

## Introduction

### NTSV Cesarean Birth Rate

- Healthy People 2020 goal = 23.9%
- Project Site's Rate (2016) = 29.8%

### Implement Pre-Cesarean Checklist

- Guide to bridge knowledge gap between nurse and providers
- Establish uniform, evidence-based labor management

## Background & Significance

### Global Cesarean Section Rates

- Brazil 55.6%, Dominican Republic 56.4%, Egypt 51.8%, Iran 47.9%, Italy 38.1%, and the USA 32.8%

### Morbidity and Mortality

- Complication rates higher in cesarean deliveries compared to vaginal deliveries
- Risks to both mother and newborn

### Financial Risk

- Cesarean delivery costs \$5,000 to \$10,000 more than vaginal delivery

### Intervention for Change

- Project site's NTSV cesarean rate 6% higher than Healthy People 2020 goal
- Less NTSV cesarean births = More vaginal births = Better outcomes

## Needs Assessment

### With the national target of 23.9% for NTSV cesarean rate:

- 16% of NJ Hospitals meet the national target
- 84% of NJ hospitals can improve

## Methodology

- **3-month retrospective/prospective chart review**

### Setting

- Labor and delivery unit of a Level III Regional Perinatal Center in central New Jersey

### Study Population

#### Inclusion Criteria

- Parturient women who are nulliparous, term, singleton, and vertex presentation

#### Exclusion Criteria

- 17 years old or younger
- Intrauterine fetal demise

### Intervention

- Implementation of a pre-cesarean checklist into practice from 7/2020 – 9/2020

### Data Analysis

- Descriptive Statistics
  - Age
  - Ethnicity
  - Gestational Age
  - Risk Factors
- SPSS
  - Chi square test
  - No statistical significance

## Results

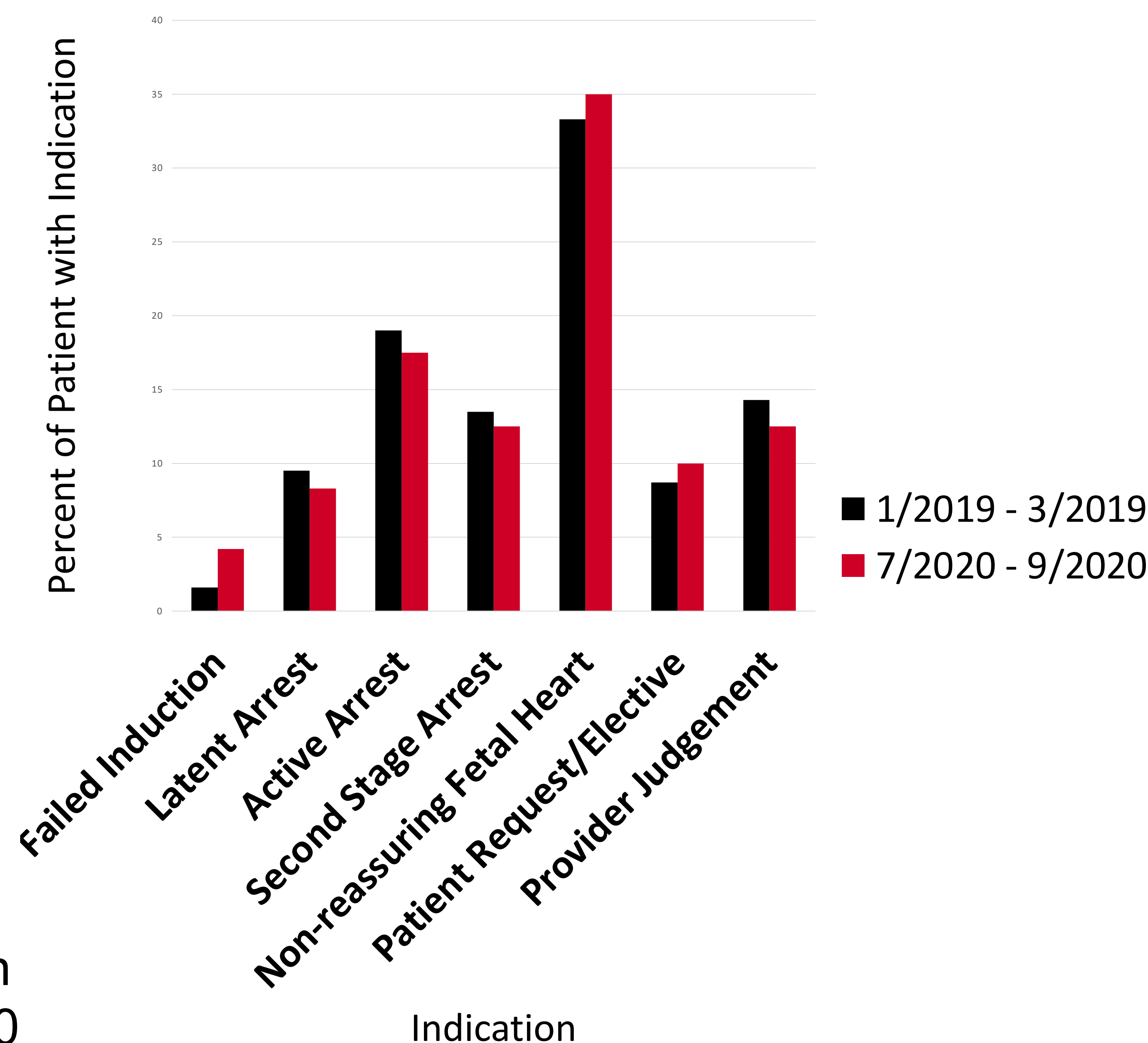
### Overall NTSV Cesarean Rate

- 10.8% decrease
- 36.2% → 25.4%

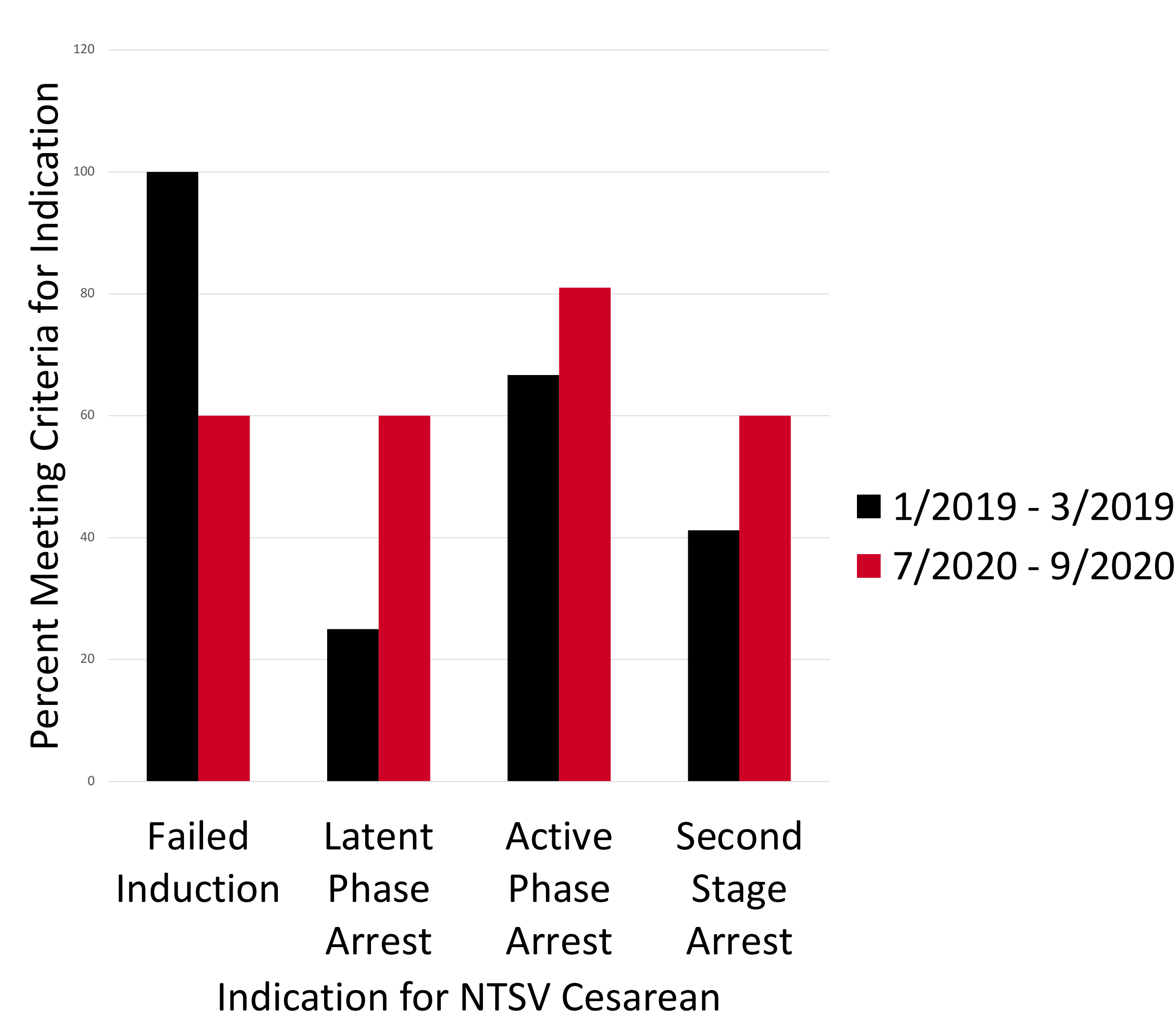
### Compliance Rate

- 40% checklist completion
- 60% collaboration of the checklists completed

### Indication for NTSV Cesarean



### Meets ACOG Recommendations



## Conclusions/Implications

### Implication for Clinical Practice

- Additional staff education
- Promotion of collaboration
- Future study
  - Larger Sample Size
  - Multiple Interventions
  - Different Methods

### Economic Benefit

- Reduced cesarean births = reduced cost

### Health Care Quality & Safety

- Lower cesarean birth rate = lower complication rate

### Health Policy

- Need for policy change at both local and national level

## References

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