
Better births for women collaborative | project charter

BACKGROUND INFORMATION

Women having their first birth vaginally in Victoria are four times more likely to experience a severe perineal laceration (third- or fourth-degree tear) compared to those having a subsequent birth vaginally¹.

A third- or fourth-degree perineal tear is a significant birth-related complication that may lead to long-term disability. It is important these tears are prevented, and where they do happen, they are recognised so that appropriate treatment can be provided. Third- and fourth-degree tear rates may reflect the quality of intrapartum care or differences in the accuracy of identification and reporting².

In Victoria in 2017-18, the state-wide rate of third- and fourth-degree perineal tears in unassisted births (Indicator 1ci) was 3.2 per cent. The rate was higher in public hospitals (3.6 per cent) than in private hospitals (1.0 per cent). In the same period, the state-wide rate of third- and fourth-degree tears in assisted births (Indicator 1cii) was 4.7 per cent. The rate was again higher in public hospitals (5.5 per cent) than in private hospitals (2.5 per cent). There was significant variation between individual hospitals in both unassisted and assisted vaginal births, from zero to 20.0 per cent and zero to 11.1 per cent respectively³.

For the women sustaining these injuries, the consequences can be long-term or lifelong, and impact on their physical and psychological wellbeing. The resulting trauma has been shown to have a detrimental psychosocial impact, with many women requiring ongoing intervention. It has also been shown that the trauma of sustaining a perineal tear and its complications can affect subsequent births choices where a vaginal birth is forsaken, increasing rates of elective caesarean section.

Utilising our partnership with the with the [Institute for Healthcare Improvement](#) (IHI), the Better births for women collaborative will further test and spread the success of evidence-based clinical care bundles to reduce third- and fourth- degree perineal tear rate, with work focussing on five clinically endorsed interventions.

The Better births for women bundle has been shown to improve outcomes for women during childbirth and reduce the incidence of severe perineal trauma. The bundle includes:

- Application of warm perineal compress during labour
- Hands on to support the perineum, with gentle verbal guidance
- Episiotomy performed when indicated (during instrumental delivery and at 60 degrees)
- Genito-anal examination on all women post birth
- Grading of perineal tear based on RCOG grading and reviewed by experienced clinician.

Through facilitating the Better births for women collaborative, we will partner with clinicians to better detect and manage risk factors to prevent perineal trauma. We will improve the care experience of women through shared decision making in risk factor management.

WHAT ARE WE TRYING TO ACCOMPLISH?

By July 2020 the Better births for women collaborative will reduce harm to Victorian women by preventing 50 per cent of third- and fourth-degree perineal tears across participating maternity services.

We will partner with clinicians to better detect and manage risk factors to prevent perineal trauma. We will improve the care experience of women through shared decision making in risk factor management.

This will be accomplished by achieving the following goals:

- 95%, or higher, compliance with the five key aspects of clinical care bundle
- 95% or higher, compliance with each of the individual clinical care bundle interventions
- 95%, or more, women are engaged in shared decision making in risk factor management

HOW WILL WE KNOW THAT CHANGE IS AN IMPROVEMENT?

Family of measures

Measurement is a critical part of the Better births for woman collaborative. Measures help teams evaluate the impact of strategies and interventions tested and adapted throughout the initiative. Additionally, measures are used to assess progress toward the collaborative goals. They represent what we think are useful for establishing baseline performance and are sensitive to improvements made during the life of the collaborative, while paying attention to the feasibility for sites to collect and report.

(Please note: these are drafts to be refined with participating health services)

Outcome measures

- Number of third- and fourth-degree tears in total
- Number of third- and fourth-degree tears in spontaneous vaginal deliveries (SVD)
- Number of third- and fourth-degree tears instrumental assisted deliveries (IAD)

Process measures

- Percentage of women who have a warm perineal compress applied during the second stage of labour at the start of perineal stretching
- Percentage of women who receive (with a spontaneous vaginal delivery), gentle verbal guidance and hands-on technique, to encourage a slow, controlled birth of the fetal head and shoulders
- Percentage of women who have the episiotomy technique applied when episiotomy indicated
- Percentage of women who receive a genito-anal examination as part of their post-birth care
- Percentage of women with documented perineal trauma who have their injury graded as per bundle expectations
- Percentage of women with perineal trauma who have documented discharge/follow up plans for ongoing support.

Balance measures

- Percentage of episiotomies
- Percentage of women who have caesarean sections.

WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

Providing leadership and governance

- Learning from examples of high-quality care
 - Learning from experience: poor outcomes, near misses and success stories'
 - Processes to learn from women's lived experiences
 - Provide opportunities for team to visit/connect with high performing teams from WHA collaborative
- Engaging robust quality improvement processes
 - Create opportunities for teams to participate in learning sessions as part of the Collaborative
 - Using improvement methodology and measurement over time to ensure reliability of pathways
 - Ensure multidisciplinary membership of the improvement team, including clinical educators, midwives, obstetricians and consumers
- Harnessing executive leadership involvement
 - Provide structured communication at board member meetings
 - Report back to SCV exec board team's CEO forum
 - SCV to broker any concerns at exec level
 - Use evidence of potential financial savings to demonstrate impact of improvement to executive teams
- Provide training and experience opportunities for clinicians
 - Provide time for teams to share Collaborative learnings with clinicians
 - Schedule time for clinical education
 - Use clinical educators to provide education and simulation training
 - Teach skills in reflective practice

Application of evidenced-based clinical care

- Prior to Birth
 - Provide education and raise awareness to all women during pregnancy
 - Incorporate education in antenatal appointments, classes, birth planning, handouts and visits
 - Use the lived experience 'Torn at Birth" video
 - Complete a risk assessment
 - Develop processes to enable assessment and re-assessment for risk factors during pregnancy and birth
 - Develop processes to establish consent and re-consent women for risk factor management

Second-stage interventions

- Intervention 1: Warm compress during second stage
 - Apply warm perineal compresses during the second stage of labour.

- Set up birthing environment to support use of warm compress
- Provide necessary equipment for warm compress
- Establish standard process for documentation of intervention
- Intervention 2: Hands-on technique
 - Encourage a slow controlled birth of the fetal head and shoulders for all vaginal births, using gentle verbal guidance, to:
 - support the perineum with the dominant hand
 - apply counter-pressure on the fetal head with the non-dominant hand
 - if shoulders do not deliver spontaneously, apply gentle traction to release the anterior shoulder
 - allow the posterior shoulder to be released following the curve of Carus
- Provide skills training in hands-on technique
- Establish standard process for documentation of intervention

Third-stage interventions

- Intervention 3: Episiotomy technique used when indicated
 - When episiotomy is indicated: Episiotomy should be undertaken:
 - at crowning of the fetal head
 - using a medio-lateral incision
 - at a minimum 60-degree angle from the posterior fourchette
 - communication skills training on informing women
 - Provide skills training on episiotomy technique +/- use of Episcissors (if introduced)
 - Establish standard process for documentation of intervention
- Intervention 4: Genito-anal examination
 - Provide a genito-anal examination on all women, including those with an intact perineum
 - Genito-anal examination following birth to be performed by an experienced clinician
 - Skills training on performing genito-anal examination, clinical assessment and management
 - Establish standard process for documentation of intervention
- Intervention 5: Review of tear and ongoing grading
 - Grade All perineal trauma
 - Grading should occur according to the RCOG grading guideline
 - Perineal trauma to be reviewed by a second experienced clinician to confirm the diagnosis and grading

Partner with women to improve the experience of care

- Every woman, every time
 - Teach women and families skills for self-advocacy and self-escalation
 - Involve women in decision making for risk factor management
 - Plan for birth in partnership with the woman to ensure shared decision making for assessment and management of risk factors.

PLANNED KEY DATES 2019- 20

Activity	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July
Expression of Interest Open	24													
Q&A call		11												
Expression of Interest Closed		17												
Health Service Notification of participation		19												
Orientation call		31												
Learning Session 1 Pre-work Submission			5											
Learning Session 1			8-9											
Action Period 1 (AP1)			12 Aug-20 Oct 2019											
AP1 Site Visits			To be scheduled											
AP1 Online Meetings			To be scheduled											
AP1 Data Submission				19	17									
AP1 Progress Report Submission				TBC	TBC									
Learning Session 2 Pre-work Submission					17									
Learning Session 2					23-25									
Action Period 2 (AP2)					28 Oct 2019-1 March 2020									
AP2 Online Meetings					To be scheduled									
AP1 Site Visits as required					To be scheduled									
AP2 Data Submission						21	19	16	20	19				
AP2 Progress Report Submission						TBC								
Learning Session 3 Pre-work Submission									23					
Learning Session 3										3-5				
Action Period 3 (AP3)										6 March-July date to be confirmed				
AP3 Data Submission											16	21	18	
AP3 Holding the gains online meeting														TBC

¹ The Consultative Council on Obstetric and Paediatric Mortality and Morbidity, 2017, Victoria's Mothers, Babies and Children, Safer Care Victoria, Victorian Government, Melbourne.

^{2,3} Hunt RW, Davey M-A, Ryan-Atwood TE, Hudson R, Wallace E, Anil S on behalf of the Maternal and Newborn Clinical Network INSIGHT Committee 2018, Victorian perinatal services performance indicators 2017-18, Safer Care Victoria, Victorian Government, Melbourne.