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Marshall, Joyce, Spiby, Helen and McCormick, Felicia

Evaluating the 'Focus on Normal Birth and Reducing Caesarean section Rates Rapid Improvement Programme': A mixed method study in England

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