Providing Safe and Appropriate Mode of Delivery: Decreasing Unnecessary Cesarean Sections in Brazil
C-Section rates
Brazil private sector 85%
Yes, We have a problem

In 2013
2100 women died

Prematurity is increasing
The birth of the Collaborative Natural Birth

• Before 2012, 1 demonstration project to reduce CS rates private sector
• Public prosecutor sued ANS – Brazilian Regulatory Agency for Health Private Sector
• First Pilot 2012 using Model of Improvement – Unimed Jaboticabal from 0% to 40% NB in 9 months
• 3 more cities with same results
Increasing the percentage of vaginal birth in the private sector in Brazil through the redesign of care model: Rev Bras Ginecol Obstet. 2015; 37(10):446-54
Borem P, Ferreira JB, Silva UJ, Valério Júnior J, Orlanda CM
IHI Breakthrough Series
(18 Months Time Frame)

Topic: Reduce C-section

Participants (10-100 Teams)

Prework

Develop Framework & Changes

Planning Group

Expert Meeting

LS – Learning Session
AP – Action Period

Supports
Email
Phone Conferences
Extranet
Visits
Assessments
Sponsors
Monthly Team Reports

Dissemination
Publications, Congress, etc.

Holding the Gains

*AP3 – continue reporting data as needed to document success

LS 1 → LS 2 → LS 3 → LS 4 → LS 5

AP 1 → AP 2 → AP 3*

LS 1
LS 2
LS 3
LS 4
LS 5
Mission Projeto Parto Adequado - PPA
*(42 hospitals from private and public sector)*

After 18 months we expect

1. Reduce maternal and neonatal morbidity
2. Reduce the gap between scientific evidence and the obstetric practice in Brazil – safely increase the percentage of vaginal deliveries
3. Improve the experience of care (safety care, timeless, efficient, effective, equitable and focused on the needs of families and community)
4. Implementation of best practices to assist vaginal delivery
5. Reduce per capita costs of maternal and child care
The PPA Project
Who are the 42 hospitals?

Well distributed countrywide

Some figures
Hospital had to have CS rate > 75%.
In average 80.9%
The 42 hospitals represent 85.185 deliveries year and 6% in Brazil
1. Coalition of major stakeholders aligned around quality and safety

2. Empower pregnant women and their families to choose the care that is right for them (ensure readiness for NB)

3. New care model to accommodate the longer time frame of normal physiologic birth

4. Data systems that support learning
Change Package

Leaders, champions, front line with the skills to do continuous improvement

New contract between payers and providers creating incentives for quality and safety

Activate the community

Physical space redesign (Adequate ambiance for NB)

Well trained team to assist the deliveries

Team assist all pregnancy phases

Protocols and standardization for delivery and postpartum

Educate and instruct families and pregnant women to new care model

Listening to mother and families

Co-design and shared decision

Establish some quality and safety measures, report them to the providers

Create the capability to collect reliably information to generate the measures and results
Preliminary results
From 18% to 28% in 4 months

Percentage of Natural Birth 42 hospitals

90% of hospitals increased NB

Tests performed with unequal sample sizes
Learnings

• What still needs to be done
  Too many changes
  Community engagement still crawling

• Worked well:
  Collaborative model and a “bold” Aim
  Having the Regulatory body involved
  Right Coalition
  Teams engagement
Next steps

• 2017 and beyond:
  A second wave of hospitals
  Improve community engagement
  Publish and Celebrate results
  As health system, we are still in debt to
  our pregnant women and babies

.....but
...there is hope