

Appendix 1: Self-Assessment for Barriers to Safely Lowering the NTSV Cesarean Rate

QI efforts may be more successful if Champions explicitly identify local barriers. Complete the self-assessment and review it with your team. Consider soliciting frontline nurse, midwife, physician, and resident perspectives as you complete this form.

Self-Assessment Questions <i>Answering "No" to any of these questions suggests that you might have a barrier in this area.</i>	Y/N
Perceptions of ACOG/SMFM Dystocia Criteria: Do frontline clinicians have a thorough knowledge of the criteria, positive perceptions of the criteria as evidence-based and beneficial to patients, and willingness to make clinical decisions in accordance with these criteria?	
Perceptions of Category II Algorithm: Do frontline clinicians have thorough knowledge about the algorithm, positive perceptions of the algorithm as evidence-based and beneficial to patients, respect for nursing contributions to algorithm use, and willingness to make clinical decisions in accordance with the algorithm?	
Regional and National Context: Do frontline clinicians demonstrate awareness and support for OBI efforts and the ability to offer evidence-based medical care independent of medicolegal constraints?	
Structural Characteristics: Does your unit have shared physician and nurse workspaces that encourage teamwork, physician staffing models that avoid perverse financial incentives, AWHONN-aligned nurse staffing ratios, and a strong midwifery presence?	
Culture: Does your unit have a supportive, collaborative, humanistic culture, with high psychological safety that promotes collaboration, communication, and shared learning experiences?	
Communications: Does your unit have strong structured communication processes (e.g., huddles, safety rounds, debrief processes, unit boards), robust multi-disciplinary communication in real-time to guide clinical decision-making, and active ongoing efforts to continually improve unit communication?	

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<p>Relationships: Does your unit have strong, trusting, supportive relationships across the healthcare team that center collaboration and joint problem-solving during care delivery?</p>	
<p>Organizational Leaders: Are your hospital and unit leaders supportive of QI work broadly and OBI initiatives specifically?</p>	
<p>Leaders of QI Efforts: Do you have an engaged multidisciplinary QI team with a commitment to safely lowering the NTSV cesarean rate, genuine respect and camaraderie for one another, time to complete QI responsibilities, and high capacity to engage frontline staff and address emerging QI obstacles with creative problem-solving?</p>	
<p>Frontlines Individuals: Do your unit's frontline clinicians believe that it is possible and necessary to safely lower the NTSV cesarean rate and demonstrate a personal commitment to following evidence-based care guidelines for labor management and indications for cesarean birth?</p>	
<p>Patients: Does your unit offer anticipatory, patient-centered education about labor, involve patients in care decisions, and explicitly strive to avoid the potential additive risk of cesareans for patients with medical and social risk factors?</p>	
<p>Teaming & Engaging: Do unit QI leaders communicate regularly with frontline clinicians about your QI efforts, utilize user-centered approaches to make desired behavior change easy, offer effective training in the QI efforts (e.g. dystocia and category II algorithm use across all team members, and generally cultivate a deep sense of ownership of the QI initiative by all frontline clinicians?</p>	
<p>Reflecting and Evaluating: Do you conduct robust NTSV cesarean case reviews and regularly disseminate unit and peer comparison data to motivate and sustain clinician engagement in your QI effort?</p>	