ACNM Physiologic Birth Tool Kit
BirthTOOLS.org
Tools to Optimize Outcomes of Labor Safely

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Three Pronged Approach

Resources & tools to help women, families & health care professionals achieve healthy childbirth.

FOR WOMEN: Normal, Healthy Childbirth for Women & Families: What You Need to Know

FOR HOSPITAL POLICYMAKERS, PAYERS AND OTHER ORGANIZATIONS: Birth Matters is a handout for quality administrators that explains how implementing an evidence-based strategy focused on physiologic birth increases the well-being of families and prevents rare, adverse outcomes for hospital systems. Available as a free PDF download from midwife.org, or as professionally printed copies for purchase from ShopACNM.com.

FOR MATERNITY CARE PROVIDERS: BirthTOOLS.org, which stands for Tools for Optimizing the Outcomes of Labor Safely, is an interactive online toolkit that presents the evidence and offers targeted resources, protocols, and other materials to assist clinicians and health care systems in implementing best practices that promote physiologic birth. A PDF handout that can be shared with others to introduce them to the BirthTOOLS.org website and its resources can be downloaded for free.

Learn more at www.midwife.org/ACNM-Healthy-Birth-Initiative
Normal, Healthy Childbirth for Women & Families: What You Need to Know

CHILDBIRTH TODAY
Since 1996, the World Health Organization has called for eliminating unnecessary intervention in childbirth. Yet in the US, birth interventions have reached epidemic proportions. Sadly, there is a lack of resources available to women to help them achieve their goals of a normal, safe, and healthy birth.

The norm for birth in the US today includes the use of technology and interventions that are not proven to benefit healthy women and babies during childbirth.

More than half of women receive medication to start or speed up their labors. This requires additional monitoring and interventions to treat possible side effects, and can result in increased use of pain medication including epidurals.

One-third of US women deliver by cesarean section, a major abdominal surgery that has the potential for serious short- and long-term health consequences for both you and your baby.

Often, vaginal birth is not an option for women who have already had a cesarean section.

If a woman receives care that she feels is traumatic or disrespectful, it affects her physical and emotional health, and interrupts the critical early bonding period with her baby.

1 See "Everything You Need to Know about C-Section," ChildbirthConnection.org, http://bit.ly/1792mGf

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Normal Birth Consumer Document
Promoting Physiologic Birth as a Value Added Proposition to Health Care Organizations and Systems

Birth Matters
Understanding how physiologic, healthy birth benefits hospitals and organizations

With nearly 4 million infants born in the United States each year, childbirth has become a major focus in our health care system. However, for decades the U.S. perinatal care system has been inconsistent in meeting the needs of childbearing families in several important areas. These include communication about appropriate use of interventions in labor, accountability for shared decision making, respect for the woman’s autonomy, and compliance with evidence-based standards of care. Extensive routine use of technology and procedures, including ultrasound, induction of labor, cesarean, continuous fetal monitoring, and routine formula supplementation, along with under-utilization of effective interventions, including prenatal education, centering prenatal care, doula care, continuous labor support, hydrotherapy, intermittent auscultation, skin to skin contact, and uninterrupted breastfeeding in the first few hours of life, negatively affect health outcomes and quality, increase cost, and reduce authentic choice for women.

Traditional measures for evaluating obstetric care have focused on the prevention of relatively rare events rather than on promoting physiologic labor and birth. These adverse events are unusual in healthy women, and a disproportionate amount of time and money are targeted towards their prevention. "Physiologic labor and birth are powered by the innate human capacity of the woman and fetus," and supporting these processes, rather than disrupting them with non-evidence-based interventions, has the potential to enhance best outcomes for mother and infant.

Instead of focusing exclusively on reducing harm or injury, a comprehensive quality improvement program should focus on optimizing the overall quality of care while accounting for family preferences. Implementing evidence-based practices achieves this goal through the conscientious use of current best evidence to make clinical decisions to achieve optimal patient outcomes. Evidence-based maternity care is characterized by the provision of effective care with the least risk of harm. Implementing an evidence-based strategy focused on physiologic birth increases the well-being of families, acknowledges pregnancy as a health promoting event, and prevents rare, adverse outcomes.

- Hospital discharges for maternal and newborn care far outnumber those for any other major category of care.
- Increasingly, hospital quality measures include perinatal outcomes.
- The Affordable Care Act provides an incentive to improve quality outcomes for prenatal care.
• Audience
  – Clinicians and staff in the hospital setting
  – Maternity unit and health system leadership

• Goal
  – implement care process improvements that support, promote, and facilitate physiologic birth through dissemination of useful, actionable resources and case examples.
Multi-Stakeholder Committee

- Childbirth Connection: Amy Romano (Consultant)
- Sub-committee Chair: Lisa Kane Low
- ACNM Representatives: Melissa Avery, Andrea Christianson, Lisa Hansen, Joani Slager, Tina Johnson, advisor Holly Kennedy
- AWHONN: Ellise Adams
- NACPM: Audrey Levine
- Lamaze: Sharon Dalrymple
- Student ACNM: Julia Martin
Development Continued

• Consensus statement as the template
• Use of existing resources and tools from other organizations, health systems
• Whole scale change vs. steps at a time
• Evidence based introduction
• Searchable resources and tools
• “Soft” ACNM membership launch 2014
• Fall public launch 2014
With Gratitude to ACNM Staff

• Becky Feldbush, Graphic Design
• Fausto Miranda, IT
• Clare Lyman, Director of Communications
• Monica Greenfield, Administrative Support
WHAT IS PHYSIOLOGIC BIRTH?
Professional Organizations’ Position Statements
Learn about nurse-sensitive perinatal quality measures being developed.
A Focus on Physiologic Birth

What is Physiologic Birth?

A normal physiologic labor and birth are powered by the innate human capacity of the woman and fetus. This birth is more likely to be safe and healthy because no unnecessary interventions disrupt normal physiologic processes.\(^1\) Some women and/or fetuses will develop complications that warrant medical attention to assure safe and healthy outcomes. However, supporting the normal physiologic processes of labor and birth, even in the presence of such complications, has the potential to enhance best outcomes for the mother and infant.\(^2\)\(^-\)\(^5\)

**Benefits of Supporting and Fostering Physiologic Birth**

*Physiologic birth has the following identified benefits for women:*

- Reduced peripartum morbidity primarily through avoidance of surgery and related complications.\(^6\)

- Possible reduction in chronic disease through improved likelihood of breastfeeding.\(^7\)
A Focus on Physiologic Birth

Hormonally-Mediated Physiologic Childbirth

A new report, *Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care* (2015), produced by Childbirth Connection and authored by Dr. Sarah J. Buckley, synthesizes a large literature about innate hormonally-mediated processes in women and fetuses/newborns from pregnancy through the postpartum/newborn periods. The report, which focuses on four hormone systems that are consequential for childbearing, also examines possible impacts of common maternity care practices and interventions on these hormonally-mediated processes. Core hormonal physiology principles reveal profound interconnections between mothers and babies, among hormone systems, and from pregnancy through to the postpartum and newborn periods. Overall, consistent and coherent evidence from physiologic understandings and human and animal studies finds that the innate hormonal physiology of childbearing has significant benefits for mothers and babies. Such hormonally-mediated benefits may extend into the future through optimization of breastfeeding and maternal-infant attachment. A growing body of research finds that common maternity care interventions may disturb hormonal processes, reduce their benefits, and have negative impacts on mothers, babies, and outcomes.
What is High Quality Maternity Care?

In 2008, a Vision Team of innovators in the delivery of maternity care and health systems design defined the fundamental values, principles, and goals for a high-quality, high-value maternity care system. In the resulting consensus document, the team defined high-quality maternity care as:

- **Woman-centered**: Care givers should respect the woman's values, culture, choices, and preferences. All childbearing women should be treated with kindness, respect, dignity, and cultural sensitivity.

- **Safe**: Care should be aimed at producing the best outcomes for women and infants with the least risk of harm. This requires coordination, teamwork, and a commitment to safety.

- **Effective**: Care should be guided by the best available research. Care givers should avoid practices that are ineffective or harmful and should incorporate practices that have been shown to improve the health of women and infants.

- **Timely**: Care should be delivered when it is needed, and women should not have to wait unnecessarily for long periods of time. The timing and progress of labor and birth should be based on the safest and healthiest options for the woman and infant.
BirthTOOLS: Menu of Change

• For each focal area, the toolkit will include:
  – review of evidence
  – model unit policies
  – clinical decision support tools (e.g. algorithms, checklists)
  – guidelines and tools for auditing performance
  – educational resources for clinicians and/or consumers
Introduction

There are many ways providers and care settings can support physiologic birth to improve maternal and newborn outcomes. Some hospitals have already undertaken quality improvements, like eliminating early elective deliveries or routine separation of mothers and infants after birth, and want to build on these successes to make more improvements. Other hospitals may not have a strong culture of quality improvement in areas that relate to physiologic birth, and are searching for a place to start.

Change can be easier and results sustained longer when improvement teams change one set of processes at a time. To learn more about improvement cycles, visit A Framework for Quality Improvement.

Each area of this Menu of Change will give you the evidence-based information and improvement tools your team needs to make progress toward protecting, promoting, and supporting physiologic birth in your care setting.

Inside

A Menu of Change:

- Promoting Spontaneous Onset of Labor
- Transitioning into the Birth Setting
- Promoting Progress in First Stage Labor
- Assessment of Fetal Well-Being
- Comfort and Coping
- Nutrition and Hydration During Labor
- Promoting Physiologic Pushing in Labor
- Dyad Care in the Immediate Postpartum
Assessing and Promoting the Progress of First Stage Labor

Failure to progress is the primary cause of nearly half (47.1%) of all intrapartum cesarean deliveries.1 Despite widespread use of interventions to speed labor progress, including use of oxytocin and artificial rupture of membranes, the diagnosis of disorders of labor progress appears to account for a large proportion of the increase in cesarean rates over time2 and the variation in cesarean rates across geographic regions.3,4

Obstetric practice has been based on standards of labor progress that have proven to be too stringent and lead to unnecessary cesarean birth.5 Emerging evidence suggests the following changes to traditional standards that were based on Friedman criteria from the 1960s:

- expecting longer mean times for cervical dilation,
- anticipating slower labor progress in the earlier part of active labor (5-7 cm),
- observing greater variability in the progress of labor among women,
Toolbox: Promoting Progress in First Stage Labor

Resources and Tools

To show the list of resources and tools available within each category, click "Click to Expand" under the category subhead. Click on the icon to the left of the resource you wish to download or, in the case of a weblink, be taken to. You can also search our entire library of resources and tools by keyword, category or topic by going to our "Browse All" page.

Improvement Stories
... Click to Expand

Audit Tools
... Click to Expand

Clinical Education/Staff Training Resources
... Click to Expand

Related Guidelines/Toolkits
... Click to Expand

A Focus on Physiologic Birth
A Framework for Quality Improvement
A Menu of Change
Unit Culture
Browse All Resources & Tools
Browse All Improvement Stories

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Improvement Stories

Identification and Manual Rotation of the Occiput Posterior Fetus
Oregon Health and Science University (OHSU) introduces manual rotation of the occiput posterior fetus to improve vaginal birth rates and decrease complications related to persistent OP position.

Audit Tools

First Stage of Labor Audit Tool
Measure and track your progress using evidence-based process and outcome measures with this audit tool.

Clinical Education/Staff Training Resources

Partograph for Low-risk Nulliparous Women in Spontaneous Labor

Related Guidelines/Toolkits

Intermittent Auscultation for Intrapartum FHR Clinical Bulletin (ACNM)
Link to PDF of the ACNM Clinical Bulletin: Intermittent Auscultation for Intrapartum Fetal Heart Rate Surveillance. This clinical bulletin reviews how to perform and interpret intermittent auscultation and provides evidence-based information about patient selection for IA.

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Assessing and Promoting Progress in Labor

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Unit Culture

Promoting a Unit Culture that Embraces Care Approaches to Promote Physiologic Birth

What's the best mix of maternity care professionals to provide high quality maternity care? How can the unit culture and the administrators of that unit best support implementation of care practices that encourage physiologic birth? It starts with maternity care teams and administrators that value physiologic birth and are motivated to provide evidence-based, family-centered care.\(^1\) When midwives, physicians and nurses work together on such a team, the quality of care is improved, clinical errors are reduced, women are more satisfied with their care and overall safety is enhanced.\(^2\) Features of a birth environment that promote this model of care include:

"TOOLBOX"

Click here to view the Resources and Tools for Promoting Unit Culture

Photo Credit: @HarrietteHartgan.com

"A Focus on Physiologic Birth"
Master Listing

Search our Resources and Tools Library by entering a keyword, and/or selecting a Category or General Topic from their respective menus below. There are a number of resources, audit tools, policy examples and tools in each section, but each section does not always have all of these items. If you have resources to contribute, please go to GET INVOLVED to learn more about how to do this. There are also references provided in each section which give you the evidence-based background for the care practices to promote physiologic birth.
Improvement Stories

Increasing Acceptance, Comfort and Use of Placing Mother and Neonate Skin to Skin Immediately After Birth

Contributor:
Deborah McBain, CNM, MSN
Henry Ford Hospital Nurse Midwifery Service

What did you set out to improve?
Immediate skin to skin contact between mother and newborn is supported in the literature (Moore 2007, Winberg 2005, Mercer 2007) with evidence that it promotes neonatal thermoregulation, breastfeeding and bonding. Although there is no policy in our institution preventing skin to skin practice, it was routine for a newborn to be placed on warmer after birth for assessment and other tasks related to infant care. Neonatal staff is called to the room when risk factors are present such as meconium stained fluid or recent maternal medication. Most of these neonates are vigorous at birth but were still whisked to the warmer for assessment. Our
Second Stage Labor: Promoting Physiologic Pushing and Laboring Down

Contributors:
Mary Kindle BSN, RNC, CPHQ
Marsho Romyne MSN, RN, FNP-BC
Beth Sangalli BSN, RNC
Jennifer Burhans MSN, RN
Bronson Methodist Health System

What did you set out to change or improve?
In 2010 Bronson Methodist Hospital agreed to participate in the Michigan Hospital Association Keystone OB Collaborative. One of the indicators for this initiative was management of second stage of labor, which included laboring down and non-directed, open glottis pushing.

How did you change it? What new policy, process, or practice did you put in place?
Promoting Physiologic Approaches to Improve the Process and the Outcomes of Care for Mothers and Babies