SPSP Caesarean Birth Change Package

Introduction

Welcome to the caesarean birth change package

The aim of the caesarean birth change package is to support teams to understand variation in caesarean births across NHS Scotland, and then use that understanding to inform improvement priorities. A change package consists of a number of measures supported by activities that, when tested and implemented, bring about improvement. It brings together what is known about best practices and processes based on evidence from literature, research, and the experiences of others.

Why have we developed this change package?

This change package is for perinatal teams participating caesarean births improvement work. It will support teams to use quality improvement methods to understand variation in caesarean births across NHS Scotland, and then use that understanding to inform improvement priorities

How was it developed?

This change package was co-designed with clinical and quality improvement experts from NHS boards. The clinical experts were from a range of disciplines. Expert Reference Groups (ERG) were convened in March 2023 with representation from across NHS Scotland.

Contents and how to use the package

What is included in this change package?

- Driver diagram
- Change ideas
- Guides, tools and signposts to the supporting evidence and examples of good practice
- Guidance to support measurement

Guidance on using this change package

This change package is a resource to support NHS boards with understanding variation in caesarean births across NHS Scotland, and then use that understanding to inform improvement priorities. It is not expected for teams to work simultaneously on all aspects of the driver diagram. It is designed to assist teams in identifying areas for improvement relevant to their local context. The change ideas and measures are not exhaustive, and it is expected that teams will develop their own to support their identified areas for improvement. We would encourage teams to seek support from their local quality improvement teams in the development of additional measures if required.

Using this package

This is an interactive document; clicking on the primary/secondary driver will take you to additional information, including tools and resources relating to that driver. At the top of each page of the secondary drivers, there is an arrow and home button . The arrow button will take you back to the primary driver page, and the home button will take you to the main Driver Diagram page.

Project aim

Setting a project aim

All quality improvement projects should have an aim that is **S**pecific, **T**ime bound, **A**ligned to the NHS board's objectives and **N**umeric (STAN).

The national aim for caesarean births is:

Phase 1:
Understand variation in caesarean births across NHS Scotland

Which will then inform:

Phase 2:
Identification of local improvement priorities

Core programme measures

Phase 1:
Understand variation in caesarean births across NHS Scotland

Which will then inform:

Phase 2:
Identification of local improvement priorities

Number of boards submitting Robson criteria data

Percent completeness of Robson criteria data

Number of boards using data to agree improvement priorities

Driver diagram and change ideas

What is a driver diagram?

A driver diagram visually presents an organisation or team's theory of how an improvement goal will be achieved. It articulates which parts of the system need to change in which way and includes ideas of how to make this happen. It is used to help plan improvement projects and ensure team engagement.

The primary drivers are the key components of the system that need to change to deliver the aim. The secondary drivers are the processes that influence the primary drivers. Changing the processes outlined in the secondary drivers should change the primary drivers and deliver the aim.

Change ideas

Change ideas are specific practical changes the project team can make to alter the processes in the secondary drivers.
The following pages provide change ideas to support improvement in understanding variation in caesarean births across NHS Scotland, and then use that understanding to inform improvement priorities. They are grouped by the primary driver that they influence. Project teams should select change ideas to test. A range of change ideas will be needed to ensure there are changes to all primary drivers.

This change package does not contain an exhaustive list of change ideas. Project teams can also generate their own change ideas that will help drive change in the secondary drivers. One way to generate ideas is to ask, "How might we?" For example, "How might we engage with women/birthing people and their families to improve the experience of care when in hospital?"

2023 Caesarean Birth Driver Diagram

Healthcare Improvement Scotland

Scottish Patient Safety Programme

What we are trying to achieve…	We need to ensure…	Which requires…
Phase 1: Understand variation in caesarean births across NHS Scotland		**Phase 1**
	Understanding of variation	Accurate and complete Robson criteria data
		Understanding and use of NHS unit, board and national data
		Local data informs patient information and decision making
Which will then inform:		**Phase 2**
Phase 2: Identification of local improvement priorities	Person centred care* considers the Continuity of Carer approach	Women / birthing person empowered to make informed decisions about their care
		Shared decision-making between women / birthing person and healthcare professionals
		Inclusive care pathways which provide equitable and culturally appropriate access and treatment
	Safe communication*	A culture of open and effective communication within and between healthcare teams
		Multidisciplinary teamwork and collaboration
	Evidence based delivery of maternal care / fetal care	Safe, reliable care in labour
		Effective management of malpresentation and malposition
		Women / birthing person fully informed of induction of labour
		Effective management of VBAC
	Leadership to promote a culture of safety at all levels*	Psychological safety
		Staff wellbeing
		System for learning
		Safe staffing

Essentials of Safe Care

Primary Driver
Understanding of variation

Secondary Drivers	Change Ideas					
Accurate and complete Robson criteria data	Staff education provided for Robson categorisation and data input	Raise staff awareness of missing data fields to improve accuracy				
Understanding and use of NHS unit, board and national data	Capture and share learning between boards	Identify focus for improvement work using CS data	Use of PHS coding algorithm to access Robson data	Robson classification data analysed and compared at national level	Demographic and ethnicity data analysed and compared at national and local level	
Local data informs patient information and decision making	Staff have access to and use local and national data to inform discussions using standardised discussion tool	Mechanism to measure quality of discussions and use data for improvement				

Understanding of variation

Secondary Drivers	Change Ideas	
Accurate and complete Robson criteria data	Staff education provided for Robson categorisation and data input	Raise staff awareness of missing data fields to improve accuracy

Evidence and Guidelines:

- Giaxi P, Gourounti K, Vivilaki V, Zdanis P, Galanos A, Antsaklis A and Lykeridou A. Implementation of the Robson Classification in Greece: A Retrospective Cross-Sectional Study. Healthcare (Basel, Switzerland). 2023;11(6):
- Hildebrand E, Nelson M and Blomberg M. Long-term effects of the nine-item list intervention on obstetric and neonatal outcomes in Robson group 1 - A time series study. Acta Obstetricia et Gynecologica Scandinavica. 2021;100(1):154-161.
- Jamshed S, Chien S-C, Tanweer A, Asdary R-N, Hardhantyo M, Greenfield D, Chien C-H, Weng S-F, Jian W-S and Iqbal U. Correlation Between Previous Caesarean Section and Adverse Maternal Outcomes Accordingly With Robson Classification: Systematic Review and Meta-Analysis. Frontiers in medicine. 2021;8(740000)

Tools and Resources:

World Health Organization (WHO). Robson Classification: Implementation Manual [Online]. 2017. Available from: https://www.who.int/publications/i/item/9789241513197

Understanding of variation

Secondary Drivers	Change Ideas				
Understanding and use of NHS unit, board and national data	Capture and share learning between boards	Identify focus for improvement work using CS data	Use of PHS coding algorithm to access Robson data	Robson classification data analysed and compared at national level	Demographic and ethnicity data analysed and compared at national and local level

Evidence and Guidelines:

- Dominiek C, Amanda H, Georgina C, Repon P, Angela M, Teena C and Donnolley N. Exploring variation in the performance of planned birth: A mixed method study. Midwifery. 2021;98(102988.

Tools and Resources:

- Scottish Government. The Best Start: Review of Caesarean Section Rates in Scotland. 2021 [cited 2023 May 11]; Available from: https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2021/09/best-start-review-caesarean-section-rates-scotland/documents/best-start-review-caesarean-section-rates-scotland/best-start-review-caesarean-section-rates-scotland/govscot%3Adocument/best-start-review-caesarean-section-rates-scotland.pdf
- Public Health Scotland. Maternity and Births: Available from: Maternity and births - Our areas of work - Public Health Scotland
- National Maternity and Perinatal Audit. Available from: Homepage (maternityaudit.org.uk)

Understanding of variation

Secondary Drivers	Change Ideas	
Local data informs patient information and decision making	Staff have access to and use local and national data to inform discussions using standardised discussion tool	Mechanism to measure quality of discussions and use data for improvement

Evidence and Guidelines:

- Berg J, Kallen K, Andolf E, Hellstrom-Westas L, Ekeus C, Alvan J and Vitols S. Economic Evaluation of Elective Cesarean Section on Maternal Request Compared With Planned Vaginal Birth-Application to Swedish Setting Using National Registry Data. Value in health : the journal of the International Society for Pharmacoeconomics and Outcomes Research. 2023;26(5):639-648.

Tools and Resources:

- National Institute for Health and Care Excellence. Caesarean birth. 2021 [cited 2023 May 11]; Available from: https://www.nice.org.uk/guidance/ng192/resources/caesarean-birth-pdf-66142078788805
- Royal College of Obstetricians & Gynaecologists. Planned Caesarean Birth. 2022 [cited 2023 May 11]; Available from: https://www.rcog.org.uk/media/33cnfvs0/planned-caesarean-birth-consent-advice-no-14.pdf

Primary Driver

Person centred care considers the Continuity of Carer approach

Healthcare Improvement Scotland

Scottish Patient Safety Programme

Secondary Drivers	Change Ideas				
Women / birthing person empowered to make informed decisions about their care	Co-produced person centred care plans consider ethnicity, deprivation and individual communication needs	Documented individualised risk assessment for women / birthing people in latent phase of labour and in active phase of labour	Co-produced person centred care plan for women / birthing people in latent phase of labour and in active phase of labour	Person centred language is promoted and used (e.g. RCM Re:Birth) in all settings	Use of evidence based parent education and signposting to inform birth plans e.g. BRAINS / It's OK To Ask
Shared decision-making between women / birthing person and healthcare professionals	Implement CoC model of care	Offer of specialist support for women / birthing people who have requested a planned CS	Documentation of shared decision making	Informed consent highlights the risk / benefits using evidence based practice and data	
Inclusive care pathways which provide equitable and culturally appropriate access and treatment	Social determinants addressed through onward referral to appropriate services	Staff afforded flexibility to provide care proportionate to need for those experiencing severe and multiple disadvantage	Staff able to identify, challenge and change the values, structures and behaviours that perpetuate systemic racism	Local education for staff to enable support for those experiencing severe and multiple disadvantage	Provision of timely interpretation services support

Person centred care considers the Continuity of Carer approach

Secondary Drivers	Change Ideas				
Women / birthing person empowered to make informed decisions about their care	Co-produced person centred care plans consider ethnicity, deprivation and individual communication needs	Documented individualised risk assessment for women / birthing people in latent phase of labour and in active phase of labour	Co-produced person centred care plan for women / birthing people in latent phase of labour and in active phase of labour	Person centred language is promoted and used (e.g. RCM Re:Birth) in all settings	Use of evidence based parent education and signposting to inform birth plans e.g. BRAINS / It's OK To Ask

Evidence and Guidelines:

- Begum T, Anuradha S, Fatima Y and Mamun AA. Epidemiology of Caesarean section on maternal request in Australia: A population-based study. Midwifery. 2023;117(103578.
- Djatmika C, Lusher J, Meyrick J and et al. Caesarean section as an informed choice in the UK: a systematic review. British Journal of Midwifery. 2021;29(10):579-588.
- Okwandu IC, Anderson M, Postlethwaite D, Shirazi A and Torrente S. Racial and Ethnic Disparities in Cesarean Delivery and Indications Among Nulliparous, Term, Singleton, Vertex Women. Journal of racial and ethnic health disparities. 2022;9(4):1161-1171.

Tools and Resources:

- Royal College of Obstetricians & Gynaecologists. Planned Caesarean Birth. 2022 [cited 2023 May 11]; Available from: https://www.rcog.org.uk/media/33cnfvs0/planned-caesarean-birth-consent-advice-no-14.pdf
- Healthcare Improvement Scotland. What matters to you? [online] 2023; Available from: https://www.whatmatterstoyou.scot/

Person centred care considers the Continuity of Carer approach

Secondary Drivers	Change Ideas			
Shared decision-making between women / birthing person and healthcare professionals	Implement CoC model of care	Offer of specialist support for women / birthing people who have requested a planned CS	Documentation of shared decision making	Informed consent highlights the risk / benefits using evidence based practice and data

Evidence and Guidelines:

- Pace CA, Crowther S, Lau A. Midwife experiences of providing continuity of carer: A qualitative systematic review. Women Birth. 2021;35(3).
- Hoffmann E, Vintzileos WS, Akerman M, Vertichio R, Sicuranza GB and Vintzileos AM. Impact of cesarean delivery due to maternal choice on perinatal outcome in term nulliparous patients with a singleton fetus in a vertex presentation. The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians. 2022;35(21):4156-4161.
- Jodzis A, Waledziak M, Czajkowski K and Rozanska-Waledziak A. A Decade of Wishes-Changes in Maternal Preference of the Mode of Delivery among Polish Women over the Last Decade. Medicina (Kaunas, Lithuania). 2021;57(6)
- Miller YD and Danoy-Monet M. Reproducing fear: the effect of birth stories on nulligravid women's birth preferences. BMC pregnancy and childbirth. 2021;21(1):451.

Tools and Resources:

- Scottish Government. Continuity of carer and local delivery of care: implementation framework [online]. 2020; Available from: https://www.gov.scot/publications/continuity-carer-local-delivery-care-implementation-framework/
- Healthcare Improvement Scotland. Anticipatory Care Planning toolkit [online]. 2021; Available from: https://ihub.scot/project-toolkits/anticipatory-care-planning-toolkit/anticipatory-care-planning-toolkit/
- NHS National Education for Scotland. National trauma training programme [online]. 2023; Available from: https://learn.nes.nhs.scot/37898
- NHS National Education for Scotland. Pregnancy loss, stillbirth and neonatal death [online]. 2023; Available from: https://www.sad.scot.nhs.uk/bereavement/pregnancy-loss-stillbirth-and-neonatal-death/

Person centred care considers the Continuity of Carer approach

Secondary Drivers	Change Ideas
Inclusive care pathways which provide equitable and culturally appropriate access and treatment	Social determinants addressed through onward referral to appropriate services
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	Local education for staff to enable support for those experiencing severe and multiple disadvantage
	Provision of timely interpretation services support

Evidence and Guidelines:

- Brown H, Jesurasa A, Bambra C, Rankin J, McNaughton A and Heslehurst N. Assessing the relationship between adverse pregnancy outcomes and area-level deprivation in Wales 2014-2019: a national population-based cross-sectional study. BMJ open. 2021;11(11):e052330.
- Catalao R, Zephyrin L, Richardson L, Coghill Y, Smylie J, Hatch S, et al. Tackling racism in maternal health. BMJ. 2023;383:e076092.
- McCann E, Brown M, Hollins-Martin C, Murray K, McCormick F. The views and experiences of LGBTQ+ people regarding midwifery care: A systematic review of the international evidence. Midwifery. 2021; 103; e103102. doi: https://doi.org/10.1016/j.midw.2021.103102
- Khan Z, Vowles Z, Fernandez Turienzo C, et al. Targeted health and social care interventions for women and infants who are disproportionately impacted by health inequalities in high-income countries: a systematic review. Int J Equity Health. 2023;22(1):131.
- Royal College of Midwives. Position Statement: midwives to address the needs of women experiencing severe and multiple disadvantage [online]. 2021; Available from: https://www.rcm.org.uk/media/5449/rcm-position-statement-women-experiencing-severe-and-multiple-disadvantage-2021_2.pdf
- Thomson K, Moffat M, Arisa O, et al. Socioeconomic inequalities and adverse pregnancy outcomes in the UK and Republic of Ireland: a systematic review and meta-analysis. BMJ Open 2021; 1;11(3).

Tools and Resources:

- NHS National Education for Scotland. Equality and diversity zone [online]. 2023; Available from: https://learn.nes.nhs.scot/3480

Primary Driver
Safe communication

Secondary Drivers	Change Ideas				
A culture of open and effective communication within and between healthcare teams	Develop and implement effective lines of communication between community and hospital services	Post emergency caesarean section MDT debrief to provide opportunities for reflection and learning	Locally agreed staff education provided for debriefs	Locally agreed debrief for parents following emergency caesarean section	Women / birthing people are offered the opportunity to discuss their care before discharge from maternity services
Interdisciplinary teamwork and collaboration	Hourly buddy reviews, including ongoing risk assessment, during and following labour	Opportunities for interdisciplinary teams to share and act on learning from debriefs			

Safe communication

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A culture of open and effective communication within and between healthcare teams	Develop and implement effective lines of communication between community and hospital services	Post emergency caesarean section MDT debrief to provide opportunities for reflection and learning	Locally agreed staff education provided for debriefs	Locally agreed debrief for parents following emergency caesarean section	Women / birthing people are offered the opportunity to discuss their care before discharge from maternity services

Evidence and Guidelines:

- Wu M, Tang J, Etherington C, Walker M, Boet S. Interventions for improving teamwork in intrapartem care: a systematic review of randomised controlled trials. BMJ Qual Saf. 2020;29(1):77-85.

Tools and Resources:

- National Institute for Health and Care Excellence. Chapter 28 Structured ward rounds [online]. 2018; Available from: https://www.nice.org.uk/guidance/ng94/evidence/28.structured-ward-rounds-pdf-172397464641#:~:text=Ward%20rounds%20are%20critical%20to,steps%20in%20their%20care%20planned
- NHS Education for Scotland. Leading for the Future: Communication Skills Resources [online]. 2018; Available from: https://learn.nes.nhs.scot/11233/leadership-and-management-programmes/leading-for-the-future/communication-skills-resources. Accessed 15th September, 2023.
- NHS Scotland Workforce. Guide to Supportive and Difficult Conversations [online]. Available from: https://workforce.nhs.scot/supporting-documents/guides/guide-to-supportive-and-difficult-conversations/. Accessed 15th September, 2023.
- Healthcare Improvement Scotland. Critical Situations: Management of Communication in Different Situations [online]. Available from: https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-essentials-of-safe-care/safe-communications/critical-situations-management-of-communication-in-different-situations/. Accessed 15th September, 2023.
- Institute for Healthcare Improvement (IHI). Patient Safety Essentials Toolkit [online]. Available from: https://www.ihi.org/resources/Pages/Tools/Patient-Safety-Essentials-Toolkit.aspx. Accessed 15th September, 2023.

Safe communication

Secondary Drivers	Change Ideas	
Interdisciplinary teamwork and collaboration	Hourly buddy reviews, including ongoing risk assessment, during and following labour	Opportunities for interdisciplinary teams to share and act on learning from debriefs

Evidence and Guidelines:

- Wu M, Tang J, Etherington C, Walker M, Boet S. Interventions for improving teamwork in intrapartem care: a systematic review of randomised controlled trials. BMJ Qual Saf. 2020;29(1):77-85.
- Nagrecha R, Rait JS, McNairn K. Weekend handover: Improving patient safety during weekend services. Ann Med Surg (Lond). 2020 Jun 9;56:77-81.

Tools and Resources:

- Healthcare Improvement Scotland. Understanding the key components of effective morning Hospital Huddles. 2021; Available from: https://ihub.scot/media/8884/20211217-hospital-huddles-findings-and-core-elements-v10.pdf. Accessed 13th July, 2023.
- Institute for Healthcare Improvement. WIHI: Sustaining and Strengthening Safety Huddles. 2018; Available from: https://www.ihi.org/resources/Pages/AudioandVideo/WIHI-Sustaining-and-Strengthening-Safety-Huddles.aspx. Accessed 18th September 2023.
- National Institute for Health and Care Excellence. Chapter 28 Structured ward rounds [online]. 2018; Available from: https://www.nice.org.uk/guidance/ng94/evidence/28.structured-ward-rounds-pdf-172397464641#:~:text=Ward%20rounds%20are%20critical%20to,steps%20in%20their%20care%20planned

Primary Driver

Evidence based delivery of maternal care / fetal care

Secondary Drivers	Change Ideas
Safe, reliable care in labour	1: 1 care in labour and birth and immediate postnatal period
	Reliable provision of information on mobilisation, positions and analgesia in labour to women / birthing people
	Locally agreed pathway for fetal monitoring, interpretation and escalation
Effective management of malpresentation and malposition	Implementation of local malpresentation / malposition pathway
	Reliable access and provision of ECV
	ECV education/support to women / birthing people
Women / birthing people fully informed of induction of labour	Reliable implementation of locally agreed evidence based pathway and guidance for IoL
	Locally agreed escalation of care policy
	Induction of Labour education and support for women / birthing people
	Informed discussion documented, including risks and benefits of early induction of labour
Effective management of VBAC	Implementation of National VBAC guidance
	VBAC education and support for women / birthing person

Evidence based delivery of maternal care / fetal care

Secondary Drivers	Change Ideas		
Safe, reliable care in labour	1: 1 care in labour and birth and immediate postnatal period	Reliable provision of information on mobilisation, positions and analgesia in labour to women / birthing people	Locally agreed pathway for fetal monitoring, interpretation and escalation

Evidence and Guidelines:

- Ashwal E, Lavie A, Blecher Y, Attali E, Aviram A, Hadar E, Lasry A, Yogev Y and Hiersch L. Intrapartum cesarean delivery and the risk of perinatal complications in women with and without a single prior cesarean delivery. International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics. 2022;157(2):359-365.
- Matthews KC, Quinn AS and Chasen ST. Potentially Preventable Primary Cesarean Sections in Future Placenta Accreta Spectrum. American journal of perinatology. 2022;39(2):120-124.
- Vigdis Rikhardsdottir J, Hardardottir H and Thorkelsson T. The majority of early term elective cesarean sections can be postponed. The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians. 2021;34(20):3344-3349.

Tools and Resources:

- Scottish Government. Continuity of carer and local delivery of care: implementation framework [online]. 2020; Available from: https://www.gov.scot/publications/continuity-carer-local-delivery-care-implementation-framework/

Evidence based delivery of maternal care / fetal care

Secondary Drivers	Change Ideas		
Effective management of malpresentation and malposition	Implementation of local malpresentation / malposition pathway	Reliable access and provision of ECV	ECV education/support to women / birthing people

Evidence and Guidelines:

- Achanna S, Nanda J and Paramjothi P. Reconsideration of planned vaginal breech delivery in selected cases. The Medical journal of Malaysia. 2021;76(3):390-394.
- Anand K, Keepanasseril A, Amala R and Nair NS. Development and validation of a clinical score to predict the probability of successful procedure in women undergoing external cephalic version. The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians. 2021;34(18):2925-2931.
- Cobec IM, Varzaru VB, Kovendy T, Kuban L, Eftenoiu A-E, Moatar AE and Rempen A. External Cephalic Version-A Chance for Vaginal Delivery at Breech Presentation. Medicina (Kaunas, Lithuania). 2022;58(11)
- Kim G-J and Seong JS. External cephalic version in the outpatient clinic. Journal of perinatal medicine. 2022;50(2):121-123.
- Matsui H, Ogawa K, Okamoto A and Sago H. Risk factors and outcomes of abnormal bleeding after external cephalic version. Journal of perinatal medicine. 2021;49(6):733-739.

Tools and Resources:

Evidence based delivery of maternal care / fetal care

Secondary Drivers	Change Ideas			
Women / birthing people fully informed of induction of labour	Reliable implementation of locally agreed evidence based pathway and guidance for IoL	Locally agreed escalation of care policy	Induction of Labour education and support for women / birthing people	Informed discussion documented, including risks and benefits of early induction of labour

Evidence and Guidelines:

- Agarwal S, D'Souza R and Dy J. Induction of labour in patients with prior caesarean births or uterine surgery. Clinical obstetrics & gynaecology. 2022;79(95-106).
- Ravelli ACJ, van der Post JAM, de Groot CJM, Abu-Hanna A, Eskes M. Does induction of labor at 41 weeks (early, mid or late) improve birth outcomes in low-risk pregnancy? A nationwide propensity score-matched study. Acta obstetricia et gynecologica Scandinavica. 2023;102(5):612-625.

Tools and Resources:

- National Institute for Health and Care Excellence. **Inducing labour**. 2021 [cited 2023 Apr 27]; Available from: https://www.nice.org.uk/guidance/ng207/resources/inducing-labour-pdf-66143719773637

Evidence based delivery of maternal care / fetal care

Secondary Drivers	Change Ideas	
Effective management of VBAC	Implementation of National VBAC guidance	VBAC education and support for women / birthing person

Evidence and Guidelines:

- Barbounaki S, Gourounti K and Sarantaki A. Vaginal Birth After Cesarean Section (VBAC) Model using Fuzzy Analytic Hierarch Process. Acta informatica medica : AIM : journal of the Society for Medical Informatics of Bosnia & Herzegovina : casopis Drustva za medicinsku informatiku BiH. 2021;29(4):275-280.
- Fitzpatrick KE, Quigley MA and Kurinczuk JJ. Planned mode of birth after previous cesarean section: A structured review of the evidence on the associated outcomes for women and their children in high-income setting. Frontiers in medicine. 2022;9(920647.

Tools and Resources:

- Royal College of Obstetricians & Gynaecologists. Birth After Previous Caesarean Birth. 2015 [cited 2023 May 11]; Available from: https://www.rcog.org.uk/media/kpkjwd5h/gtg_45.pdf
- Health Foundation. Newcastle Obstetrics: Shared decision making with women considering vaginal birth after a previous caesarean section [online]. no date [cited 2023 May 11]; Available from: https://www.health.org.uk/improvement-projects/newcastle-obstetrics-shared-decision-making-with-women-considering-vaginal

Primary Driver

Leadership to promote a culture of safety at all levels

Secondary Drivers	Change Ideas
Psychological safety	Access to regular clinical supervision and/or senior support and discussion
	Create forums to allow staff to identify areas for improvement
	Visible supportive leadership
	Structured 1:1 time
	Staff aware of mechanisms available to support speaking out (including key contacts and feedback loop)
Staff wellbeing	Staff supported to celebrate success
	Access to peer support and clinical educators
	Local process to support and learn from safety walk rounds
	Promotion of National Wellbeing hub
System for learning	Local process to keep policies and guidelines up to date and communicated timeously to staff
	Locally agreed process for implementing national guidelines
	Local mechanism to support continuous learning and improvement
	Establish links with local QI support
	Information from DATIX/SAER/PMRT/complaints used to inform learning and improvement
Safe staffing	Staff education and awareness of staffing legislation and wider workforce planning principles
	Efficient and safe rostering / CoC model implemented
	Real time staffing risk assessment, escalation and mitigation
	Local maternity workforce data, including staffing levels, skill mix, experience etc. used to identify focus for improvement work
	Perinatal service staffing levels regularly reported and discussed at site level during safety huddles

Leadership to promote a culture of safety at all levels

Secondary Drivers	Change Ideas				
Psychological safety	Access to regular clinical supervision and/or senior support and discussion	Create forums to allow staff to identify areas for improvement	Visible supportive leadership	Structured 1:1 time	Staff aware of mechanisms available to support speaking out (including key contacts and feedback loop)

Evidence and Guidelines:

- Edmondson A. Psychological Safety and Learning Behavior in Work Teams. Administrative Science Quarterly. 1999 Jun;44(2):350-383.
- NHS Providers. Psychological Safety and Why It Matters [online]. 2020; Available from: https://nhsproviders.org/news-blogs/blogs/psychological-safety-and-why-it-matters. Accessed 15th September, 2023.
- Tulleners T, Campbell C, Taylor M. The experience of nurses participating in peer group supervision: A qualitative systematic review. Nurse Educ Pract. 2023;69:103606.

Tools and Resources:

- The King's Fund. The practice of collaborative leadership: Across health and care services [online]. 2023; Available from: https://www.kingsfund.org.uk/publications/practice-collaborative-leadership

Leadership to promote a culture of safety at all levels

Secondary Drivers	Change Ideas
Staff wellbeing	Staff supported to celebrate success
	Access to peer support and clinical educators
	Local process to support and learn from safety walk rounds
	Promotion of National Wellbeing hub

Evidence and Guidelines:

- Cohen C, Pignata S, Bezak E, Tie M, Childs J. Workplace interventions to improve well-being and reduce burnout for nurses, physicians and allied healthcare professionals: a systematic review. BMJ Open. 2023;13(6):e071203.
- Garcia-Catena C, Ruiz-Palomino P, Saavedra S, Gonzalez-Sanz JD. Nurses' and midwives' perceptions and strategies to cope with perinatal death situations: A systematic literature review. J Adv Nurs. 2023;79(3):910-921.
- The Kings Fund. The courage of compassion Supporting nurses and midwives to deliver high-quality care. 2020; Available from: https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-midwives. Accessed 15th September, 2023.

Tools and Resources:

- Healthcare Improvement Scotland. The Essentials of Safe Care: Staff Wellbeing. 2021; Available from: https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-essentials-of-safe-care/leadership-and-culture/staff-wellbeing/. Accessed 13th July, 2023.
- Healthcare Improvement Scotland. What matters to you? 2023; Available from: https://www.whatmatterstoyou.scot/. Accessed 13th July, 2023.
- National Wellbeing Hub [online] Available from: https://wellbeinghub.scot/
- NHS Education for Scotland. Psychological First Aid and Debriefing - COVID 19. 2020; Available from: https://learn.nes.nhs.scot/29206. Accessed 13th July, 2023.

Leadership to promote a culture of safety at all levels

Secondary Drivers	Change Ideas
System for learning	Local process to keep policies and guidelines up to date and communicated timeously to staff
	Locally agreed process for implementing national guidelines
	Local mechanism to support continuous learning and improvement
	Establish links with local QI support
	Information from DATIX/SAER/PMRT/complaints used to inform learning and improvement

Evidence and Guidelines:

- Coates D, Donnolley N and Henry A. The Attitudes and Beliefs of Australian Midwives and Obstetricians About Birth Options and Labor Interventions. Journal of Midwifery and Women's Health. 2021;66(2):161-173.

Tools and Resources:

- NHS Education for Scotland. Safety Culture Discussion Cards. 2023; Available from: https://learn.nes.nhs.scot/61108/human-factors-hub/human-factors-tools/safety-culture-discussion-cards/safety-culture-discussion-cards. Accessed 13th July, 2023.
- Care Opinion C. Care Opinion. 2023; Available from: https://www.careopinion.org.uk/. Accessed 13th July, 2023.
- Healthcare Improvement Scotland. The Essentials of Safe Care: System for Learning. 2021; Available from: https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-essentials-of-safe-care/leadership-and-culture/system-for-learning/. Accessed 13th July, 2023.

Leadership to promote a culture of safety at all levels

Secondary Drivers	Change Ideas				
Safe staffing	Staff education and awareness of staffing legislation and wider workforce planning principles	Efficient and safe rostering / CoC model implemented	Real time staffing risk assessment, escalation and mitigation	Local maternity workforce data, including staffing levels, skill mix, experience etc. used to identify focus for improvement work	Perinatal service staffing levels regularly reported and discussed at site level during safety huddles

Evidence and Guidelines:

- Royal College of Nursing Scotland. Staffing for Safe and Effective Care. 2022; Available from https://www.rcn.org.uk/scotland/Influencing-On-Your-Behalf/SafeStaffingScotland Accessed 15th October 2023
- British Association of Perinatal Medicine. Calculating Unit Cot numbers and Nurse Staffing Establishment and Determining Cot Capacity. A BAPM Framework for Practice – Supplementary Guidance [online]. 2019; Available from: https://www.bapm.org/resources/157-calculating-unit-cot-numbers-and-nurse-staffing-establishment-and-determining-cot-capacity

Tools and Resources:

- NHS Education for Scotland. Clinical Supervision Resource. 2023; Available from: https://learn.nes.nhs.scot/3580/clinical-supervision. Accessed 13th July, 2023.
- Healthcare Improvement Scotland. Workforce capacity and capability. [online]. 2021; Available from: https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-essentials-of-safe-care/person-centred-care/workforce-capacity-and-capability/. Accessed 15th September, 2023
- Healthcare Improvement Scotland. Inclusion and involvement. [online]. 2021; Available from: https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-essentials-of-safe-care/person-centred-care/inclusion-and-involvement/. Accessed 15th September, 2023
- Healthcare Improvement Scotland. Staffing level (workload) tools and methodology. [online]. Available from: https://www.healthcareimprovementscotland.org/our_work/patient_safety/healthcare_staffing_programme/staffing_workload_tools.aspx. Accessed 15th September, 2023
- NHS Education for Scotland. Health and Care Staffing in Scotland. [online]. 2019; Available from: https://learn.nes.nhs.scot/61827. Accessed 15th September, 2023

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