

### Table 3. Key Strategies for Improving the Culture of Care, Awareness, and Education for Cesarean Reduction

#### 1 Improve Quality of and Access to Childbirth Education

- Align hospital practices and philosophies with evidence-based childbirth education
- Collaborate to assess and mitigate barriers to childbirth education (including cost, time of day), and include flexible educational formats such as high quality web content or interactive web-based learning
- Implement prenatal care models that efficiently integrate comprehensive pregnancy and childbirth education into routine visits, such as group prenatal care

#### 2 Improve Communication through Shared Decision Making at Critical Points in Care

- Train providers, nurses, and staff on the essential elements of effective communication and shared decision making
- Design shared decision making discussions around the major decision points that impact the risk for cesarean, and effectively and routinely incorporate these discussions into regular prenatal visits
- Improve the shared decision making process through the utilization of high-quality, evidence-based decision aids in consumer-preferred formats specific to the woman's literacy level
- Adapt the clinical environment in order to integrate patient engagement and shared decision making into routine care (such as adjusting workflows to allow ample time for questions and educational opportunities)
- Respect and value differences in culture and religious beliefs

#### 3 Bridge the Provider Knowledge and Skills Gap

- Improve the content of professional education and continuing education to support a “wellness approach” to obstetric care for the majority of women giving birth, including a redesign of standard curriculum to include principles of physiologic childbearing and a greater focus on the reduction of routine interventions for low-risk women
- Incorporate interprofessional training and mentorship of nursing and medical students, nurse-midwifery graduates, and medical residents to foster a generational change in how routine obstetric care is delivered
- Ensure that all providers and nurses maintain the critical skills necessary to support vaginal birth
- Create a culture of transparency for hospital and provider level data

#### 4 Improve Support from Senior Hospital Leadership and Harness the Power of Clinical Champions

- Utilize the power of hospital leadership at all levels (e.g. executive and departmental) to promote an environment of continuous quality improvement
- Create, nurture, and sustain a core group of enthusiastic, interprofessional clinical champions

#### 5 Transition from Paying for Volume to Paying for Value

- Implement alternative payment models (APMs) that reward quality, reduce incentives to perform cesarean deliveries, and focus on coordinated patient-centered care