



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



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



Safe Reduction of Primary Cesarean Birth Patient Safety Bundle

Readiness — Every Unit

Develop provider, patient community and 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.

Provide education to pregnant people and families related to their options for labor and birth throughout the perinatal care cycle, with an emphasis on informed consent, and shared decision-making.

Facilitate multidisciplinary education to healthcare team members on approaches which maximize the likelihood of vaginal birth, including assessment of labor, methods to promote labor progress, labor support, coping mechanisms, and pain management (both pharmacologic and non-pharmacologic), and shared decision-making to all providers and staff that provide care to pregnant and postpartum people.

Training on trauma-informed care and health care team member biases to enhance high-quality, equitable outcomes.

Recognition & Prevention — Every Patient

Implement standardized admission criteria, triage management, education, and support for people presenting in spontaneous labor.

Ensure availability and offer a range of standard techniques of pain management and comfort measures that promote labor progress and prevent dysfunctional labor.

Utilize standardized methods in the assessment of the fetal heart rate status, including interpretation and documentation and encourage evidence-based positioning and patient movement in labor.

Implement protocols for timely identification of specific conditions, such as active herpes and breech presentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth.

Implement standardized approaches to promote evidence-based interventions for conditions such as macrosomia, low-lying placenta, and oligohydramnios.



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Response — Every Event

Ensure availability of clinicians, staff, and resources to maintain appropriate ongoing labor assessment and support and respond to labor process disruptions and emergencies.

Uphold comprehensive standardized induction scheduling with shared decision-making, planning, and preparation of patients undergoing induction.

Utilize standardized evidence-based labor algorithms, policies, and techniques, which allow for prompt recognition and treatment of dystocia and are consistent with the diagnosis of labor dystocia criteria.

Adopt policies that outline standard responses to abnormal fetal heart rate patterns and uterine activity to avoid unnecessary intervention and maintain high-quality neonatal outcomes.

Provide via clinician training, skill development, or referral expertise and techniques to lessen the need for abdominal delivery, such as breech version, instrumented delivery, and twin delivery protocols.

Reporting and Systems Learning — Every Unit

Perform regular multidisciplinary reviews of indications for cesarean births to determine alignment with established standards to identify systems issues and variations in provider performance.

Monitor appropriate metrics and balancing measures, including maternal and newborn outcomes resulting from changes in labor management strategies, with disaggregation by race and ethnicity due to known disparities in rates of cesarean delivery.

Establish a culture of multidisciplinary planning, huddles, and post-event debriefs for unplanned cesarean births, which identify success, opportunities for improvement, and action planning for future events.



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

Include each pregnant or postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team.*

Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network to respond to their concerns.*

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