Quality Standards

Recommendations for Adoption: Vaginal Birth After Caesarean

Recommendations to enable widespread adoption of this quality standard

Health Quality Ontario

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About This Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard for vaginal birth after Caesarean (VBAC).

At the local and regional levels, health care providers and organizations in all applicable settings, local health integration networks (LHINs), and other health system partners are encouraged to use the quality standard as a resource for quality improvement. While many organizations and providers may be offering the care described in this quality standard, the statements, related measures, and adoption supports are designed to help organizations determine where there are opportunities to focus their improvement efforts. The *Getting Started Guide* outlines how to use this quality standard as a resource to deliver high-quality care.

An important next step will be to put the recommendations included in this document into action. In some situations, this may require a more detailed plan or new resources, or it may require leveraging or expanding existing programs. Many aspects of the quality standard represent care that can and should be made available today.

A monitoring and evaluation strategy is included in the final section, with suggested measures to monitor and track progress. Health Quality Ontario's Quality Standards Committee will review these regularly, including the actions needed to support implementation.

The Vaginal Birth After Caesarean Quality Standard

This quality standard addresses care for people who have had a Caesarean birth and are planning their next birth. It focuses on care for people who are pregnant with one baby who is head-down and at full term. This quality standard includes nine quality statements addressing areas identified by the Vaginal Birth After Caesarean Quality Standard Expert Panel, led by the Provincial Council for Maternal and Child Health (PCMCH) and Health Quality Ontario, as having high potential for improving the quality of care in Ontario for people who are planning a VBAC.

Click here to access the quality standard.

The Recommendations for Adoption

The purpose of these recommendations is to support the use of quality standards to promote practice improvement among health care professionals.[1-3] These recommendations aim to bridge the gaps between current care and the care outlined in the quality statements.

Click here to download the detailed process and methods guide for a description of how the quality standard and recommendations for adoption were developed.

The recommendations for adoption were developed after a review of the available evidence on implementation and a scan of existing programs, as well as extensive consultation with the Vaginal Birth After Caesarean Quality Standard Expert Panel, key stakeholders, and organizations that work in this area and public comment on the quality standard. (See Appendix A for further details on the development of these recommendations.)

These consultations highlighted some common themes:

- The need for data to support improvement
- The importance of educating providers on effective communication of risk
- The need for both decision aids and data to facilitate shared decision-making related to VBAC
- The need for access to operative reports by health care providers and patients
- The need to consider small hospital sites in the adoption planning for the quality standard.

A number of equity issues have been identified related to this quality standard topic.

1. Language: Information on VBAC is often only available in English. Given the breadth of patients in Ontario who may be eligible for VBAC, it is recommended that the quality standard and related public-facing information be made available in multiple languages.
2. Rural/remote access: Timely access to resources in an individual's own community often makes a planned VBAC challenging. Understanding the resource limitations in rural and remote regions is an important element to consider in the context of this quality standard.

These issues should be taken into consideration to ensure specific adoption strategies do not reinforce current states of inequity and inequality. Where possible, they should contribute to improvements or highlight areas of opportunity for equity and equality.

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
  - Quality improvement
  - Care coordination
- Education and training
- Policy and system planning

We describe three time frames for adoption: immediate (less than 1 year), medium term (1–3 years), and long term (more than 3 years).

Note that the organizations, programs, and initiatives referenced in this document are examples for consideration. They do not reflect all the organizations, programs, and initiatives doing work in this area.

Appendix B provides a list of these same recommendations aligned to specific organizations and groups.

[1] French SD, Green SE, O'Connor DA, et al. Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework. Implementation Sci. 2012;7:38. Available from: https://implementationscience.biomedcentral.com/track/pdf/10.1186/1748-5908-7-38?site=implementationscience.biomedcentral.com

[2] Bero LA, Grilli R., Grimshaw JM, Harvey E, Oxman AD, Thomson M. (1998). Closing the gap between research and practice: An overview of systematic reviews of interventions to promote the implementation of research findings. BMJ. 1998;315:465-68.

[3] National Implementation Research Network. Implementation Drivers [Internet]. Chapel Hill, NC: FPG Child Development Institute, University of North Carolina [cited 2017 Feb 8]. Available from: http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers.

Integrating the Quality Standard into Practice — *Quality Improvement*

Gap: There is a lack of practical tools to help providers and organizations integrate the quality standard into daily care practice. Use of common tools would help mitigate duplication of information.

Not all people in Ontario who plan a birth after a Caesarean section have access to evidence-based information and facilities that support VBAC.

Increased buy-in from those who are implicated in VBAC care, from front-line clinicians to institution administrators, is necessary.

Recommendations	Quality Statements	Action Needed By	Time Frame
Assess the care being provided against the quality standard using Health Quality Ontario's *Getting Started Guide* and refer to the action plan template as a tool to support quality improvement.	All	Health care organizations Health care providers	Immediate
Clinical leadership and regional system planners should work with health care organizations to assess the care that is being provided against the quality standard, and use the quality statements, related indicators, and quality improvement science to inform resource capacity planning and improvements to the local care delivery model.	All	LHINs Health care organizations	Medium term

Adoption Considerations:

- *Ensure organizations have appropriate hospital protocols in place to support VBAC.*
- *Human resources plans can include training and education for staff on VBAC care. They may also incorporate partnerships with surrounding providers and institutions to ensure availability of and access to health care providers who are adequately trained to provide VBAC-related care from the antenatal to postpartum periods.*

Integrating the Quality Standard into Practice — *Quality Improvement (continued)*

Gap: High-quality VBAC-related data, timely access to these data by providers and administrators, and advocacy for public reporting of these data are required to support enhanced VBAC care.

Recommendations	Quality Statements	Action Needed By	Time Frame
Integrate and align VBAC indicators collected by the Better Outcomes Registry and Network (BORN) into PCMCH's benchmarking report.	All	PCMCH BORN	Medium term
Ensure PCMCH's benchmarking report is shared broadly with policy makers, health care organizations, LHINs, the Ministry of Health and Long-Term Care, and Health Quality Ontario.	All	PCMCH	Medium term
Develop tool(s) to facilitate identifying gaps between evidence and practice, monitoring practice change, and evaluating performance improvement related to VBAC (e.g., reports, dashboard indicators).	All	BORN	Long term
Consider how existing accountability mechanisms can be used to support the goals of the quality standard.	All	Regulatory colleges Health Quality Ontario LHINs	Long term

Integrating the Quality Standard into Practice — *Quality Improvement (continued)*

Gap (continued): High-quality VBAC-related data, timely access to these data by providers and administrators, and advocacy for public reporting of these data are required to support enhanced VBAC care.

Adoption Considerations:

- *BORN currently collects data that can be used to calculate the following outcome indicators for the quality standard:*
  - *Percentage of eligible pregnant people who plan a VBAC*
  - *Percentage of eligible pregnant people who have a VBAC*
  - *Percentage of eligible pregnant people who plan an elective repeat Caesarean section*
  - *Rate of uterine rupture per 1,000 planned VBACs*
  - *Percentage of neonates who remain in the neonatal intensive care unit for >4 hours among those born to people who planned a VBAC compared with those born to people who planned an elective repeat Caesarean section*
  - *Rate of neonatal morbidity and mortality among those born to people who planned a VBAC compared with those born to people who planned an elective repeat Caesarean section.*
- *Refer to the VBAC quality standard for a list of structural, process, and outcome indicators to inform the indicators included in the BORN report and/or dashboard.*
- *Incorporating VBAC indicators in BORN reports and/or the dashboard will ensure data are available to providers, enabling them to compare their performance and identify improvement opportunities where/if needed.*

Integrating the Quality Standard into Practice — *Coordination of Care*

Gap: Providers do not have access to previous operative reports to determine the type of incision made in patients who have previously had a Caesarean section, which limits their decision-making capabilities on the feasibility of VBAC.

Recommendations	Quality Statements	Action Needed By	Time Frame
Improve timely access to antenatal and operative records for providers, including primary care, and where possible ensure providers store them in their patients' electronic medical records (EMRs).	2: Discussion After Caesarean Birth 3: Antenatal Counselling 4: Previous Vaginal Birth 5: Operative Reports and Incision Type	Maternal care providers Maternal care organizations	Long term
Ensure that providers and organizations share copies of operative reports with their patients upon discharge from hospital.	See above	Maternal care providers	Long term

Adoption Considerations:

- *Almost 200 organizations send their medical record reports to clinicians who have adopted the EMR via Ontario's Health Report Manager.*

Education and Training

Gap: Providers should be able to communicate the risks and benefits of VBAC to their patients in an accurate, easy to understand, and meaningful manner.

There is a lack of standardized information for providers on the risks and benefits of VBAC. Existing training is variable, ranging from formal and mandatory to informal and voluntary. This dearth can result in fear or diminished confidence among health care professionals in communicating VBAC information to patients.

Recommendations	Quality Statements	Action Needed By	Time Frame
Adapt, adopt, or develop provider-oriented materials on VBAC. Ensure these materials contain data on risk that the provider can then communicate to the patient.	2: Discussion After Caesarean Birth 3: Antenatal Counselling 8: Induction and Augmentation of Labour	PCMCH	Long term
Take steps to include a tool for shared decision-making in the Ontario Perinatal Record.	See above	PCMCH	Medium term
Partner with other organizations, such as the Society of Obstetricians and Gynaecologists of Canada and the Association of Ontario Midwives, to provide education on VBAC care to front-line providers.	See above	PCMCH	Medium term

Education and Training (continued)

Gap (continued): Providers should be able to communicate the risks and benefits of VBAC to their patients in an accurate, easy to understand, and meaningful manner.

There is a lack of standardized information for providers on the risks and benefits of VBAC. Existing training is variable, ranging from formal and mandatory to informal and voluntary. This dearth can result in fear or diminished confidence among health care professionals in communicating VBAC information to patients.

Recommendations	Quality Statements	Action Needed By	Time Frame
Use a network collaborative model to facilitate the flow of training and education between experts and front-line providers.	2: Discussion After Caesarean Birth 3: Antenatal Counselling 8: Induction and Augmentation of Labour	PCMCH	Long term

Adoption Considerations:

- *Explore opportunities to leverage existing tools (e.g., VBAC hospital protocols) and embed shared decision-making checklists into EMRs.*
- *Focus on education for obstetricians, midwives, nurses, and primary care providers.*
- *Leverage the Society of Obstetricians and Gynaecologists of Canada, the Association of Ontario Midwives, and other associations, including primary care, to deliver education and information to providers.*
- *Education should focus on effective communication of risk by providers to patients. Leverage decision aids and other tools to support this recommendation.*

Education and Training (continued)

Gap: Consumers require better tools (e.g., decision aids) and information (e.g., data on rates of success, uterine rupture, repeat Caesarean section) to help them make decisions about their care.

Recommendations	Quality Statements	Action Needed By	Time Frame
Adapt, adopt, or develop education materials on VBAC care for individuals planning their next birth.	This recommendation supports adoption of the quality standard overall and the following quality statements in particular: • 3: Antenatal Counselling • 4: Previous Vaginal Birth • 8: Induction and Augmentation of Labour	PCMCH Health Quality Ontario	Medium term
Leverage the use of technology, such as the Ontario Telemedicine Network, to provide antenatal education to patients, particularly in areas where access to obstetricians and midwives may be limited.	See above	Health care organizations Health care providers	Immediate

Adoption Considerations:

- *Decision aids, discussion checklists, and information on factors that increase the likelihood of successful VBAC should be offered to consumers.*
- *Provide tools in multiple languages, with visual supports for low literacy situations.*
- *All trained practitioners should provide antenatal VBAC education to patients. Nurse practitioners have self-identified as a good resource in this area.*
- *VBAC 101 classes, such as those used at The Ottawa Hospital, offer a model that can be scaled and/or spread to inform individuals about their options when planning their next birth.*

Policy and System Planning

The recommendations for adoption may include those needed at the system level.

Recommendations	Time Frame
There are no policy or system planning recommendations for the *Vaginal Birth After Ceasarean* quality standard.	

Measurement and Reporting

Health Quality Ontario will develop a monitoring, evaluation, and reporting plan for these recommendations as part of the broader quality standards evaluation. This plan may require the development of measures and/or a resource plan to support data collection and monitoring. The evaluation will include the following components:

1. Use existing databases for ongoing monitoring of the key indicators identified for this quality standard. Note gaps and areas for improvement. For this standard, the outcome indicators below have been prioritized by the Vaginal Birth After Caesarean Quality Standard Expert Panel and are currently measurable at the provincial level*:
   - Percentage of eligible pregnant people who plan a VBAC
   - Percentage of eligible pregnant people who have a VBAC
   - Percentage of eligible pregnant people who plan an elective repeat Caesarean section
   - Rate of uterine rupture per 1,000 planned VBACs
   - Percentage of neonates who remain in the neonatal intensive care unit for >4 hours among those born to people who planned a VBAC compared with those born to people who planned an elective repeat Caesarean section
   - Rate of neonatal morbidity and mortality among those born to people who planned a VBAC compared with those born to people who planned an elective repeat Caesarean section.
2. Monitor the uptake of the recommendations for adoption.

The Ontario Quality Standards Committee will receive annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

*Initial reporting may only include one or two of these outcome indicators.

Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of the recommendations for adoption involved extensive consultation with stakeholders across the province from a variety of professional roles and perspectives.

During the public consultation process we received 71 responses, which were also considered in the development of these recommendations. The following organization and groups were consulted:

- Association of Ontario Midwives (AOM)
- Ministry of Health and Long-Term Care (MOHLTC)
- Society of Obstetricians and Gynecologists of Canada (SOGC)
- Society of Obstetricians and Gynecologists of Canada Family Physician Advisory Committee
- Ottawa Public Health
- Registered Nurses' Association of Ontario (RNAO)
- Better Outcomes Registry and Network (BORN)
- North East LHIN
- North Simcoe Muskoka LHIN
- The Doula Group
- Champlain Maternal Newborn Regional Program
- University of Saskatchewan
- Reproductive Care Program of Nova Scotia
- Obstetrics networks such as the Southern Ontario Obstetrical Network and Champlain Maternal-Newborn Regional Program
- Canadian Paediatric Society (neonatology division)
- Health Quality Ontario/LHIN Clinical Quality Leads

Appendix B: Summary Recommendations for Health Sector Organizations and Other Entities

Health Quality Ontario	Time Frame*
Adapt, adopt, or develop education materials on VBAC care for individuals planning their next birth.	Medium term
Consider how existing accountability mechanisms can be used to support the goals of the quality standard.	Long term

Health Care Organizations	Time Frame*
Assess the care being provided against the quality standard using Health Quality Ontario's *Getting Started Guide* and refer to the action plan template as a tool to support quality improvement.	Immediate
Clinical leadership and regional system planners should work with health care organizations to assess the care that is being provided against the quality standard, and use the quality statements, related indicators, and quality improvement science to inform resource capacity planning and improvements to the local care delivery model.	Medium term
Leverage the use of technology, such as the Ontario Telemedicine Network, to provide antenatal education to patients, particularly in areas where access to obstetricians and midwives may be limited.	Immediate

Health Care Providers	Time Frame*
Assess the care being provided against the quality standard using Health Quality Ontario's *Getting Started Guide* and refer to the action plan template as a tool to support quality improvement.	Immediate
Leverage the use of technology, such as the Ontario Telemedicine Network, to provide antenatal education to patients, particularly in areas where access to obstetricians and midwives may be limited.	Immediate

Local Health Integration Networks	Time Frame*
Clinical leadership and regional system planners should work with health care organizations to assess the care that is being provided against the quality standard, and use the quality statements, related indicators, and quality improvement science to inform resource capacity planning and improvements to the local care delivery model.	Medium term
Consider how existing accountability mechanisms can be used to support the goals of the quality standard.	Long term

Provincial Council For Maternal and Child Health (PCMCH)	Time Frame*
Integrate and align VBAC indicators collected by BORN into PCMCH's benchmarking report.	Medium term
Ensure PCMCH's benchmarking report is shared broadly with policy makers, health care organizations, LHINs, the Ministry of Health and Long-Term Care, and Health Quality Ontario.	Medium term
Adapt, adopt, or develop provider-oriented materials on VBAC. Ensure these materials contain data on risk that the provider can then communicate to the patient.	Long term

Take steps to include a tool for shared decision-making in the Ontario Perinatal Record.	Immediate
Partner with other organizations, such as the Society of Obstetricians and Gynaecologists of Canada and the Association of Ontario Midwives, to provide education on VBAC care to front-line providers.	Medium term
Use a network collaborative model to facilitate the flow of training and education between experts and front-line providers.	Long term
Adapt, adopt, or develop education materials for VBAC care for individuals planning their next birth.	Medium term
Better Outcomes Registry and Network (BORN)	**Time Frame***
Integrate and align VBAC indicators collected by BORN into PCMCH's benchmarking report.	Medium term
Develop tool(s) to facilitate identifying gaps between evidence and practice, monitoring practice change, and evaluating performance improvement related to VBAC (e.g., reports, dashboard indicators).	Long term
Maternal Care Providers and Organizations	**Time Frame***
Improve timely access to antenatal and operative records for providers, including primary care, and where possible ensure providers store them in their patients' electronic medical records (EMRs).	Long term
Ensure that providers and organizations share copies of operative reports with their patients upon discharge from hospital.	Long term

Regulatory Colleges	Time Frame*
Consider how existing accountability mechanisms can be used to support the goals of the quality standard.	Long term

*Three time frames for adoption are referenced: Immediate (within 1 year); medium term (1–3 years); and long term (3 or more years).

Quality Standards

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