Key Driver Diagram (KDD)

AIM	PRIMARY DRIVERS	CHANGE IDEAS / POTENTIALLY BETTER PRACTICES (PBPs)
To promote safe vaginal delivery for ALL in the birthing population presenting with a NTSV, and thus decrease NTSV cesarean delivery rates to <23.6% (Healthy People Goal 2030) in all participating TN birthing facilities by Summer 2024. This project will include a special focus on the BIPOC (Black, Indigenous, and People of Color) population which data shows has greater disparities in this outcome.	**Improve the Culture of Care, Awareness, & Education (READINESS)**	← Create a culture on obstetric units that supports safe vaginal delivery
		← Educate providers, nursing, & staff on evidence-based practices and protocols
		← Improve the quality of & access to childbirth education for patients
		← Improve support from hospital administration / leadership & use of clinical champions
	Support Intended Vaginal Birth (RECOGNITION & PREVENTION)	← Implement institutional policies that uphold best practices in Obstetrics, safely reduce routine interventions in low-risk women, & consistently support vaginal delivery
		← Implement early labor supportive care policies & establish criteria for active labor admission
		← Improve the support infrastructure & supportive care during labor
		← Implement current evidence-based treatment & prevention guidelines for potentially modifiable conditions
		← (OPTIONAL) Consider the use of community based non-traditional workforce
	Manage Labor Abnormalities (RESPONSE)	← Implement standard diagnostic criteria & standard responses to labor challenges & fetal heart rate abnormalities
		← Create highly reliable teams & improve interprofessional communication at critical points of care
		← Identify malposition & implement appropriate interventions
		← Utilize alternative standards of labor care
	Use Data to Drive Improvement (REPORTING)	← Track & report labor & cesarean measures in sufficient detail to assess & compare performance – both at the institution & provider level
		← Track & report labor & cesarean measures in sufficient detail to conduct case reviews & systems analysis
		← Track appropriate metrics & balancing measures that assess maternal & newborn outcomes resulting from changes in labor management strategies to ensure safety
	Prioritize Respectful, Equitable, & Supportive Care (INCLUSION & EQUITY)	← Include each patient that experienced a cesarean delivery as respected members of & contributors to the multidisciplinary care team & as participants in patient-centered huddles and debriefs
		← Engage in open, transparent, & empathetic communication with pregnant & postpartum people to understand diagnoses, options, & treatment plans
		← Protect patient autonomy to enable the patient's personal choice with a focus on family-centered care
		← Obtain informed consent through shared decision making at major decision points of care
		← Promote equal opportunity to all NTSV persons with no contraindications to vaginal delivery