Figure 1: Summary of Trust culture and key features of implementation related to caesarean section rates in six case study sites

Higher CS rate  ***Lower CS rate***

(CS rate 7/09 to 1/10)	*Trust C (30%)*	*Trust Y (29%)*	*Trust Q (26.1%)*	*Trust U (25.5%)*	*Trust M (24%)*	*Trust S (21.5%)*
Culture	Midwives do not feel obstetricians are really engaged. Will agree CS on maternal request	Chronic staff shortages and lack of leadership. Medicalised labour – difference of opinion between obstetricians and midwives. Birthing centre but it is under-used.	There was a pro-normal culture at the start. At the end staff feel they are in a different place. 'More aware of how we function as a team'.	Trust has a range of philosophies and variation in working practices. Variable multi-disciplinary working	Timing of initiative was good as Trust was going through a lot of change. Clear shared vision – to provide optimum birth experience.	Culture of challenging and questioning each other. Normal behaviour now for a junior midwife to question a consultant. Pride in low CS rates.
Key features of implementation	Introduced initiative into mandatory training – 'led to heated debates and discussions'. Subgroups worked on two different pathways. Worked to improve birth environment – but beds got moved back. Received funding for alongside birthing unit. Active birth workshops.	Human Resources facilitated some workshops but only one doctor attended. Set up core group chaired by Chief Nurse. Action plan produced. Worked to improve birth environment but maintaining this was a challenge.	Changed induction procedures – women admitted am rather than pm. Ran focus groups with midwives. Multidisciplinary meeting each week.	Set up an induction lounge managed by one midwife. 2 hour Counselling session for women who had previous traumatic birth who may have been offered CS. Core team of midwives on labour ward established. Agreed aims goals between labour ward lead obstetrician and midwife	Reviewed all guidelines. Changed birth environment. Review of handover – clear communication. Review of CS each week and clinical incidents in a multidisciplinary meeting in an open manner. Consultant midwife post funded and commenced.	Progress made visible – displayed on board in LW. One keen obstetrician promoted normality with peers on an ongoing basis. Review of all CS by labour ward midwife and obstetrician to generate discussion not name and shame. MLU set up.