Tennessee Initiative for Perinatal Quality Care
Promotion of Safe Vaginal Delivery (PVD)

Key Driver Diagram (KDD)

**AIM**

To promote safe vaginal delivery for ALL in the birthing population presenting with a NTSV, and thus decrease NTSV cesarean delivery rates to <23.6% (Healthy People Goal 2030) in all participating TN birthing facilities by Summer 2024. This project will include a special focus on the BIPOC (Black, Indigenous, and People of Color) population which data shows has greater disparities in this outcome.

**PRIMARY DRIVERS**

- Improve the Culture of Care, Awareness, & Education (READINESS)
  - Create a culture on obstetric units that supports safe vaginal delivery
  - Educate providers, nursing, & staff on evidence-based practices and protocols
  - Improve the quality of & access to childbirth education for patients
  - Improve support from hospital administration / leadership & use of clinical champions

- Support Intended Vaginal Birth (RECOGNITION & PREVENTION)
  - Implement institutional policies that uphold best practices in Obstetrics, safely reduce routine interventions in low-risk women, & consistently support vaginal delivery
  - Implement early labor supportive care policies & establish criteria for active labor admission
  - Implement the support infrastructure & supportive care during labor
  - Implement current evidence-based treatment & prevention guidelines for potentially modifiable conditions
  - (OPTIONAL) Consider the use of community based non-traditional workforce

- Manage Labor Abnormalities (RESPONSE)
  - Implement standard diagnostic criteria & standard responses to labor challenges & fetal heart rate abnormalities
  - Create highly reliable teams & improve interprofessional communication at critical points of care
  - Identify malposition & implement appropriate interventions
  - Utilize alternative standards of labor care

- Use Data to Drive Improvement (REPORTING)
  - Track & report labor & cesarean measures in sufficient detail to assess & compare performance – both at the institution & provider level
  - Track & report labor & cesarean measures in sufficient detail to conduct case reviews & systems analysis
  - Track appropriate metrics & balancing measures that assess maternal & newborn outcomes resulting from changes in labor management strategies to ensure safety

**CHANGE IDEAS / POTENTIALLY BETTER PRACTICES (PBPs)**

- Include each patient that experienced a cesarean delivery as respected members of & contributors to the multidisciplinary care team & as participants in patient-centered huddles and debriefs
- Engage in open, transparent, & empathetic communication with pregnant & postpartum people to understand diagnoses, options, & treatment plans
- Protect patient autonomy to enable the patient’s personal choice with a focus on family-centered care
- Obtain informed consent through shared decision making at major decision points of care
- Promote equal opportunity to all NTSV persons with no contraindications to vaginal delivery