Partnership for Patients
Safe Deliveries Roadmap
Learning Collaborative Webcast
August 19, 2014

Advancing Patient Safety in Maternity Care:
A Roadmap from Prenatal to Postpartum
Safe Deliveries Roadmap Project Coordinator

Mara Zabari, Executive Director of Integration Partnership for Patients
Washington State Hospital Association

206-216-2529
maraz@wsha.org

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Today

• Project Updates
• Review results from the Safe Deliveries Roadmap Labor Management Bundle practice assessment – round two
Updates
Safe Deliveries Roadmap

The Safe Deliveries Roadmap® Safe Table Learning Collaborative

Obstetrical practices and hospital obstetrical leaders are invited to join the Washington State Hospital Association in the adoption of evidenced-based practices to ensure safe deliveries and healthy babies. This initiative is undertaken in partnership with the American Congress of Obstetricians and Gynecologists.

http://www.wsha.org/0513.cfm%20

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Safe Deliveries Roadmap Webpage

Strategies and Tools:
Safe Deliveries Roadmap Labor Management Bundle Implementation Packet

- Implementation guide
- Safe Deliveries Labor Management Bundle document - Revised July 25, 2014
- Obstetric definitions:
  - SDR definitions - Revised July 7, 2014
  - revitalize - 2014
- Education library listings
- Tools
  - Induction of Labor algorithm - Revised June 26, 2014
  - Induction of Labor checklist - Revised July 16, 2014
  - Active/spontaneous Labor algorithm - Revised June 26, 2014
  - Active/spontaneous Labor checklist - Revised July 30, 2014
  - Partogram - July 22, 2014
- FAQs
- Patient education flyer – (coming soon)
- Data Submissions
  - WSHA-MDC
    - Data Specifications - July 30, 2014
    - CSV File Template - Revised June 24, 2014
    - Preparing for MDC data submissions - Revised July 23, 2014

October 21
November 26
December 18

2014 In Person Meetings
9:00 am – 2:30 pm

- September 4
- November 18

For more information or to register for In-Person Safe Tables or Webinars, contact Michelle Graham at michelleg@wscha.org

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
RESOURCES

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
APPLYING THE PRACTICES:

This section lists and describes the documents and tools available on the Safe Deliveries Roadmap website that support implementation of the Labor Management Bundle. Note: these tools will be updated periodically to incorporate the learnings from the Safe Deliverers Roadmap project. Please check the website regularly for the latest version of the tools.

*Safe Deliveries Labor Management Bundle:*
This document is the foundation of the Safe Deliveries Roadmap Labor Management Bundle project and outlines the evidence-based recommendations for induction of labor, first stage labor, and second stage labor management.

*Obstetric definitions:*
The Safe Deliveries Roadmap Obstetric Definitions document outlines the relevant definitions for the Labor Management Bundle recommendations. The majority of the definitions come from reVitalize, an American College of Obstetricians and Gynecologists (ACOG) initiative to standardize obstetric data definitions.

*Education library listings:*
The education library includes slides from past webcasts and are listed below. Selected recordings are available upon request to Mara Zabari at maraz@wsa.org

- Safe Deliveries Roadmap project on-boarding information
- Obstetric definitions
- Preventing the first cesarean delivery
Safe Deliveries Roadmap Website

**Strategies and Tools:**
Safe Deliveries Roadmap Labor Management Bundle Implementation Packet

- Implementation guide
- Safe Deliveries Labor Management Bundle document - Revised July 25, 2014
- Obstetric definitions:
  - SDR definitions - Revised July 7, 2014
  - reVitalize - 2014
- Education library listings
- Tools
  - Induction of Labor algorithm - Revised June 25, 2014
  - Induction of Labor checklist - Revised July 16, 2014
  - Active/spontaneous Labor algorithm - Revised June 26, 2014
  - Active/spontaneous Labor checklist - Revised July 30, 2014
- FAQs
- Patient education flyer – **coming soon**
- Data Submissions
  - WSHA-MDC
    - Data Specifications - July 30, 2014
    - CSV File Template - Revised June 24, 2014
    - Preparing for MDC data submissions - Revised July 23, 2014

---

**2014 In Person Meetings**
9:00 am – 2:30 pm

- September 4
- November 18

For more information or to register for In-Person Safe Tables or Webinars, contact Michelle Graham at michelleg@wsha.org

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Safe Deliveries Roadmap Meeting Schedule

2014

- Roadmap Monthly (webcast) 7:00 – 8:00 a.m.

<table>
<thead>
<tr>
<th>January 9</th>
<th>July 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 21</td>
<td>August 19</td>
</tr>
<tr>
<td>March 26</td>
<td>September 18</td>
</tr>
<tr>
<td>April 23</td>
<td>October 21</td>
</tr>
<tr>
<td>May 20</td>
<td>November 26</td>
</tr>
<tr>
<td>June 12</td>
<td>December 18</td>
</tr>
</tbody>
</table>

- Safe Tables (in-person) 9:00 a.m. – 2:30 p.m.
  - September 4
  - November 18

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
"The only thing better than a BIG idea is the team that can see it through"
Survey Respondents

1st Round
- 49 sent out
- 49 returned
- 13 CAHs
- 36 Non-CAHs

2nd Round
- 50 sent out
- 37 returned (so far)
- 11 CAHs
- 26 Non-CAHs

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Leadership & Strategy
Quality improvements in maternity care is a high priority within the organization.
There is an existing multi-disciplinary committee that can oversee implementation of the Safe Deliveries Roadmap work.
Nurse and physician co-chair the multidisciplinary committee

![Bar chart showing percentages of 'Yes', 'No', 'In development', and 'Plan for the future']

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Supporting Structures
This facility regularly reports maternity quality improvement results to staff, providers, senior management and board.

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
This facility has medical record documentation forms and electronic systems with cues for use of the NICHD terminology for FHR patterns.

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
This facility performs routine medical record audits using fetal monitoring strips.
Our facility provides interdisciplinary fetal monitoring education

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Overall, we have data systems that are functional and allow us to obtain data when we need them.
*There is a hard stop for scheduling elective deliveries prior to 39 weeks

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
There is a standard policy for admission to the maternity unit with criteria.

- Yes: 41% 43%
- No: 29% 24%
- In development: 16% 24%
- Plan for the future: 14% 8%

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
There is a standard policy for labor induction practices

- Yes: 74% (81% 10% 12% 4%)
- No: 10% (5%)
- In development: 12% (14%)
- Plan for the future: 4% (0%)

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
*There is a hard stop for scheduling inductions with unfavorable cervix between 39 – 40 6/7 weeks without a medical indication

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
There is a standard policy for first and second stage labor management practices

- Yes: 30% (1st), 29% (2nd)
- No: 35% (1st), 35% (2nd)
- In development: 32% (1st), 24% (2nd)
- Plan for the future: 3% (1st), 12% (2nd)

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Labor Management Practices

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Assessment of gestational age: provide documentation on how and when gestational age is determined (most recent ACOG criteria or 8%rule)

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Labor Induction
Pre-procedure: consent form discussed with patient and signed for any induction; medical and non-medical

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Non-medically indicated: not done prior to 39 weeks

- Fully implemented: 90% (1st), 89% (2nd)
- Partially implemented: 8% (1st), 6% (2nd)
- Considering, but not implemented yet: 2% (1st), 3% (2nd)
- No plan to implement: 0% (1st), 3% (2nd)

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
*Non-medically indicated: between 39 – 40 6/7 weeks gestation must have Bishop score of 9 or greater in nulliparous women and 6 or greater in multiparous women (no cervical ripening).
*Medically indicated: done for reasons that are medically indicated and not included in the non-medically indicated guideline criteria (see criteria below)

- History of fast labor
- Distance from hospital
- Suspected macrosomia (without history of shoulder dystocia)
- Psychosocial (e.g. partner’s deployment date, family or significant relation availability, adoption, etc...)
- Maternal discomfort (e.g. hemorrhoids, reflux, sciatic nerve pain, fatigue, etc...)
- Advanced cervical dilation, GBS negative
- Gestational age between 39 – 40 6/7 weeks without a medical indication for delivery

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Medically indicated: cervical ripening if needed for unfavorable cervix

- Fully implemented: 81% (1st), 67% (2nd)
- Partially implemented: 21% (1st), 14% (2nd)
- Considering, but not implemented yet: 13% (1st), 6% (2nd)
- No plan to implement: 0% (1st), 0% (2nd)

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
*Failed induction (stable mother and fetus) – parameters to use when not entering active labor (>=6cms):

- No cervical change after 24 hours of Oxytocin and membranes have been artificially ruptured (if feasible and no contraindications) (refer to algorithm)
- Failure to enter active phase (>=6 cms) despite uterine contractions every 3 mins x 24 hours with ruptured membranes
- Inadequate response to 2nd cervical ripening agent and failure to respond to Oxytocin per hospital protocol
- In the setting of ruptured membranes, no cervical change after 12 hours of Oxytocin

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
*If failed induction with intact membranes and GBS negative, discuss options regarding further management: consider risks, benefits, and alternatives of all options (i.e: discharge home with plan to return versus Caesarean Section, depending on clinical situation)

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
First Stage Labor
Delay admission to labor unit (all conditions to be met for discharge):

- Cervix less than 4cm.
- Membranes intact.
- Reactive NST/FHR category I (if uterine contractions present). Confirmed by 2 practitioners (RN, MD, DO, CNM).
- Pain control adequate with appropriate outpatient interventions as needed

---

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Consider discharge home or further observation:

- Cervix 4-5 cm without change x 2-4 hours.
- 80% effacement.
- Membranes intact.
- Reactive NST/FHR category I (if uterine contractions present).
- Contractions less than 3/10 minutes

![Graph showing percentage of implementation status]
Consider AROM and/or Oxytocin administration:

- Cervix 4-5 cm without change x 2-4 hours.
- 90 - 100% effacement.
- Membranes intact.
- Reactive NST/FHR category I (if uterine contractions present).
- Contractions less than 3/10 minutes.

**Graph:**

- **Fully implemented:**
  - 25% (1st)
  - 49% (2nd)

- **Partially implemented:**
  - 42% (1st)
  - 37% (2nd)

- **Considering, but not implemented yet:**
  - 31% (1st)
  - 11% (2nd)

- **No plan to implement:**
  - 2% (1st)
  - 3% (2nd)

*Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014*
Consider Cesarean delivery (all three present):

- Cervix 6cm or greater.
- Membrane ruptured (if feasible).
- Uterine activity:
  a) Greater than 200 Montivideo units x 4 hours, or every 3 minute palpably strong contractions x 4 hours when not feasible to rupture membranes (OR)
  b) Less than 200 Montivideo units or less than 3/10 minute contractions x 6 hours despite Oxytocin administration per protocol

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Second Stage Labor
Assessment of descent and position of presenting part: at least every 1-2 hours

- Fully implemented: 34% (1st), 58% (2nd)
- Partially implemented: 34% (1st), 17% (2nd)
- Considering, but not implemented yet: 30% (1st), 22% (2nd)
- No plan to implement: 2% (1st), 3% (2nd)

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Consider operative vaginal delivery or Cesarean delivery (if presenting part not on perineal floor: +4 or lower):

Time from complete dilation */**

- Nulliparous with epidural anesthesia – 4 hours.
- Nulliparous without epidural anesthesia – 3 hours.
- Multiparous with epidural – 3 hours.
- Multiparous without epidural – 2 hours. OR
- Total time from complete dilation 5 hours or greater.

*Passive decent (laboring down) is included in these time periods
** Each may need an additional hour if occiput posterior position and rotation of greater than 45 degrees toward anterior has been previously achieved

---

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

- Fully implemented: 11%
- Partially implemented: 32% 33%
- Considering, but not implemented yet: 53% 19%
- No plan to implement: 4% 3%

1st
2nd

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
All Phases
*Use fetal heart rate interpretation algorithm (e.g. Spong, Clark)

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Staffing: 1:1 nurse to patient staffing ratios in active labor (\(\geq 6\ \text{cm AND 80\% effaced}\)) high risk or being induced

- Fully implemented: 89\%
- Partially implemented: 68\%
- Considering, but not implemented yet: 2\% 0\%
- No plan to implement: 4\% 6\%

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
Mode of fetal monitoring: provides ability to palpate contractions and auscultate FHR in appropriate populations

Presented at the Washington State Hospital Association Safe Table Webcast Aug. 19, 2014
DISCUSSION
Thank You!

Mara Zabari, Executive Director of Integration Partnership for Patients
206-216-2529
maraz@wsha.org

Safe Deliveries Roadmap Website
http://www.wsha.org/0513.cfm%20