Supporting Intended Vaginal Birth

You are invited to join the second maternal health initiative of the Perinatal Quality Collaborative of North Carolina (PQCNC). Beginning this fall, the Supporting Intended Vaginal Birth (SIVB, or “Support for Birth”) Project will aim to increase the number of nulliparous women at term giving birth vaginally by 25% by January 31, 2012. With nearly one-third of women in North Carolina now delivering by cesarean section, it is essential to implement practices that will enhance the likelihood of first-time mothers giving birth vaginally in order to obtain the best long-term outcomes for mothers and babies.

PQCNC is building on the success of its first maternal health initiative, the 39 Weeks Project, which worked with 41 hospitals in North Carolina, representing two-thirds of the births in the state, to decrease the rate of elective delivery before 39 weeks of gestation. This initiative resulted in a decrease both in elective induction and repeat low-transverse cesarean section without medical indication in the early term population.

Timeline for Support for Birth Initiative

**September 7, 3:00pm-4:00pm:** Informational conference call to learn more about this project. This call is open to all hospitals considering participation in the SIVB initiative.

*To join the call, dial 712-432-6100, passcode 96875#.*

**September 15:** Registration deadline for the SIVB initiative.

*To register, use the link on www.pqcnc.org.*

**September 21, 1:00pm-2:30pm:** Webinar to orient all teams to the baseline data collection process. At least one representative from each registered hospital must attend this webinar. Once your team registers, the key contact will receive an email with a link for this session.

**October-November 2010:** Prework data collection to establish the baseline rate of cesarean birth among nulliparous women at term at your hospital.

- Data will be collected using a tool developed by the Support for Birth expert panel.
- Data entry program will be internet-based and will automatically generate reports.
- Data will be secure and available only by anonymous facility code.

**January 2011:** Required one-day learning session for all participating teams. CME Category I units will be awarded to all physicians, nurses, and nurse midwives who attend.

- There will be no registration or other fees associated with the learning session.

**February 2011 to January 2012:** Prospective data collection to test changes and implement strategies to improve the rate of first time mothers delivering vaginally at term. PQCNC will host follow-up learning sessions, informal meetings and webinars.

PQCNC will facilitate a monthly conference call/webinar for this project and will send a weekly email newsletter to the key contact from each participating team. Participating teams will have access to resources and literature related to this project. An expert team of clinicians from across the state is advising this work. For more information, contact PQCNC Maternal Health Director Nancy Chescheir, MD (cheschei@med.unc.edu) or Project Coordinator Kate Berrien, RN, BSN, MS (kberrien@unch.unc.edu, 919-843-9336).