Over 90% of women whose first birth was by cesarean section will have a cesarean birth with future pregnancies.

Cesarean births not only pose significant maternal and fetal risks for the current pregnancy but for future pregnancies as well.

A goal of Healthy People 2030 is to reduce cesarean births of low-risk women: nulliparous; singleton, vertex fetus. To reduce the rate of cesarean section deliveries for nulliparous women at term with a singleton, vertex fetus (NTSV) – risk, nulliparous cesarean rate.

The for NTSV cesarean section delivery rate at Good Samaritan Level III Hospital was reported as a mean of 31.1% for the first 7 months of 2022 with an all-time high cesarean rate of 39.6% in July 2022.

The NTSV C/S Rate was 35.7%; post-intervention, the rate decreased to 22%, a 38% reduction. Although the cesarean section rate has some intermittent high rates, it is overall on a downward trend (refer to figure 1).

Interventions
A multifaceted collaborative approach was undertaken to promote vaginal birth, thereby decreasing the NTSV C/S rate:

- physician and nursing education based on ACOG/AWHONN evidence-based guidelines including labor management, labor support and positioning
- a ‘hands on’ component was included in the education
- a Birth Center nurse took the lead in providing education specifically for the 2nd stage of labor expressing an interest in using the reduction in NTSV cesarean births as her Doctor of Nursing Practice clinical project
- positioning visual aids and labor positioning tools, such as the peanut ball, were purchased
- sharing and posting unblinded provider NTSV C/S rates and monthly NTSV rates
- regular audits conducted to determine labor management guidelines compliance
- review of NTSV C/S cases in which labor management guidelines were not followed

Discussion
- Physician and nurse collaboration was integral in decreasing the cesarean section rate for nulliparous, low-risk women.
- Collaboration early in planning and implementing changes to practice can significantly impact the adoption and subsequent sustainment of the changes.
- Collaboration serves to develop shared goals, improve communication and foster respect for the unique contributions of the physicians and nurses as they partner in the care of the pregnant woman.

Implications for Practice
Interprofessional collaboration can improve birth outcomes, promote safety and enhance the quality of care.

References

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