



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



**Safe Reduction of Primary Cesarean
Birth Patient Safety Bundle**

Element Implementation Details



Safe Reduction of Primary Cesarean Birth Patient Safety Bundle

Element Implementation Details

Readiness — Every Care Setting

Readiness Element	Key Points
<p>Patient and support network education</p>	<p>Antepartum and intrapartum:</p> <ul style="list-style-type: none"> • Childbirth education, including description of normal labor physiology and process, benefits of spontaneous onset, progress, and potential duration. • Risks and benefits of elective labor induction • Knowledge about the second stage labor, approaches to promote progress, including position changes and breathing techniques. • Information about benefits of labor support, including doula care. • Explanation of pain management options <p>Postpartum</p> <ul style="list-style-type: none"> • Review of warning signs/symptoms and how to seek needed care • Reinforcement of the value of outpatient postpartum follow-up • Summary of delivery events and treatments provided <p>All education provided should be:</p> <ul style="list-style-type: none"> • Aligned with health literacy, culture, language and accessibility needs • Include a designated support person for all teaching with patient permission (or as desired)
<p>Multidisciplinary education to healthcare team members</p>	<p>The multidisciplinary team receiving education should involve:</p> <ul style="list-style-type: none"> • Obstetrical care clinicians including: <ul style="list-style-type: none"> - OB/GYNs - family medicine physicians - midwives - physician associates - women’s health nurse practitioners • Nursing staff • Anesthesia Providers <p>Remote and technology assisted educational options should be considered to increase accessibility for providers in all care settings, as well as to support multimodal learning needs.</p> <p>See <i>Resource Guide</i> for example trainings</p>

Response — Every Event

Response Element	Key Points
Availability of clinicians, staff, and resources	<p>Consideration should be given to posting and use of checklists and protocols to support labor assessment and emergency responses.</p> <p>Order sets in the EMR should be considered when possible to support ongoing patient assessment and responses to labor process disruptions by clinicians.</p>
Clinician training, skill development, or referral expertise	<p>Clinician skills and techniques in procedures to avoid abdominal delivery should be reinforced and supported through integration of these low volume, high risk procedures into multidisciplinary drills and simulations.</p> <p>This may include drills including things such as:</p> <ul style="list-style-type: none">• identifying location of operative vaginal delivery equipment• practice opportunities for all credentialed clinicians on operative vaginal delivery equipment• the process for an external cephalic version• support of twin birth processes and procedures• integration of patient-centered, empathetic, trauma-informed care

Reporting and Systems Learning - Every Unit

Reporting Element	Key Points
Multidisciplinary reviews	<p>Emphasize process mapping to identify systemic gaps, identifying trends and opportunities, and implementing interventions to address them and measuring improvements.</p> <p>Cases for multidisciplinary review should be identified in a standardized process.</p> <p>Reviews may assess and/or identify:</p> <ul style="list-style-type: none"> • Alignment with standard policies and procedures • Appropriate updates to standard policies and procedures for future events • Other opportunities for improvement, including identification of inequitable practices and opportunities to improve respectful, equitable and supportive care. • Consistent issues without improvement should be reported via facility established pathways, such as peer review, quality and safety meetings, or incident reporting <p>Develop response to identify issues and develop a process improvement plan Indications to review may include:</p> <ul style="list-style-type: none"> • Dystocia • Arrest of Labor in the active phase • Arrest of labor in the latent phase • Abnormal or indeterminate fetal heart rate patterns
Monitor appropriate metrics and balancing measures	<p>Facility teams may leverage the electronic medical record (EMR) to track and monitor metrics related to cesarean births and other areas of Reporting and Systems Learning, such as:</p> <ul style="list-style-type: none"> • Calculated Nulliparous, Term, Singleton, Vertex (NTSV) cesarean birth rates disaggregated by race, ethnicity, and other social and structural drivers of health as able • Metrics to track inductions of labor and appropriate use of cervical ripening agents and equipment • Integrations of documentation fields in the EMR for chart review • Designated notes fields in EMR to improve notes regarding indications for Cesarean births and provider rationale. <p>See <i>Data Collection Plan</i> for further metrics.</p>

Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

Respectful Care Element	Key Points
Inclusion of the patient as part of the multidisciplinary care team	<ul style="list-style-type: none"> • Establishment of trust • Informed, bidirectional shared decision-making. • Patient values and goals as the primary driver of this process
Communication with pregnant and postpartum people and their identified support network	<p>Communications may include clinical reasons why a cesarean birth occurred, being mindful that patient expectations around mode of delivery are diverse.</p> <p>All communication and conversations should be appropriately timed and further discussion and context regarding why a patient had a cesarean birth may occur during postpartum follow up visits.</p>
<p>Patient support networks may include nonfamilial supports, such as doulas and home visitors, who, with the pregnant and postpartum person's permission, should be welcomed when any teaching or planning is provided.</p>	

These materials were developed with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a cooperative agreement with the American College of Obstetricians and Gynecologists under grant number UC4MC28042, Alliance for Innovation on Maternal Health. The contents do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

© 2022 American College of Obstetricians and Gynecologists. Permission is hereby granted for duplication and distribution of this document, in its entirety and without modification, for solely non-commercial activities that are for educational, quality improvement, and patient safety purposes. All other uses require written permission from ACOG.