Reducing NTSV Cesarean Section Rate with Mobility

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Kern Medical Labor and Delivery

Intro

- Assessment of Nulliparous, Term, Singleton, Vertex (NTSV) delivery
- 6-10 years
- Q 2 hours
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How did we choose this project?

- From 2014 to 2017.
- To reduce cesarean sections in the NTSV population and provide a higher quality of care for both mother and baby.
- To stay below the national average NTSV cesarean section rate of 23.9%.
- To stay within the Kern Medical goal of a steady decrease from 17.7% to 16.1%.
- To increase our Staff Nurses’ knowledge regarding mobility in labor and delivery.
- To educate our Staff Nurses about the peanut ball and its benefits such as quicker labor progression due to better pelvic positions and widening of the pelvic outlet.
- To educate our Staff Nurses that even with epidurals, repositioning laboring patients is possible, which would ideally cause a major decline in NTSV cesarean rates and help Kern Medical reach one of the lowest rates in Bakersfield.

Objectives

1. To reduce cesarean sections in the NTSV population and provide a higher quality of care for both mother and baby.
2. To stay below the national average NTSV cesarean section rate of 23.9%.
3. To stay within the Kern Medical goal of a steady decrease from 17.7% to 16.1%.
4. To educate our Staff Nurses that even with epidurals, repositioning laboring patients is possible, which would ideally cause a major decline in NTSV cesarean rates and help Kern Medical reach one of the lowest rates in Bakersfield.
5. Graphs were created to show results.

Methods

The process completely successfully has a study decrease in NTSV cesarean section rates as follows:

1. Mobility classes were scheduled in a span of three weeks in different times to accommodate the schedules of day and night shifts in which a Power Point presentation was given to educate Staff Nurses on mobility, especially with the NTSV population.
2. Participants in the class were asked to complete a Pre-Survey prior to the start of the class in order to evaluate our Staff Nurse’s knowledge regarding mobility in labor and delivery.
3. Participants from the class were asked to complete a Post-Survey after the class in order to re-evaluate and see if the educational presentation made any difference.
4. The use of peanut balls in labor was implemented and ever since there has been less NTSV Cesarean sections, and have remained in foster and successful deliveries and TOLACs.
5. Graphs were created to show results.

Results

There were two different results that demonstrated success. First, our staff nurses showed in their post surveys that the presentation helped them understand the importance of mobility and that they will reposition their patients every 30 minutes to every 1 hour as recommended by ACOG. Second, the NTSV Cesarean Section rates have decreased since educating our Staff Nurses on mobility, and even more so since implementing the use of the peanut balls. Delivery time for NTSV patients being induced have also been faster when using the peanut ball and repositioning or mobilizing than for those who do not.

Conclusions

Did our project meet Evidence-Based Practice?

- Yes, according to the California Maternal Quality Care Collaborative (CMQCC) and the American College of Obstetricians and Gynecologists (ACOG), mobility in conjunction with gynecology allows for the progression of labor to continue until delivery. This is what we are doing with the peanut ball and repositioning, which is not recommended.

References


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