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Labor Management 2.0
What are we Learning?

Dr. Thomas Benedetti
Dr. Dale Reisner
Dr. Rita Hsu
Barbara Lawson
State Trends: NTSV C-sections and Primary TSV C-sections

Washington State Non-Military Hospitals

C-Sections Among Nulliparous Term Singleton Vertex (NTSV) Deliveries SFY 1997-2014
Hospital Rate with 95% Confidence Limits

Primary C-Sections Among Term Singleton Vertex (TSV) Deliveries SFY 1997-2014
Hospital Rate with 95% Confidence Limits

NTSV C-section – Healthy People 2020 target <= 23.9%
Primary TSV C-section – Results Washington 2016 target <= 14.7%

Data Source: Birth certificate and First Steps Database-Years based on State Fiscal Years (SFY) - L. Cawthon
Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Primary TSV C-section rate *
2013 compared to Jan-Oct 2014 (95% CI)

* Only hospitals with complete data for the full time period are included
Data Source: WSHA MDC as of Feb 4, 2015
Results Washington 2016 target = <= 14.7%

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
NTSV C-section rate *
2013 compared to Jan-Oct 2014 (95% CI)

* Only hospitals with complete data for the full time period are included
Data Source: WSHA MDC as of Feb 4 2015
Healthy People 2020 target <= 23.9%

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Induction Rate per All Deliveries *
2013 compared to Jan-Oct 2014 (95% CI)

- 2013 MDC Baseline
- Jan-Oct 2014 MDC

* Only hospitals with complete data for the full time period are included

**Data Source:** WSHA MDC as of January 6, 2015

**Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015**
C-section Rate per All Inductions *
2013 compared to Jan-Oct 2014 (95% CI)

* Only hospitals with complete data for the full time period are included

Data Source: WSHA MDC as of January 6, 2015

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
C-section rate for Nullip Full Term Inductions >= 39 wks
2013 compared to Jan thru Oct 2014 (95% CI) *

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C-section rate for Multip Full Term Inductions >= 39 wks
2013 compared to Jan - Oct 2014 (95% CI)

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Data Source: WSHA MDC as of January 6, 2015

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Safe Deliveries: Elective Inductions with Unfavorable Cervix (per Induction)

Definition:
Numerator: Number of elective inductions with Bishop's score < 9 in nulliparous women and <6 in multiparous women.
Denominator: Total number of patients undergoing elective induction.
Data Source: Data submitted directly to WSHA from participating facilities.
Updated: 1/23/2015 8:29:00 AM

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
40% reduction in non-medically indicated Inductions with unfavorable cervix per deliveries compared to January (Mar – Nov).
Post-Partum Length of Stay >= 4 days for Vaginal Deliveries *
2013 compared to Jan-Oct 2014 (95% CI)

* Only hospitals with complete data for the time period are included
Data Source: WSHA MDC as of January 6, 2015

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Post-Partum Length of Stay >= 6 days for Cesarean Deliveries * 2013 compared to Jan-Oct 2014 (95% CI)

* Only hospitals with complete data for the time period are included

Data Source: WSHA MDC as of January 6, 2015

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Maternal Blood Transfusion rate per all deliveries >=20 wks*
2013 compared to Jan - Oct 2014 (95% CI)

* Only hospitals with complete data for the time period are included
Data Source: WSHA MDC as of January 6, 2015;
Definition based on ICD-9-CM transfusion procedure codes
Total Unexpected Newborn Complications *
2013 compared to Jan-Oct 2014 (95% CI 2014)

* Only hospitals with complete data for the time period are included
Data Source: WSHA MDC as of January 6, 2015

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Definition: Denominator: Number of term newborns >= 37 weeks gestational age without preexisting conditions (birth defects, prematurity, small for dates, multiples, and maternal drug use). Numerator: Among the denominator, number of newborns with severe or moderate complications

Data Sources: WSHA-MDC (WSHA-Maternal Data Center) and WSHA-QBS (WSHA-Quality Benchmarking System) as of January 6, 2015

* Only hospitals with complete data for the full time period are included in trendlines

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
**Safe Deliveries Roadmap Labor Management Outcome Balance Measure**

**Severe Unexpected Newborn Complications Rate**

**January 2013 - October 2014 Trend** *

**Definition:** Denominator: Number of term newborns >= 37 weeks gestational age without preexisting conditions (birth defects, prematurity, small for dates, multiples, and maternal drug use). Numerator: Among the denominator, number of newborns with severe or moderate complications

**Data Sources:** WSHA-MDC (WSHA-Maternal Data Center) and WSHA-QBS (WSHA-Quality Benchmarking System) as of January 6, 2015

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Data Sources: WSHA-MDC (WSHA-Maternal Data Center) and WSHA-QBS (WSHA-Quality Benchmarking System) as of January 6, 2015

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Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
I have no financial disclosures effecting the content of this presentation
<table>
<thead>
<tr>
<th>CS Indication</th>
<th>Proportion of Overall CS Rate</th>
<th>Proportion of Primary CS Rate</th>
<th>CS Rate for this Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat (prior)</td>
<td>30-35%</td>
<td></td>
<td>90+%</td>
</tr>
<tr>
<td>“Abnormal Labor” (CPD/FTP)</td>
<td>25-30%</td>
<td>35-45%</td>
<td>variable</td>
</tr>
<tr>
<td>“Fetal Distress”</td>
<td>10-15%</td>
<td>15-20%</td>
<td>variable</td>
</tr>
<tr>
<td>Breech/Malpres.</td>
<td>10%</td>
<td>15-20%</td>
<td>98%</td>
</tr>
<tr>
<td>Multiple Gestation</td>
<td>5-9%</td>
<td>10-15%</td>
<td>60-80%</td>
</tr>
<tr>
<td>Other: Placenta Previa, Herpes, etc</td>
<td>~5%</td>
<td>~10-15%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Primary C/S QI Pathways
Which is the driver in my hospital??

- Latent phase admission
- Nullip labor induction - Especially with unfavorable cervix
- Dystocia/Failure to progress – 1st Stage arrest
- 2nd Stage (failure of descent)
- Non-reassuring Fetal Status - spontaneous or oxytocin/misoprostol-associated tachysytole
- Elective/Non-Medically Indicated
- Patient choice
- Other: Breech, Multiple gestations, etc

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Always with stable mother and fetus

- **Avoid non-medically indicated inductions** when the cervix is not favorable (Unfavorable Bishop score <6 multip, <9 nullip)
- **Avoid admission prior to 4cms** for women in early spontaneous labor (address pain, walk & recheck, etc)

- **1st Stage management**
  - 6 cm dilation is beginning of active phase
  - Zhang curves guidelines for normal labor progress
  - Active management for prolonged labors (AROM +/- oxytocin as needed to achieve adequate ctx pattern & progress)
  - Attention to FHR II Category management

- **2nd Stage management**
  - Similar interventions if inadequate progress
  - Avoid excessive time in 2nd stage: parameters for nullips, multips and with/without epidural

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Induction of Labor: The use of pharmacological and/or mechanical methods to initiate labor

- Examples of methods include but not limited to: Artificial rupture of membranes, balloons, oxytocin, prostaglandin, laminaria (with fetal demise) or other cervical ripening agents

- Still applies even if any of the following are performed:
  - Unsuccessful attempts at initiating labor
  - Initiation of labor following spontaneous ruptured membranes without contractions

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
“Safe Deliveries Roadmap” Definition of Non-Medical / Elective Induction

Labor Induction without clear medical benefits to mother or fetus at that point in time compared with continuation of pregnancy

**What makes the induction non-medically indicated?**

- History of fast labor
- Distance from hospital
- Suspected macrosomia (without history of shoulder dystocia)
- Psychosocial (e.g. partner’s deployment, family/other’s availability, adoption, etc.)
- Maternal discomfort (e.g. hemorrhoids, reflux, back/sciatic nerve pain, fatigue, etc.)
- Advanced cervical dilation, GBS negative

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
## Primary TSV C-section Rates for Non-Medically Indicated Induced Nulliparous and Multiparous Women With Unfavorable vs. Favorable Cervix

<table>
<thead>
<tr>
<th></th>
<th>C-section</th>
<th>Vag Delivery</th>
<th>Total</th>
<th>Primary TSV C-section Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nulliparous Induced</strong>&lt;br&gt;(non-medically indicated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unfavorable Cervix</td>
<td>7</td>
<td>20</td>
<td>27</td>
<td>26%</td>
</tr>
<tr>
<td>Favorable Cervix</td>
<td>4</td>
<td>24</td>
<td>28</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>44</td>
<td>55</td>
<td>25%</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th></th>
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<th>Vag Delivery</th>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unfavorable Cervix</td>
<td>5</td>
<td>48</td>
<td>53</td>
<td>9%</td>
</tr>
<tr>
<td>Favorable Cervix</td>
<td>8</td>
<td>253</td>
<td>261</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>301</td>
<td>314</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

Data Source: **OB COAP**
13,391 deliveries (9 hospitals) in 2013 and 2014. 2903 (21.7%) were induced. Of these, 369 were TSV Non-Medically Indicated Inductions without prior C-section.
## Labor Induction and Cesarean Section

### Nulliparas

<table>
<thead>
<tr>
<th>Hospital/Cohort</th>
<th>Total Pts</th>
<th>Spont Labor</th>
<th>Induced Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA Hospital #1, 2011–13</td>
<td>2,700</td>
<td>25.6%</td>
<td>23.7%</td>
</tr>
<tr>
<td>WA Hospital #2, 2008–09</td>
<td>10,000</td>
<td>17.0%</td>
<td>—</td>
</tr>
<tr>
<td>Yeast, 1999</td>
<td>8,000</td>
<td>8.0%</td>
<td>13.0%</td>
</tr>
<tr>
<td>WA Hospital #3, 2014</td>
<td>4,000</td>
<td>18.0%</td>
<td>—</td>
</tr>
</tbody>
</table>

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## Labor Induction and Cesarean Section

### Multiparas

<table>
<thead>
<tr>
<th>Hospital/Year</th>
<th># Total Pts</th>
<th>% Cesarean Section Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Spont Labor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unripened</td>
</tr>
<tr>
<td>WA Hospital #1, 2011–13</td>
<td>3,000</td>
<td>4.2%</td>
</tr>
<tr>
<td>WA Hospital #2, 2008–09</td>
<td>9,900</td>
<td>3.0%</td>
</tr>
<tr>
<td>Yeast, 1999</td>
<td>9,500</td>
<td>3.3%</td>
</tr>
<tr>
<td>Johnsson, 2012</td>
<td>7,900</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
# Labor Induction and Cesarean Section

## Article Reviews

<table>
<thead>
<tr>
<th>Author (yr)</th>
<th>Type</th>
<th>Findings</th>
<th>Caution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caughey, (2009)</td>
<td>Systematic Review</td>
<td>Expectant mgmt: 20% ↑ C/S rate vs. induced labor</td>
<td>No RCT done on elective induction &lt;41 wks</td>
</tr>
<tr>
<td>Mishanina (2014)</td>
<td>Systematic Review</td>
<td>Expectant mgmt: 12% ↑ C/S rate vs. induced labor</td>
<td>GA 37–42 wks: &gt;80% medically indicated inductions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expectant: ↓ IUFD, ↑ NICU admits</td>
<td></td>
</tr>
<tr>
<td>Wood (2013)</td>
<td>Systematic Review</td>
<td>Expectant mgmt: 17% ↑ C/S rate vs. Induction</td>
<td>GA 37–42 wks: Only 1 trial designed specifically to look at induction and C/S rates</td>
</tr>
<tr>
<td>Stock (2012)</td>
<td>Population-based cohort</td>
<td>37–39 wks: No difference in C/S rates. 40–41 wks: 8% ↓ C/S with induction</td>
<td>PNM ↑ at all GA with expectant mgmt. NICU admit ↑ in all GA with induction</td>
</tr>
</tbody>
</table>

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
# Labor Induction and Cesarean Section

## Article Reviews

<table>
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<th>Type</th>
<th>Findings</th>
<th>CAUTION</th>
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</thead>
<tbody>
<tr>
<td>Jonsson</td>
<td>Prospective</td>
<td>Excluded PROM &amp; pg comp. ↑C/S rate for inductions, OR 2.5 fav.cx &amp; 3.6 for unfav.</td>
<td>Didn’t look at neonatal outcomes; compared to spont labor, not to expectant management</td>
</tr>
<tr>
<td>(2012)</td>
<td>Cohort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osmundsen</td>
<td>Retrospect.</td>
<td>Nullip@39-40.102 ea induced to expectant. Unfav cx. No diff in C/S or maternal/neon complic. 16.5h Induc. vs 12.7h in L&amp;D (p&lt;0.001)</td>
<td>Retrospective assessment may affect dx of elective. May have selection bias. Likely not adeq power for complic. assessment</td>
</tr>
<tr>
<td>(2011)</td>
<td>Cohort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miller</td>
<td>RCT</td>
<td>Nullips, unfav cx @39 wks randomized to induc. vs expectant. 31% induc. C/S vs 18% (RR 1.7). L&amp;D hrs longer for induced (Madigan)</td>
<td>While not technically statistically significant, only 1/16 this result was by chance</td>
</tr>
<tr>
<td>(2014)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Gibson, et al. (2014)

Large retrospective cross-sectional multi-site study. Reported as elective inductions (10% of 37-41 wk pgs). C/S and morbidity reported lower in the induction groups at all ga’s. Some medical included and “elective” not well-defined. Tables to right show that with unfav cx, inductions had 2-3 times higher C/S rates. C/S rate also higher in exp. group when cervix was unfav.

Cervical status for Induced Women

<table>
<thead>
<tr>
<th>Cesarean delivery</th>
<th>Multiparous and unfavorable</th>
<th>Multiparous and favorable</th>
</tr>
</thead>
<tbody>
<tr>
<td>eLOL</td>
<td>Exp</td>
<td>eLOL</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>37</td>
<td>2/85</td>
<td>2.4</td>
</tr>
<tr>
<td>38</td>
<td>23/474</td>
<td>4.9</td>
</tr>
<tr>
<td>39</td>
<td>66/2197</td>
<td>3.0</td>
</tr>
<tr>
<td>40</td>
<td>46/912</td>
<td>5.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Nulliparous and unfavorable</th>
<th>Nulliparous and favorable</th>
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</thead>
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<td>eLOL</td>
<td>Exp</td>
<td>eLOL</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>37</td>
<td>8/43</td>
<td>18.6</td>
</tr>
<tr>
<td>38</td>
<td>81/285</td>
<td>28.4</td>
</tr>
<tr>
<td>39</td>
<td>142/602</td>
<td>23.6</td>
</tr>
<tr>
<td>40</td>
<td>353/1094</td>
<td>32.3</td>
</tr>
</tbody>
</table>

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Considerations with Almost All Articles Titled “Elective Induction”

• Most are retrospective comparisons or meta-analyses without a firm definition of “elective” (if no medical indication was found in record, it was assumed to be an elective induction)

• Many include SROM & 41 wks as “elective” which would effect neonatal outcomes seen with expectant management. Fetal testing not available due to retrospective data

• All with Bishop scores or info on cervical ripening show at least a doubling of C/S rates with unfavorable cervix

• Rare to find costs/impact on resource availability (rooms & RNs) in any of these induction articles

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Case Review For Cesarean during First Stage Labor (Dystocia/Arrest Disorders)

Case Review Checklist for Spontaneous Labor
All 3 should be present

- Cervix 6 cm or greater
- Membranes ruptured, then
- No change X 4 hrs with adequate uterine activity

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Spontaneous labor

3–5.9 cm
- No cervical change: Supportive care
- Cervical change: Continue labor

At least 6 cm
- No cervical change: Rupture of membranes
- Cervical change: Continue labor

- No cervical change despite adequate contractions for at least 4 hours: Continue labor
- Inadequate contractions; no cervical change for at least 6 hours: Consider cesarean delivery


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Safe Deliveries Roadmap Bundle Approach
Decreasing Trend in NTSV C/S Rates

Swedish First Hill NTSV C/S Rates
1/2013-12/2014

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
QUESTIONS?
NTSV C-section rate *
2013 compared to Jan-Oct 2014 (95% CI)

* Only hospitals with complete data for the full time period are included
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Primary TSV C-section rate *
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C-section rate for Nullip Full Term Inductions >= 39 wks
2013 compared to Jan thru Oct 2014 (95% CI) *

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Induction Rate per All Deliveries *
2013 compared to Jan-Oct 2014 (95% CI)

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C-section Rate per All Inductions *
2013 compared to Jan-Oct 2014 (95% CI)

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Data Source: WSHA MDC as of January 6, 2015

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Post-Partum Length of Stay >= 4 days for Vaginal Deliveries *
2013 compared to Jan-Oct 2014 (95% CI)

* Only hospitals with complete data for the time period are included

Data Source: WSHA MDC as of January 6, 2015

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Total Unexpected Newborn Complications *  
2013 compared to Jan-Oct 2014 (95% CI 2014)

* Only hospitals with complete data for the time period are included
Data Source: WSHA MDC as of January 6, 2015

Unexpected Newborn Complications-Severe and Moderate  
2013 and Jan-Oct 2014

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Special Care Nursery Days

Births

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Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Percentage of Successful VBAC

![Bar chart showing percentage of successful VBAC from 2001-2002 to 2014]

- 2001-2002: 69%
- 2012: 70%
- 2013: 64%
- 2014: 80%

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What did we change?

• 39 weeks – hard stop
• Induction consent with Bishops score
• Re-introduction of TOLAC
• Position changes, passive descent and other measures requiring patience
• Standardized training for FHRT interpretation
• A collaborative approach!

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Patient Name ___________________________ Phone number ____________________________

EDC __________ Confirmed by: □ US < 20 weeks Gestation at time of induction _______

G/P / __________ □ Doppler FHT x 30 weeks LMP _______

□ 36 weeks since + HCG pregnancy test

date/time of procedure to be done: ____________________________

Reason for Induction:

Medical Indication: □ PROM □ IUGR □ fetal demise □ oligohydramnios
☐ post dates ☐ twins ☐ diabetes ☐ gestational hypertension
☐ fetal compromise: ____________________________
☐ other maternal medical condition: ____________________________

Elective Indication: ☐ distance from hospital ☐ history of rapid labor
☐ other: ____________________________

The American College of Obstetricians and Gynecologists (ACOG) recommends that elective inductions are started no earlier than 39 weeks gestation.

Bishop Score

<table>
<thead>
<tr>
<th>Score</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td>Posterior</td>
<td>Mid position</td>
<td>Anterior</td>
<td></td>
</tr>
<tr>
<td>Consistency</td>
<td>Firm</td>
<td>Medium</td>
<td>Soft</td>
<td></td>
</tr>
<tr>
<td>Effacement</td>
<td>0-30%</td>
<td>40-50%</td>
<td>60-70% + 80%</td>
<td></td>
</tr>
<tr>
<td>Dilatation</td>
<td>&lt; 1 cm</td>
<td>1-2 cm</td>
<td>3-4 cm</td>
<td>&gt;4 cm</td>
</tr>
<tr>
<td>Fetal Station</td>
<td>-3</td>
<td>-2</td>
<td>-1, 0</td>
<td>+ 1</td>
</tr>
</tbody>
</table>

Total Score ______ if the total score is greater than 8, the likelihood of vaginal delivery after labor induction is similar to spontaneous labor.

My physician/midwife will be using: □ Cytotec □ Cervidil □ Pitocin □ Foley Bulb □ Break my water (Amniotomy)

Patient Induction Consent:

I have discussed the need, risks, and benefits of induction with my physician/midwife. I understand why I am being induced, and know my Bishop score. I have been advised of alternatives, possible consequences of remaining untreated, and risks and complications of each alternative. With induction, I understand there is a potential for a longer labor and increased chance of Cesarean section. I understand the information that has been presented to me regarding the induction and all my questions have been answered.

______________________________ Date: ____________________________ Time: ____________________________

______________________________ Patient Signature

______________________________ Date: ____________________________ Time: ____________________________

______________________________ Physician/Midwife Signature
Staff Feedback: Factors Influencing Success

• Attention of when to admit patient (in active labor vs early or prodromal labor)
• Earlier epidurals (addresses patient comfort level)
• Position changes/patient activity, related to fetal position and labor progress
• Utilizing telemetry more (new tele-unit)
• Positioning patients for optimal rotation
• Laboring Down
• Patient education/Communication
Factors continued...

- Empowerment of patients
- The impact of allowing/encouraging patients to push longer
- Collaboration among team
- Respecting physicians/nurses knowledge and job skills
- Team (Providers & Nurses) keeping up with best practice
- Providers and Nurses willing to be patient (waiting longer to make c/section decision)
Factors continued...

• Standardized FHR interpretation- looking at variability first
• OB nurses feel more empowered
• Nurses awareness of how we impact labor progression
• Decreased Nurse Turnover-experienced LD staff and comfort level working with each other and providers
• Highly skilled nursing staff
• LD skills classes

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Factors continued...

• Midwife on unit (LD Nurse in midwifery school)

• Providers move to clinic on campus-availability and improved communication

• Staffing levels- 1:1 for most LD patients
Emerging Questions

Inductions (today’s Safe Table)

Future Webinars

Chorioamnionitis
Blood Transfusions
Long 2nd stage,
Bishop score timing/cervical ripening
Uterine Activity (Adequate/Inadequate)
Fetal Heart Rate Monitoring Interpretation
Other ?
Thank You!