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% to 25.4%

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

Conclusion/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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