2023 – March 2023
Attend BCBSMS/MSPQC Spring Regional Meetings in your area for hands-on labor management educational trainings and group learning sessions	Project Team	July 2022 – August 2022
Hold regular Hospital Project Team meetings to share provider rates based on all deliveries, review project progress, discuss key components for each Phase of the AIM bundle, and establish processes to implement key components and measure outcomes (Plan, Do, Study, Act cycles are recommended)	Project Team	April 2022 – March 2023

Submit monthly updates on Bundle implementation to the AIM Data Portal	Data Lead	April 2022 – March 2023
Complete Post-Initiative Implementation Hospital Assessment	Project Lead	March 2023

In-Person or Virtual Meetings

Representatives (at least two, preferably the Nurse Lead and Provider Lead) from all I Support Hospitals will be asked to participate in the following meetings to learn and collaborate:

1. The statewide AIM Bundle kick off at the annual MSPQC conference in April 2022
2. Monthly MSPQC webinars

10



MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT

3. BCBSMS/MSPQC Spring Regional Meeting where Hospital Project Teams will participate in active educational trainings and share their successes and challenges with bundle implementation.





Readiness

There are three domains of Readiness to be addressed by every facility to ensure a culture that promotes and supports intended primary vaginal births in the absence of medical indication.

Recommendations for Every Patient, Provider and Facility:

- 1. Build a provider and maternity unit culture that values, promotes, and supports spontaneous onset and progress of labor and vaginal birth and understands the risks for current and future pregnancies of cesarean birth without medical indication**
- 2. Optimize patient and family engagement in education, informed consent, and shared decision making about normal healthy labor and birth throughout the maternity care cycle**
- 3. Adopt provider education and training techniques that develop knowledge and skills on approaches which maximize the likelihood of vaginal birth, including assessment of labor, methods to promote labor progress, labor support, pain management (both pharmacologic and non-pharmacologic), and shared decision making.**













































































▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



■ ■ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



|| MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



■ ■ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



■ ■ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



|| MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



■ ■ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



■ ■ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



■ ■ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT







Recognition & Reporting

There are six domains of Recognition & Reporting that should be implemented in every facility to maximize clinical planning for labor management and support and use data to drive improvement.

Recommendations for Every Patient in Every Birth Facility:

- 1. Implement standardized admission criteria, triage management, education, and support for women presenting in spontaneous labor**
- 2. Offer standardized techniques of pain management and comfort measures that promote labor progress and prevent dysfunctional labor**
- 3. Implement methods that promote freedom of movement**
- 4. Adopt protocols for timely identification of specific problems to reduce the risk for cesarean birth**
- 5. Track and report labor and cesarean measures in sufficient detail to: 1) compare to similar institutions, 2) conduct case review and system analysis to drive care improvement, and 3) assess individual provider performance**
- 6. Track appropriate metrics and balancing measures, which assess maternal and newborn outcomes resulting from changes in labor management**



▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



■ ■ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



■ ■ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



▣▣ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



■ ■ MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT





|| MSPQC INITIATIVE TO SUPPORT VAGINAL BIRTH TOOLKIT



