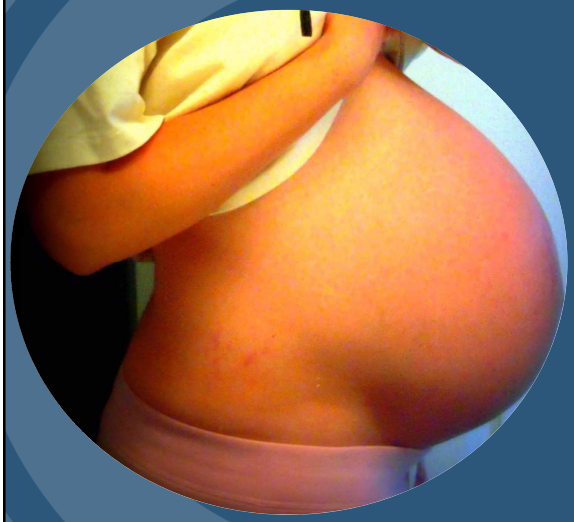
WE WILL BEGIN SHORTLY

LOW RISK CESAREAN DELIVERY

PERCENT OF CESAREAN DELIVERIES AMONG LOW-RISK FIRST BIRTHS

JANUARY 28, 2021

1



NATIONAL PERFORMANCE MEASURE #2

LOW RISK C/S

PERCENT OF CESAREAN DELIVERIES AMONG LOW-RISK FIRST BIRTHS

2

VIRTUAL WEBINAR GUIDELINES & NORMS

- Please stay on mute to avoid background noise and disruptions.
- Share your video if able – we want to see one another!
- Use the chat box for comments/questions.
- Try to stay present and engaged.
- Resist multi-tasking.
- Practice patience and understanding.
- Be gracious and flexible of where each of us is at in our own learning and understanding.

3

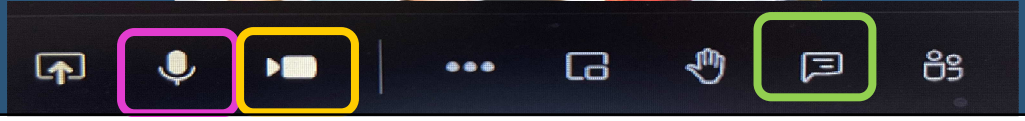
3

HOW WILL WE WORK TOGETHER?

We will use the chat feature for interaction.

Feel free to unmute yourself for comments/discussion.

Share your video if able – we want to see one another!



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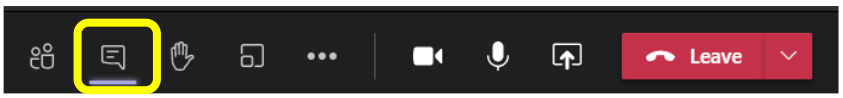
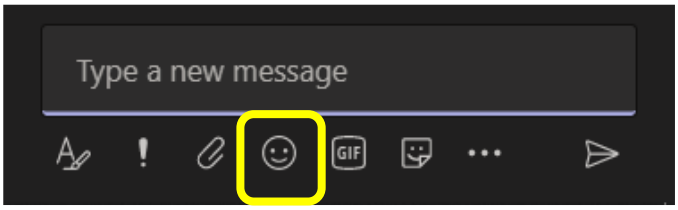
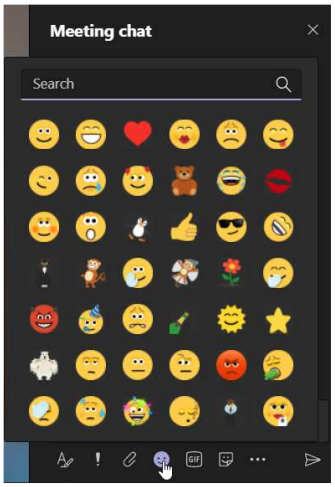
EMOJI CHECK-IN

Use the chat box to check in. Type in your **name, agency** and an **emoji**. Pick an emoji from the chat that best describes how you are feeling right now.







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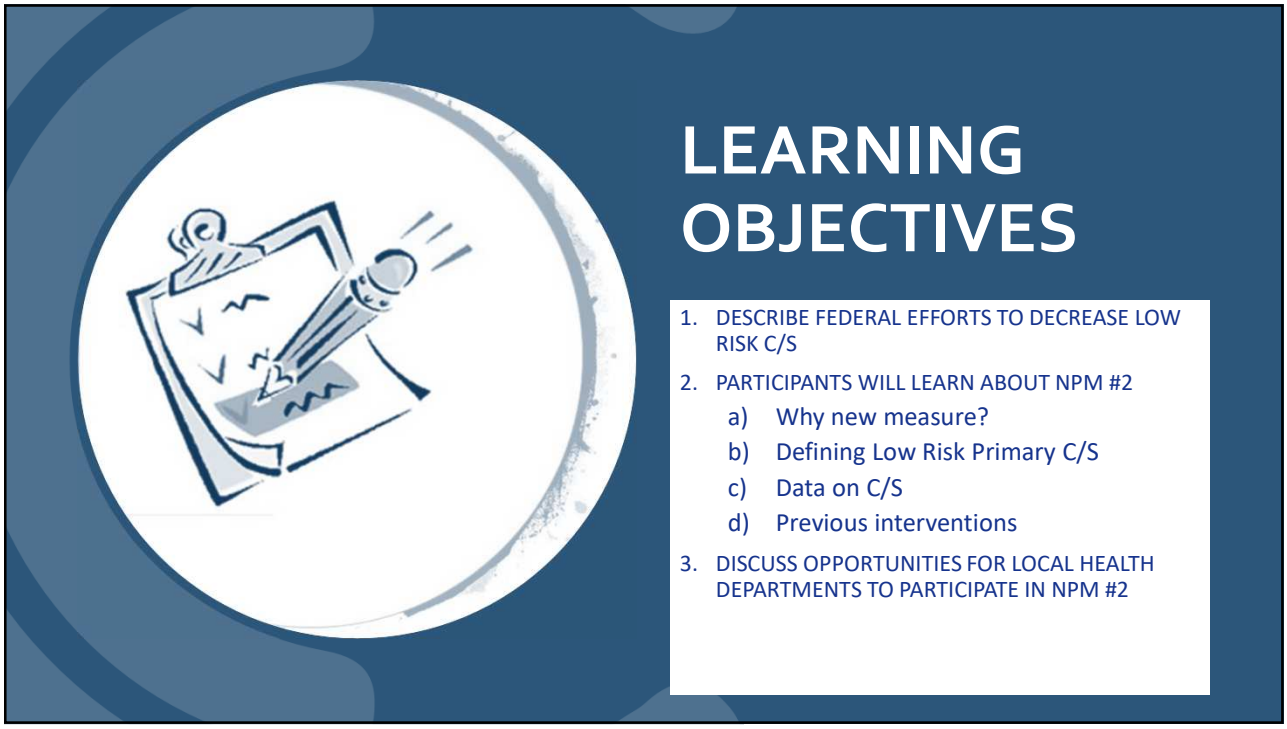

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TITLE V MCH NEEDS ASSESSMENT IN MICHIGAN
WHY WAS NPM #2 ADDED AS A NEW PERFORMANCE MEASURE?

Developing Priority Needs

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LINKING TO PERFORMANCE MEASURES

Table 3: National Performance Measure Linkages.

NPM	Priority Area	Performance Measure	State Priority Need	Population Domain
2	Low-risk cesarean delivery (NEW)	Percent of cesarean deliveries among low-risk first births	Develop a proactive and responsive health care system that equitably meets the needs of all populations, eliminating barriers related to race, culture, language, sexual orientation, and gender identity	Women/Maternal Health

7

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TITLE V STATE PRIORITY NEEDS BASED ON 2020 NA

- Develop a proactive and responsive healthcare system that equitably meets the needs of all populations, eliminating barriers related to race, culture, language, sexual orientation, and gender identity.
- Improve access to high-quality community health and prevention services in the places where women, children, and families live, learn, work, and play.
- Ensure children with special health care needs have access to continuous health coverage, all benefits they are eligible to receive, and relevant care where they learn and live.
- Expand access to developmental, behavioral, and mental health services through routine screening, strong referral networks, well-informed providers, and integrated service delivery systems.
- Improve oral health awareness and create an oral health delivery system that provides access through multiple systems.
- Create and enhance support systems that empower families, protect and strengthen family relationships, promote care for self and children, and connect families to their communities.
- Create safe and healthy schools and communities that promote human thriving, including physical and mental health supports that address the needs of the whole person.

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TITLE V NPM/SPM/PRIORITY NEED FOR FY2021-FY2025

NPM	Priority Area	*National Performance Measure*
2	Low-risk cesarean delivery (NEW)	Percent of cesarean deliveries among low-risk first births
4	Breastfeeding	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
5	Safe sleep	A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate approved sleep surface, C) Percent of infants placed to sleep without soft objects or loose bedding
9	Bullying (NEW)	Percent of adolescents, ages 12 through 17, who are bullied or who bully others
12	Transition	Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
13	Preventive dental visit	13.1 Percent of women who had a dental visit during pregnancy; and 13.2 Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

SPM	Priority Area	*State Performance Measure*
1	Childhood lead poisoning prevention	Percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial positive capillary test
2	Immunizations (Children)	Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4313314 series)
3	Immunizations (Adolescents)	Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus vaccine
4	Medical care and treatment for CSHCN	Percent of children with special health care needs enrolled in CSHCS that receive timely medical care and treatment without difficulty
5	Intended pregnancy (NEW)	Percent of women who had a live birth and reported that their pregnancy was intended
6	Behavioral/ Mental Health (NEW)	Support access to developmental, behavioral, and mental health services through Title V activities and funding

Available – Appendix A of LMCH Guidance Document for FY 2021

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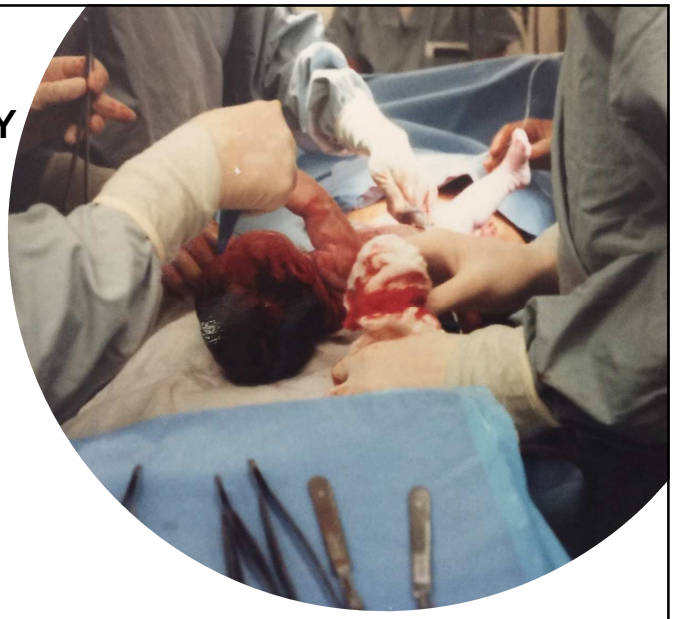
CESAREAN SECTION DELIVERY

Cesarean delivery can be a life-saving procedure for certain medical indications. However, for most low-risk pregnancies, cesarean delivery poses avoidable maternal risks of morbidity and mortality, including hemorrhage, infection, and blood clots— risks that compound with subsequent cesarean deliveries.



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NULLIPAROUS TERM SINGLETON VERTEX (NTSV) CESAREAN OR LOW-RISK CESAREAN PERFORMANCE MEASURE

CESAREAN BIRTH

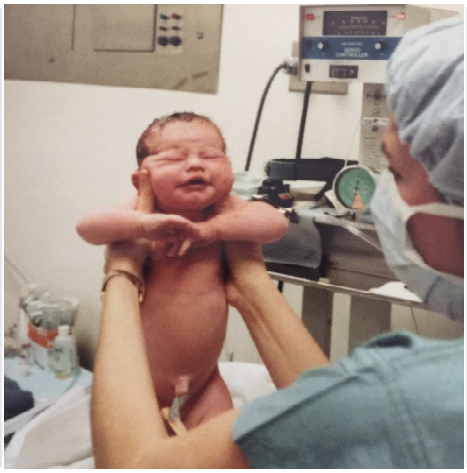
Cesarean delivery increased over 60% between 1996-2009

Wide variation across states, hospitals, practitioners

Cesarean deliveries may increase the likelihood of maternal morbidity

U.S. has one of the highest rates of cesarean deliveries in the world

Much of the increase can be attributed to first-birth cesareans.



LOW RISK NTSV CESAREAN MEASURE

Cesarean delivery in low-risk first births may be most amenable to intervention through quality improvement efforts.

Endorsed by ACOG, The Joint Commission, National Quality Forum, Center for Medicaid and Medicare Services (CMS) and the American Medical Association and other organizations

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WHO ARE LOW RISK FIRST TIME MOTHERS?

- First time mothers | first pregnancy | Nulliparous
  Mothers who have not given birth before
- At or beyond 37.0 weeks gestation
  Full term
- One baby | Singleton (no twins or beyond)
- Vertex (head down) presentation (no breech or transverse)
  Head-first position

Reducing C/S rate in low-risk women will lead to better quality care, improved health outcomes, and reduced costs.

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FEDERAL EFFORTS TO DECREASE LOW RISK C/S RATES

RELEASED DECEMBER 2020

HSS ACTION PLAN

The Action Plan outlines three specific targets to improve the nation's maternal health outcomes by 2025:

- Reduce the maternal mortality rate by 50%
- Reduce low-risk cesarean deliveries by 25%
- Achieve blood pressure control in 80% of women of reproductive age with hypertension

Work to assure the U.S. is one of the safest countries in the world to give birth

SURGEON GENERAL CALL TO ACTION TO IMPROVE MATERNAL HEALTH

Outlines strategies and action steps for diverse set of external stakeholders

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ORGANIZATIONS' FOCUS: CESAREAN SECTION DELIVERY

- **JOINT COMMISSION: PC-02**
  Description: Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth
- **TITLE V NATIONAL PERFORMANCE MEASURE #2**
  Description: Percent of Cesarean deliveries among low risk first births.
- **ALLIANCE FOR INNOVATION ON MATERNAL HEALTH (AIM)**
  Description: Safe reduction of primary cesarean births: supporting intended vaginal births.
- **HEALTHY PEOPLE 2030 – MICH-06**
  Description: Reduce cesarean births among low-risk women with no prior births
- **OBSTETRICS INITIATIVE (OBI) – BCBS/BCN**
  Description: Collaborative quality initiative supporting physiologic vaginal birth and safely lowering the cesarean delivery rate among low-risk (for cesarean delivery) patients

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MCH PARTNER AGENCIES

The Association of Maternal & Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs. http://www.amchp.org

Outgoing CEO – Jonathon Webb – March 19
Caroline Stampfel, Interim CEO

Association of Women's Health Obstetric and Neonatal
Mission: Empower and support nurses caring for women, newborns, and their families through research, education, and advocacy. https://www.awhonn.org

Jonathon Webb, New CEO effective April 1, 2021
Kathleen Hale, MS, RN, NE-BC., Interim CEO

The Maternal and Child Health Bureau, is one of six Bureaus within the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services . MCHB is the one federal bureau responsible for improving the health of all America's mothers, children, and families. https://mchb.hrsa.gov/

- Title V MCH Block Grant
- Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
- Healthy Start

Associate Administrator: Michael Warren, MD, MPH, FAAP

CDC is the nation's health protection agency, working 24/7 to protect America from health and safety threats, both foreign and domestic. http://www.cdc.gov
Rochelle P. Walensky, MD, MPH, CDC Director and ATSDR Administrator

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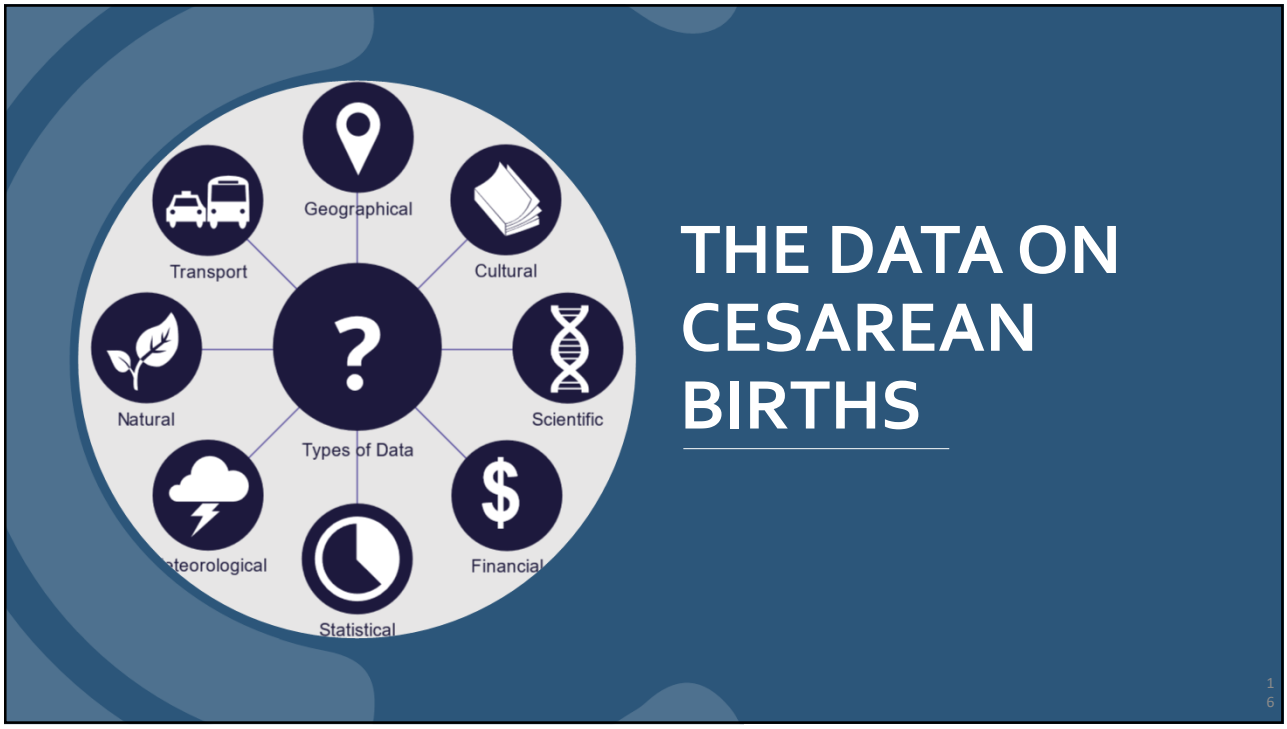

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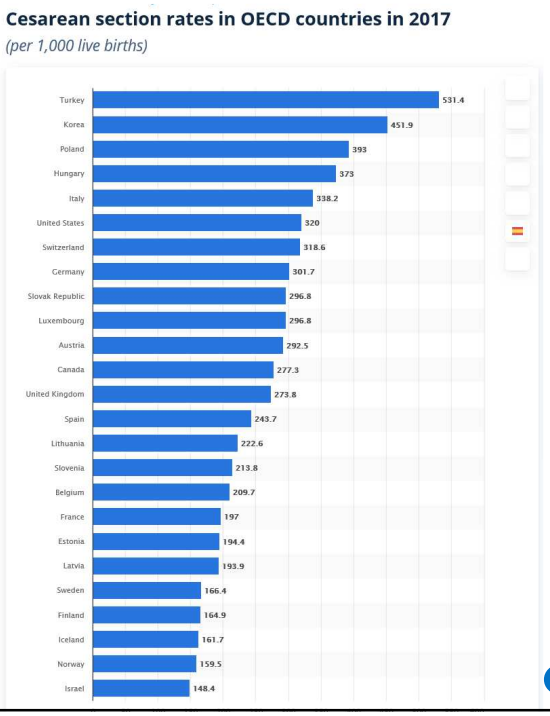
INTERNATIONAL C/S RATES

C/S rates in Organization for Economic Co-operation and Development (OECD) Countries

Turkey
Korea
Poland
Hungry
Italy
U.S.A.
..
..
..
Sweden
Finland
Iceland
Norway
Israel

Source: Statista
https://www.statista.com/statistics/283123/cesarean-sections-in-oecd-countries/



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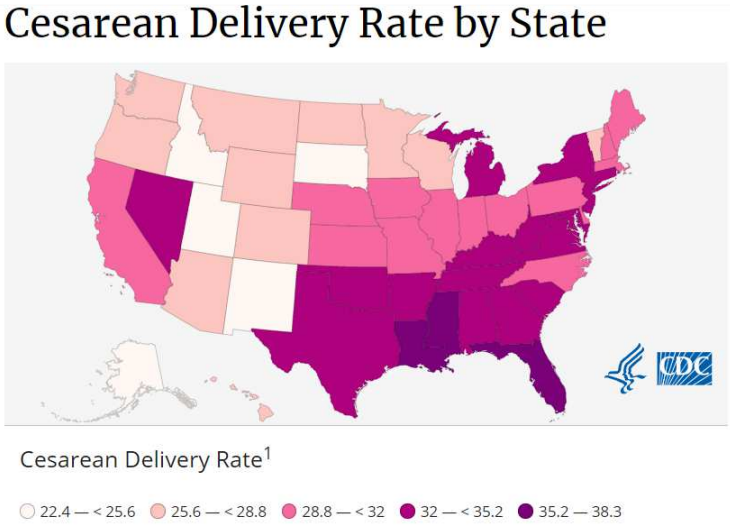
UNITED STATES OVERALL C/S RATES BY STATE & OVER TIME



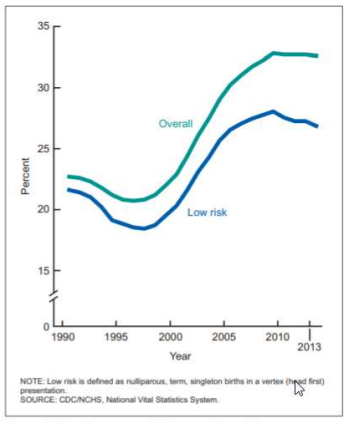


Figure 1. Overall cesarean delivery and low-risk cesarean delivery: United States, final 1990–2012 and preliminary 2013

Osterman & Martin, 2014

Source: CDC
https://www.cdc.gov/nchs/pressroom/sosmap/cesarean_births/cesareans.htm
https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_06.pdf

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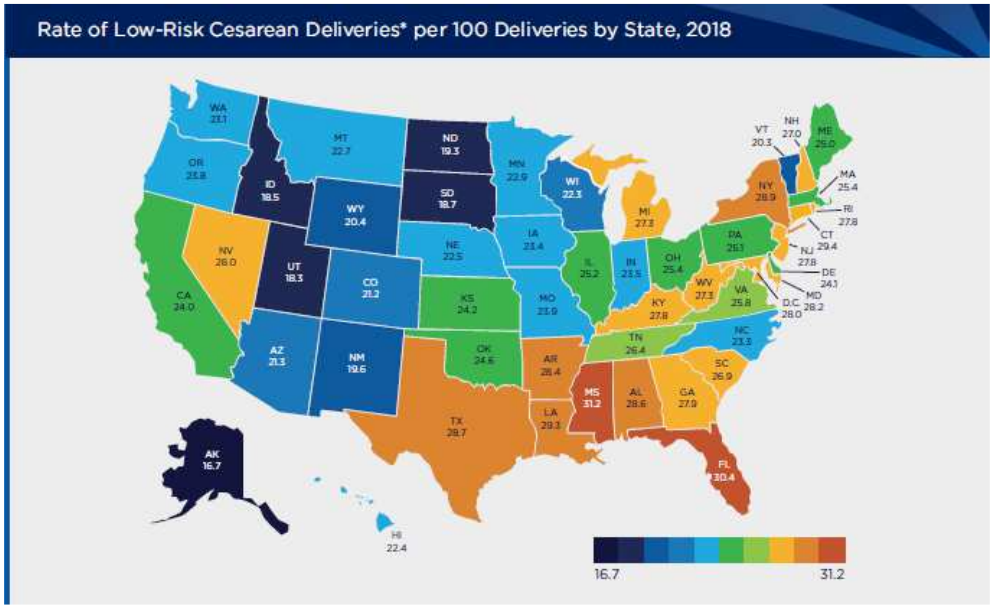
LOW-RISK CESAREAN DELIVERY RATES IN U.S.



Source: U.S. Department of Health and Human Services (2020). Healthy Women, Healthy Pregnancies, Healthy Futures: ACTION PLAN TO IMPROVE MATERNAL HEALTH IN AMERICA.

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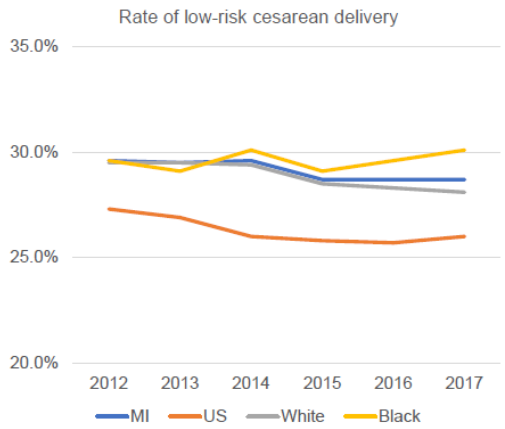
MICHIGAN TITLE V MCH NEEDS ASSESSMENT - 2020

HEALTH STATUS ASSESSMENT: **MATERNAL HEALTH**



Year	MI	US	Michigan White	Michigan Black
2012	29.6%	27.3%	29.5%	29.6%
2013	29.5%	26.9%	29.5%	29.1%
2014	29.6%	26.0%	29.4%	30.1%
2015	28.7%	25.8%	28.5%	29.1%
2016	28.7%	25.7%	28.3%	29.6%
2017	28.7%	26.0%	28.1%	30.1%

Source: Michigan Resident Live Birth Files 2012-2017, Division for vital Records & Health Statistics, Michigan Department of Health and Human Services

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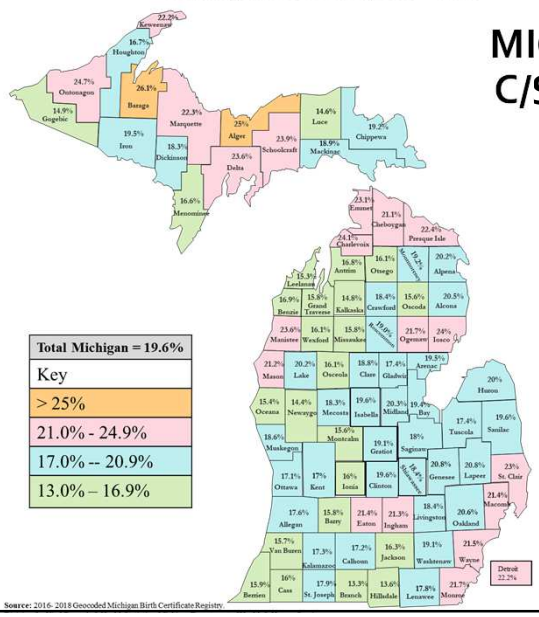
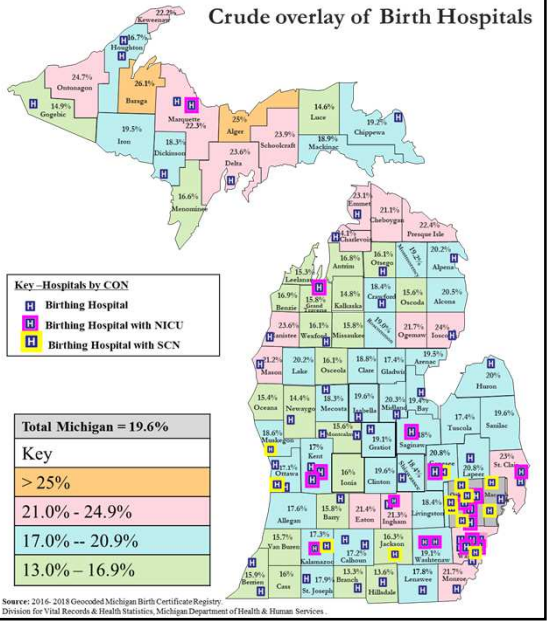
MICHIGAN C/S RATES





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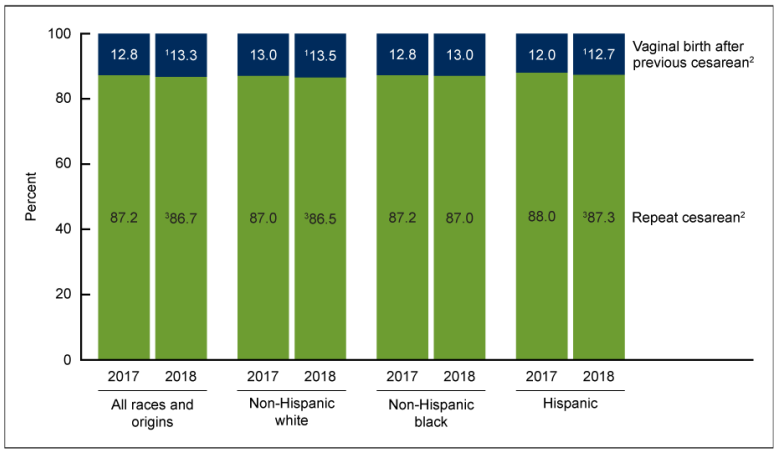
RATES OF VAGINAL BIRTH AFTER PREVIOUS C/S
RATES OF REPEAT C/S BIRTH

Figure 3. Percent distribution of births by method of delivery for births with a previous cesarean delivery, by race and Hispanic origin of mother: United States, 2017 and 2018



[1]Significant increase from 2017 ($p < 0.05$).
[2]Significant difference between all race and Hispanic-origin groups ($p < 0.05$).
[3]Significant decline from 2017 ($p < 0.05$).
NOTES: Includes only births with a previous cesarean delivery. Repeat cesarean rate is the number of births to women having a cesarean delivery per 100 births to women with a previous cesarean delivery. Vaginal birth after cesarean delivery rate is the number of births to women having a vaginal delivery per 100 births to women with a previous cesarean delivery. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db346_tables-508.pdf#3.
SOURCE: NCHS, National Vital Statistics System, Natality.

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COMPLEX REASONS FOR INCREASED RATE C/S

POPULATION CHARACTERISTICS

- Obesity
- Older nulliparous mothers
- Multiples (twins/triplets)

NON-CLINICAL FACTORS

- Maternal Request
- Elective Induction
- Generational shifts in work and family responsibilities
- Clinician preference
- Fear of Malpractice litigation

COMMUNITY FACTORS

- Organizational
- Economic
- Social
- Regional/geographic variations

MEDICAL INDICATIONS

- Labor dystocia (arrest of dilatation)
- Abnormal or indeterminate fetal heart rate tracing
- Fetal malpresentation
- Multiple gestation
- Preeclampsia
- Macrosomia

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QUESTIONS/COMMENTS ON DATA

What do you think of the data?
Does anything stand out for your LHD jurisdiction?
Does anything surprise you?

TEAMS MEETING

Please chat your comments & questions in the chat box
OR
Unmute yourself and ask “live”

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SAFE REDUCTION OF PRIMARY CESAREAN BIRTH

SUPPORT FOR INTENDED VAGINAL BIRTHS

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WHAT HAS BEEN DONE SO FAR

PROFESSIONAL GUIDELINES

- ACOG – Safe Prevention of Primary Cesarean Delivery (2015)
- ACOG – Cesarean Delivery on Maternal Request (2019)
- ACOG/AAP Perinatal Care Guidelines
- American College of Nurse Midwives Healthy Birth Initiative

ELECTIVE DELIVERIES BEFORE 39 WEEKS

- Hospital policy changes to disallow elective delivery before 39 weeks
- LeapFrog Group – public reporting on hospital practices

PERINATAL QUALITY IMPROVEMENT INITIATIVES

- Michigan Health & Hospital Association – OB Keystone;
- Trinity Health - Perinatal Patient Safety Initiative (PPSI)
- Ascension Handling all Neonatal Deliveries Safely (HANDS)
- Michigan – Alliance for Innovation on Maternal Health (AIM) safety bundles
- Michigan Regional Perinatal Quality Collaboratives

PUBLIC EDUCATION CAMPAIGNS

- March of Dimes - Healthy Babies are Worth the Wait®
- AWHONN's Don't Rush Me Go the Full 40 campaign (2014)

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EVIDENCE-BASED/INFORMED SOLUTIONS

- Educational interventions
- Labor Support | Doula
- Nutrition | Obesity
- Equity in birth outcomes
- System building/Organizational interventions – RPCQ
- Home Visiting | WIC | Family Planning | Immunizations
- Practice Guidelines
- Payment Reform

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SOLUTIONS Strategy #1: Childbirth Education Classes

EMERGING EVIDENCE CHILDBIRTH EDUCATION CLASSES

- ✓ Associated with higher vaginal delivery rates.
- ✓ Reduced childbirth anxiety and increased desire for vaginal births.
- ✓ Nurse –led relaxation/birth preparation classes decreased C/S births

Local Health Department Role:

Provide community-based childbirth education training directly or through partner groups for maternity care providers.

Assist in connecting women and families to education classes (direct outreach, connecting providers to class information).

Develop an expectant mother information packet to go out to all expectant mothers that includes class information and other resources.

Provide expertise, materials, or evaluation services for education classes.

Promote shared decision making/informed consent

SUPPORT COMMUNITY-BASED CHILDBIRTH EDUCATION CLASSES

Other ideas? Feel free to chat – use "Strategy #1" in response.

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SOLUTIONS Strategy #2: Supportive Care through Lay Doulas

EMERGING EVIDENCE LABOR SUPPORT | TRAINED DOULAS

- ✓ Labor support from trained doula trended toward lower C/S rates
- ✓ Labor support and access to nonmedical interventions before and during labor may reduce C/S rates
- ✓ Continuous labor support promoted more spontaneous vaginal birth, shorter labor, less pain medication and increased maternal satisfaction (provided by family member, hospital staff or doula)
- ✓ MCMCH Advocacy – Doula Services for improving birth outcomes

Local Health Department Role:

- Connect women to community-base doulas
- Provide training and clinical guidelines to doula program for labor support
- Work with hospitals to set up doula programs
- Provide evaluation services for labor support/doula efforts

SUPPORT TRAINED DOULA PROGRAMS

Other ideas? Feel free to chat – use "Strategy #2" in response.

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MICHIGAN MCH ADVOCACY PARTNERS

MICHIGAN COUNCIL FOR Maternal & Child HEALTH

Advocacy for public policy that improves maternal and child health outcomes since 1983.

http://www.mcmch.org/

https://files.constantcontact.com/d263ffe9001/5ec682bb-0c5e-44d2-8a16-d5071fc311a6.pdf

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SOLUTIONS

Strategy #3: Nutrition Education for Expectant Mothers

EMERGING EVIDENCE NUTRITION EDUCATION

- ✓ Weight and associated health issues affect the decision for cesarean delivery
- ✓ The following conditions have been associated with increase risk for cesarean delivery:
  - ✓ Increasing BMI
  - ✓ Pregnancy weight and weight gain
  - ✓ Diabetes (GDM and pre-existing DM)
  - ✓ Hypertension

Local Health Department Role:

"Provide educational materials or trainings that increase awareness and identify risk factors for nutrition-related indicators that have been shown to increase cesarean deliveries,"

EDUCATION ON NUTRITION RELATED INDICATORS THAT INCREASE C/S RATES

Other ideas? Feel free to chat – use "Strategy #3" in response.

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SOLUTIONS

Strategy #4: Participate in the Michigan Perinatal Quality Collaborative/ Regional Perinatal Quality Collaboratives

QUALITY IMPROVEMENT

- ✓ The Regional Perinatal Quality Collaboratives (RPQCs) are charged with improving birth outcomes for moms, babies and families through data-driven quality improvement projects that are tailored to the strengths and challenges of each region.
- ✓ ***Quality improvement activities across all settings will help to improve maternal health outcomes.***

Local Health Department Role:

- Participate in the Michigan Perinatal Quality Collaborative/Regional Perinatal Quality Collaboratives to support evidence-based clinical practices and processes and equity
- Educate providers on evidence-based interventions for improving birth outcomes, non-medically indicated elective inductions and C/S

Questions about the MI PQC/RPQCs ?
Interested in joining a local RPQC?
Contact Emily Goerge at GoergeE@michigan.gov

PARTICIPATE IN RPQCS

Other ideas? Feel free to chat – use "Strategy #4" in response.

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SOLUTIONS Strategy #5: Promote health equity in birth outcomes

Reducing disparity gaps among African-American, American Indian/Alaska Native, and rural women is essential to improving maternal health.

DISPARITY GAPS IN MATERNAL HEALTH

- ✓ Racial and ethnic, geographic, and age disparities are especially concerning:
  - ✓ Pregnancy-related mortality for Black and American Indian and Alaska Native women is two to three times higher than for white, Hispanic, and Asian/Pacific Islander women.
  - ✓ The share of rural counties with hospital obstetric services decreased significantly in the past decade,
  - ✓ women over 35 years are one and a half times more likely to experience complications during pregnancy.
- ✓ Addressing Racism as a Public Health Crisis - AMCHP Priority goal for Biden/Harris Administration
- ✓ Whitmer Executive Directive 2020-9 – Addresses Racism as Public Health Crisis

Local Health Department Role:

- Work to advance equity and Zero health disparities.
- Become familiar with Michigan Maternal Mortality Surveillance (MMMS) Program Committee Recommendations to prevent future deaths
- Monitor trends in data to focus efforts to reduce maternal morbidity and mortality.
- Educate providers, staff and partners about culturally and linguistically appropriate maternal services, racism, implicit bias and quality care

ZERO PREVENTABLE DEATHS
ZERO DISPARITIES

Other ideas? Feel free to chat – use "Strategy #5" in response.

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MATERNAL DEATHS IN MICHIGAN, 2013-2017 UPDATE

Available:
https://www.michigan.gov/documents/mdhhs/MMMS_2013-2017__Pubapproved_712422_7.pdf

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SOLUTIONS

Strategy #6: Promote home visiting, WIC, Family Planning, Immunizations

ESSENTIAL SERVICES

- ✓ Evidenced-based home visiting improves maternal and child health and has been shown to reduce infant mortality, preterm births and emergency room utilizations
- ✓ WIC Program is cost effective in protecting or improving the health/nutritional status of low-income women, infants
- ✓ Family planning clinic provide access to preconception care, confirm pregnancy and refer to prenatal care and to other services
- ✓ Vaccination of pregnant women may provide important benefits to mother, infant or both.

Local Health Department Role:

- Utilize appointments to document prenatal and postpartum journey to identify gaps and foster areas of improvement
- Link community members to needed maternal health services that are culturally responsive
- Educate community members and provide resources for healthy birthing

SUPPORT LHD PROGRAMS

Other ideas? Feel free to chat – use "Strategy #6" in response.

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ADDITIONAL POTENTIAL SOLUTIONS TO DECREASE PRIMARY C/S IN LOW-RISK WOMEN

Strategy 7: Other Strategies

Role of Local Health Department:

Other ideas? Feel free to chat – use "Strategy #7" in response.

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QUESTIONS | DISCUSSION ON INTERVENTIONS

- Are the potential solutions proposed feasible for your local health department to participate in?
- Are there other potential solutions that LHD can participate in?
- Has your local health department already participated in an intervention to reduce non-medical cesarean births?

?

TEAMS MEETING

Please chat your questions in the chat box
OR
Unmute yourself and ask “live”

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RESOURCES/REFERENCES FOR NPM #2

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LOCAL MCH WORK PLAN EXAMPLES

Local Health Department Name: Tero County Public Health Department (TCPHD)

NPM #2 Low Risk Cesarean Section			
Goal: Low risk primiparous women in Tero County will delivery vaginally when medically appropriate			
Objective: By, September 30, 2021 the percent of women with low-risk live births that were first birth Cesarean sections (C/S) in Tero County will reduce from 17% to 16.6%.			
Relevant Data	**Evidence-based/informed or promising Strategies**	**Action Steps**	**Deliverables**
Healthy People 2020 Goal: Reduce cesarean births among low-risk women with no prior births is 24.7% % of women with low-risk live births that were first birth C/S, 2018 • Michigan – 16.6% • Tero County – 17.0% % of women with low-risk live births that were C/S births, 2018 • Michigan – 28.7% • Tero County – 33.4% (Source: Characteristics of the Mother or Infant, as a percentage of Live births Michigan Residents, 2018 Geocoded Michigan Birth Certificate Registry., Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services.)	Implement patient education to reduce cesarean deliveries	1. Educate low-risk, first-birth mothers about the overuse of C/S, the importance of the last few weeks of pregnancy, and encourage meaningful conversations between patients and their care team during WIC appointments and in-home family visits.	55 low-risk, first time birth mothers will be educated on the importance of last weeks of pregnancy & C/S Tero County women with low-risk live births that were first birth C/S will be 16.6%
	Support state-wide/regional/county quality improvement collaborative to identify areas of improvement and implement strategies to reduce cesarean deliveries	2. Engage women of childbearing age in Tero county to participate in focus groups to determine challenges that contribute to primary cesarean births 3. Engage obstetric providers to participate in an online survey to determine opportunities to reduce primary cesarean births 4. TCPHD staff will attend meetings of the Region 24 Perinatal Quality Assurance Collaborative meetings to assist in identifying regional needs, including reduction in primary C/S rates	2 focus groups with 10 participants (20) will occur 5 maternity providers will be sent an online survey 1 staff will attend monthly Steering Committee meetings and 3 staff will attend quarterly collaborative meetings

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ANOTHER RESOURCE

- **Hear Personal Stories of Pregnancy-Related Complications**

- **www.cdc.gov/hearher**

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FINAL QUESTIONS/ COMMENTS/IDEAS

?

TEAMS MEETING

Please chat your questions in the chat box
OR
Unmute yourself and ask “live”

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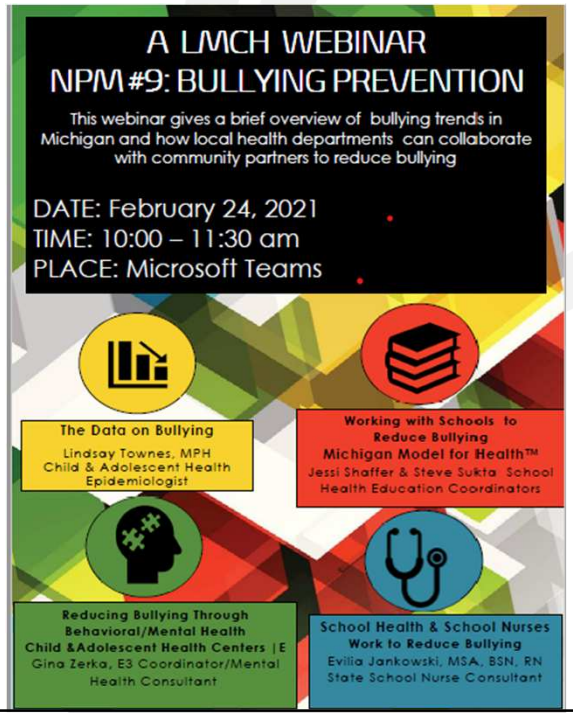
45

Save the Date

LMCH Webinar
Feb. 24, 2021

NPM #9 Bullying Prevention

Outlook appointment coming soon



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THANK YOU!

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