

1. Are there specific reasons why your hospital's C-section rate is higher than the national NTSV (nulliparous, term, singleton, vertex) target of 23.9 percent?

The reasons are multifactorial including repeat procedures, elective/patient choice, physician management, medically necessary indications. We recognize the need to reduce C-sections rates in general, especially the rates in first time, singleton vertex position cases. Eliminating deliveries at less than 39 weeks without a medical indication has resulted in us seeing more spontaneous labor and the beginning of a reduced overall C-section rate over the last four years.

2. Are you currently part of any quality improvement projects/programs related to C-sections specifically (not just early-elective deliveries)? If yes, please specify which projects you have joined.

We are working on initiatives through our Hospital Board Quality Committee and using the Quality Improvement Toolkit for the California Maternal Quality Care Collaborative.

2a. Is your hospital planning to implement any of the available QI toolkits, such as the Safe Reduction of Primary Cesarean Birth bundle from the Council on Patient Safety?

Same as above

3. What specific remedies have you **already** put in place to date to address your hospital's higher rate of C-sections?

Guidelines on inductions that are given out to patients, restrictions of scheduling for C-sections, statistics per obstetrician on nulliparous, singleton vertex position primary C-sections rates (also shared at our department meeting), support for VBAC's, nursing education on AWHONN guidelines for management of second stage.

4. Do you share physician-level C-section rates internally, with physicians who practice at your hospital? If you do, how is this information used?

We are starting to share per physician statistics. The information will be used at our department meeting to look at opportunities to impact primary C-section rates.

5. Please describe the role that midwives play in your hospital.

We have an active group of midwives (10 in total) that work within Obstetrician groups.

6. What is your hospital's VBAC rate? Are VBAC candidates encouraged by your hospital's staff and care providers to opt for a trial of labor if desired?

Our VBAC rate is 7.16%, which is higher than other hospitals locally. We do support both patients and providers in encouraging trial of labor after previous C-section, if appropriate medically.

7. What changes do you plan on implementing **in the future**, to address your hospital's higher C-section rate?

Adoption of ACOG guidelines on definitions of active labor and management of second stage.

8. What information do you share with patients regarding their delivery options at your hospital? Please send us any educational material you send to your patients.

That information is provided in childbirth classes and during tours of the Maternity Unit.

9. Describe the role of your hospital's leadership (CEO, Board of Directors) in addressing your hospital's high rate of C-sections.

We report on our Quality Improvement initiatives to the Hospital Board Quality Committee.