



Hospital Quality Improvement Toolkit

Overview

This toolkit supports hospitals in reducing unnecessary primary cesarean births among low-risk patients by strengthening culture, implementing evidence-based practices, and promoting patient-centered care.

Readiness

Goals	Interventions	Resources
Foster a unit culture that values, promotes, and supports the spontaneous onset and progression of labor and vaginal birth.	<p>Develop mechanisms for peer feedback</p> <p>Assess unit culture to identify areas for improvement</p> <p>Train staff in hands-on labor support techniques to promote comfort, progress, and physiologic birth</p>	<p>Labor Culture Survey Background Information</p> <p>Hands-on Section of SOAR Labor Support Workshop</p> <p>CUS Communication Tool</p> <p>Institute for Healthcare Improvement: A New Way to Engage Physicians</p> <p>The Nurse's Role in Promoting a Culture of Patient Safety</p>
Facilitate Multidisciplinary Education around Labor and Vaginal Birth	<p>Develop a regular interdisciplinary training schedule</p> <p>Implement simulation-based team training</p> <p>Create shared learning resources</p> <p>Encourage cross-disciplinary shadowing or rotation</p>	<p>Spinning Babies</p> <p>CPCQC Labor Support Workshops</p> <p>AWHONN Simulation/Debriefing Resources</p> <p>ACNM's Interprofessional Education Resources</p>
Training on trauma-informed care and healthcare team member biases	Train all staff in active listening and trauma-informed care	<p>REVIVE: An evidence-based approach for nurses to universally apply trauma-informed care in maternity settings</p> <p>AWHONN Insights Webinar</p> <p>AWHONN Respectful Maternity Care Implementation Toolkit</p>
Patient Education	<p>Develop easy-to-understand, patient-facing tools to communicate the risks and benefits of common interventions and procedures</p> <p>Offer patient-centered resources on birth trauma and conduct supportive debriefing conversations with the patient and their support team</p>	<p>Partner to Decide Decision Aids</p> <p>Partner to Decide Implementation Guide</p> <p>Intermountain Health Elective C-Section Information Sheet</p> <p>Colorado Fetal Care Center Epidural Information Sheet</p> <p>Induction Infographic for Patients</p>

		Cesarean and Vaginal Birth Pros and Cons Patient Info CPCQC Debrief Tool for Unplanned or Emergency Cesarean Births CPCQC's HEAR Debrief Badge Buddy
--	--	--

Recognition

Goals	Interventions	Resources
Implement standardized admission criteria, triage management, education, and support for people presenting in spontaneous labor	<p>Adopt and train staff on standardized admission criteria</p> <p>Offer early or latent labor support options</p>	<p>Evolution of the Labor Curve</p> <p>ACOG First and Second Stage Labor Management</p> <p>Coping with Labor Algorithm</p> <p>CMQCC Toolkit to Support Vaginal Birth</p>
Implement standardized criteria and clinical pathways for identifying and diagnosing labor dystocia	<p>Adopt ACOG/SMFM Definitions of Labor Dystocia</p> <p>Conduct Case Reviews of Cesarean Indications</p>	<p>CPCQC Clinical Care Checklist</p> <p>CPCQC Labor Dystocia Badge Buddy</p>
Ensure availability of and offer a variety of standard pain management and comfort techniques that support labor progress and enhance patient comfort	<p>Maintain a diverse inventory of pain management options</p> <p>Train staff in non-pharmacologic comfort techniques</p>	<p>CPCQC Labor Support Practices</p> <p>Evidence Based Birth: Nitrous Oxide</p> <p>CPCQC Labor Bingo</p> <p>ACOG Medications for Pain Relief During Labor and Delivery</p> <p>Coping Skills for Labor Without Medication</p> <p>Comfort Measures in Labor Checklist</p>
Utilize standardized methods in the assessment of the fetal heart rate status, including encourage evidence-based positioning and patient movement in labor	<p>Provide ongoing training and certification for staff in all methods of fetal monitoring and interpretation.</p> <p>Implement standardized EFM nomenclature and interpretation across care teams</p>	<p>CPCQC Clinical Care Checklist</p> <p>NICHD Nomenclature for EFM interpretation</p> <p>Category II Management Algorithms</p> <p>Sample IA Policy</p> <p>AWHONN Fetal Heart Rate Position Statement</p> <p>AWHONN FHR Auscultation</p> <p>Perinatal Quality Improvement IA Simulation-Based Education</p>

Response

Goals	Interventions	Resources
Ensure sufficient availability of trained clinicians, support staff, and necessary resources to provide continuous labor assessment, support, and timely response to labor progress disruptions and emergencies.	<p>Implement staffing models based upon labor acuity</p> <p>Maintain ready access to emergency equipment and supplies</p> <p>Train staff in rapid recognition and response</p>	<p>AWHONN Staffing Standards FAQ</p> <p>Impact of Doulas on Healthy Birth Outcomes</p> <p>Continuous Labor Support for Every Woman: AWHONN Position Statement</p> <p>A Guide to OB Drill Binders: Resource Binder</p> <p>AHRQ Toolkit for Improving Perinatal Safety</p>

Reporting

Goals	Interventions	Resources
Perform regular multidisciplinary reviews of indications for cesarean births	<p>Establish a monthly or quarterly Cesarean review committee</p> <p>Use a standardized Cesarean review tool</p> <p>Provide timely feedback to providers</p>	<p>CPCQC Multi-Disciplinary Review</p> <p>Just Culture: A Foundation for Balanced Accountability and Patient Safety</p> <p>CMQCC Guidance for Understanding and Unblinding Provider-Level NTSV Cesarean Section Rates at the Start of Project</p> <p>Evidence Based Birth ARRIVE Trial Video</p>
Monitor key metrics and balancing measures to evaluate progress, ensure safety, and track maternal and newborn outcomes related to cesarean birth reduction efforts	<p>Define and track core process, outcome and balancing measures</p> <p>Use stratified reporting such as breakdowns by race, ethnicity, payor or provider group</p> <p>Use a data dashboard to track and communicate metrics</p>	<p>Selecting and Implementing Patient-Reported Outcome and Experience Measures to Assess Health System Performance</p> <p>Nurse Impact: Outcomes and Effective Practices Webinar</p> <p>Joint Commission Perinatal Care Measures</p> <p>CPCQC/Colorado Balancing Measures</p> <p>CMQCC Resource for Implementing Unblinded Cesarean Rates</p>
Establish a culture of multidisciplinary planning, huddles, and post-event debriefs for unplanned cesarean births	<p>Standardize pre-labor and intrapartum huddles</p> <p>Implement a post-Cesarean debrief</p> <p>Track and learn from trends in Cesarean debriefs</p>	<p>AHRQ Team STEPPS Pocket Guide Team Birth</p> <p>CPCQC Case Review form</p>

Respectful and Equitable Care

Goals	Interventions	Resources
Include each pregnant and postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team	<p>Establish shared decision making protocols</p> <p>Incorporate birth preferences into the plan of care</p> <p>Conduct postpartum debriefs with the patient and support person</p>	<p>March of Dimes: My Birth Plan (English and Spanish)</p> <p>AHRQ SHARE Approach</p> <p>Informed Consent and Shared Decision Making in Obstetrics and Gynecology: ACOG Committee Opinion</p> <p>CMQCC Birth Preferences Worksheet</p> <p>Sample birth preferences worksheet</p>
Engage in open, transparent, empathetic, and trauma-informed communication with pregnant and postpartum people	<p>Use structured communication tools such as Ask-Tell-Ask and Teach-Back</p> <p>Normalize and encourage emotional check ins</p> <p>Offer communication scripts for difficult conversations</p>	<p>AWHONN Respectful Maternity Care Evidence-based Guidelines</p> <p>Integrating Trauma-Informed Care Into Maternity Care Practice: Conceptual and Practical Issues</p> <p>CPCQC Debrief Tool for Unplanned or Emergency Cesarean Births</p> <p>CPCQC's HEAR Debrief Badge Buddy</p> <p>ACOG Caring for Patients Who Have Experienced Trauma</p> <p>Vital Talk Training</p> <p>Practicing Cultural Competence and Cultural Humility</p>

For additional support, contact qi@cpcqc.org or visit cpcqc.org

Updated in September 2025