# ILPQC Promoting Vaginal Birth Initiative Data Form

**Baseline Data collection:** Complete form for 20 Nulliparous Term Singleton Vertex (NTSV) C-sections per month based on a random stratified sample – test using data from October, November and December 2019

**Data includes at least:** ☐ 5 cesarean deliveries after induction ☐ 5 labor dystocia/failure to progress ☐ 5 FHR concerns/indications

<table>
<thead>
<tr>
<th>Insurance status:</th>
<th>☐ Medicaid/Public ☐ Private ☐ Uninsured/Self pay</th>
<th>Maternal Age:</th>
<th>Delivery BMI:</th>
</tr>
</thead>
</table>

| Race (check all that apply): | ☐ Black ☐ White ☐ Asian ☐ Other | Ethnicity: | ☐ Hispanic ☐ Not Hispanic ☐ Unknown/Declined |

<table>
<thead>
<tr>
<th>C/S Category</th>
<th>Patient Status:</th>
<th>Membranes on Admission</th>
<th>Oxytocin</th>
<th>Newborn Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Cesarean after Induction</td>
<td>☐ Admitted already in labor</td>
<td>☐ Intact</td>
<td>☐ None utilized</td>
<td>☐ SROM</td>
</tr>
<tr>
<td>☐ Labor Dystocia</td>
<td>☐ Induced</td>
<td>☐ Ruptured</td>
<td>☐ Induction</td>
<td>☐ AROM</td>
</tr>
<tr>
<td>☐ FHR Concerns</td>
<td>☐ Augmented labor</td>
<td></td>
<td>☐ Augmentation at _____ cm</td>
<td></td>
</tr>
<tr>
<td>☐ Not in labor: spontaneous rupture of membranes</td>
<td>☐ In labor</td>
<td></td>
<td>Membranes on Admission</td>
<td></td>
</tr>
<tr>
<td>☐ Previously admitted antepartum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bishops Score on Admission:</th>
<th>Select one option per row.</th>
<th>Bishops Score on Admission:</th>
<th>Pain Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column value:</td>
<td>0 points</td>
<td>1 points</td>
<td>2 points</td>
</tr>
<tr>
<td>Dilation:</td>
<td>☐ Closed</td>
<td>☐ 1-2 CM</td>
<td>☐ 3-4 CM</td>
</tr>
<tr>
<td>Effacement</td>
<td>☐ 0-30%</td>
<td>☐ 31-50%</td>
<td>☐ 51-80%</td>
</tr>
<tr>
<td>Consistency:</td>
<td>☐ Firm</td>
<td>☐ Medium</td>
<td>☐ Soft</td>
</tr>
<tr>
<td>Position:</td>
<td>☐ Posterior</td>
<td>☐ Mid</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternal Outcomes</th>
<th>Maternal admit to ICU ☐Yes ☐No</th>
<th>Neutal Outcome:</th>
<th>Unexpected Newborn complications? (select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chorioamnionitis</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td>☐ Sepsis ☐ HIE ☐ ICH ☐ Ventilator ☐ transfer to additional acute care center</td>
</tr>
<tr>
<td>Hemorrhage 1000 mL+ in 24 hours</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td>☐ None</td>
</tr>
<tr>
<td>Transfusion required?</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

**Other:** _________________________________________

**Was a cesarean decision checklist using ACOG/SMFM labor guidelines documented?** ☐Yes ☐No ☐Unsure

**Was a decision huddle to review ACOG/SMFM labor guidelines and the cesarean decision checklist documented?** ☐Yes ☐No ☐Unsure

**Was there documentation of patient engagement in shared decision-making regarding the delivery decision?** ☐Yes ☐No ☐Unsure

**CESAREAN AFTER INDUCTION** Sample of cases that are NTSV, were induced labor and had a cesarean birth for labor arrest, excluding those with ICD-10 codes for: ☐Fetal heart rate concern ☐Medical indication for cesarean section

**Reason for induction:** ☐ elective ☐ hypertensive disorder ☐ post term/post dates ☐ Other maternal indication ☐ fetal indication ☐ Other

**Date for Start of Induction (mm/dd/yyyy):** _______ Time for Start of Induction (military time): _______

<table>
<thead>
<tr>
<th>Event</th>
<th>Dilation</th>
<th>Effacement</th>
<th>Station</th>
<th>Cervix Position</th>
<th>Cervix consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Exam before Delivery</td>
<td>☐ Unknown</td>
<td>☐ Unknown</td>
<td>☐ Unknown</td>
<td>☐ Unknown</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

**Was Cervix 6 cm or greater at time of Cesarean?**

☐ If No, go to A. ☐ If Yes, go to B. ☐ Unknown

**If Bishop score ≤ 8 at start of induction, was cervical ripening used?** ☐ Yes ☐ No ☐ N/A

**Type of cervical ripening?** ____________

**Completely dilated at time of Cesarean decision?** ☐ Yes ☐ No ☐ If Yes →

**LABOR DYSTOIA/FAILURE TO PROGRESS** Sample of cases that are NTSV, were spontaneous labor and had a cesarean for labor dystocia/failure to progress, excluding those with ICD-10 codes for: ☐Fetal heart rate concern ☐Medical indication for C-section

**Dilation at time of admission:**

<table>
<thead>
<tr>
<th>Dilation</th>
<th>Was Cervix 6 cm or greater at time of Cesarean?</th>
<th>If Yes, please check the one reason for cesarean that applies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Unknown</td>
<td>☐ Yes ☐ No</td>
<td>☐ Membranes ruptured and No cervical change x 4 hrs with Adequate Uterine activity (e.g., &gt; 200 MVU)</td>
</tr>
<tr>
<td>☐ Unknown</td>
<td>☐ Yes ☐ No</td>
<td>☐ Membranes ruptured, Oxytocin administered, and No cervical change x 6 hrs with Inadequate Uterine activity (e.g., &lt; 200 MVU)</td>
</tr>
<tr>
<td>☐ Unknown</td>
<td>☐ Yes ☐ No</td>
<td>☐ None of the above</td>
</tr>
</tbody>
</table>

**Completely dilated at time of Cesarean decision?** ☐ No ☐ Yes ☐ If Yes →

**Dilation at time of cesarean:**

<table>
<thead>
<tr>
<th>Dilation</th>
<th>Were there 3 hours or more of pushing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Unknown</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
</tbody>
</table>

*Longer durations may be appropriate (e.g. 4 hours with epidural) as long as progress documented.
**FETAL HEART RATE CONCERN/INDICATIONS**
Sample of cases that are NTSV and had a cesarean for fetal heart rate (FHR) concern/indications, excluding those
with ICD-10 codes for: Labor arrest / CPD

What was the FHR concern/indication? (Linked with specific corrective and evaluative measures)
- Antepartum testing results which precluded trial of labor
- Category III FHR tracing
- Category II FHR tracing (Were these specific types present?)
- Recurrent variable decelerations
- Minimal/absent FHR variability without significant decelerations
- Late Decelerations

Corrected uterine tachysystole: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin and/or other?
- Yes
- No

**ILPQC Promoting Vaginal Birth Initiative Data Form**

**Data collection:** Complete form for 10 NTSV Vaginal births per month based on a random stratified sample – test using data from October - December 2019

<table>
<thead>
<tr>
<th>Insurance status:</th>
<th>□ Medicaid/Public</th>
<th>□ Private</th>
<th>□ Uninsured/Self pay</th>
<th>Maternal Age:</th>
<th>Delivery BMI:</th>
</tr>
</thead>
</table>

**Induction**
- □ Yes
- □ No

**Managed by:**
- □ CNM
- □ OB Hospitalist
- □ Private

**Patient Status:**
- □ Admitted already in labor
- □ Induced
- □ Augmented labor
- □ Not in labor: spontaneous rupture of membranes
- □ Previously admitted antepartum

**Membranes on Admission**
- □ Intact
- □ AROM
- □ SROM

**Labor BMI:**
- __________

**Oxytocin**
- □ None utilized
- □ Induction
- □ Augmentation at _____ cm

**Date/time:**
- □ Hemorrhage 1000 mL+ in 24 hours
- □ Transfusion required?
- □ Yes □ No

**Maternal admit to ICU**
- □ Yes □ No

**Laceration:**
- □ 3rd degree
- □ 4th degree

**Date/Time >= 6cm**
- □ Vacuum □ Forceps □ N/A

**Operative Delivery Type if used:**
- □ Sepsis □ HIE □ ICH □ Ventilator □ transfer to additional acute care center

**5 minute Apgar Score**
- _________

**Baby admit to NICU/SCN**
- □ Yes □ No

**Chorioamnionitis**
- □ Yes □ No

**Bishops Score on Admission**

<table>
<thead>
<tr>
<th>Column value</th>
<th>0 points</th>
<th>1 points</th>
<th>2 points</th>
<th>3 points</th>
<th>0 points</th>
<th>Row Total (0-3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilation:</td>
<td>□ Closed</td>
<td>□ 1-2 CM</td>
<td>□ 3-4 CM</td>
<td>□ &gt;= 5CM</td>
<td>□ Unknown</td>
<td>_________</td>
</tr>
<tr>
<td>Effacement</td>
<td>□ 0-30%</td>
<td>□ 31-50%</td>
<td>□ 51-80%</td>
<td>□ &gt;= 80%</td>
<td>□ Unknown</td>
<td>_________</td>
</tr>
<tr>
<td>Station:</td>
<td>□ -3</td>
<td>□ -2</td>
<td>□ -1.0</td>
<td>□ +1, +2</td>
<td>□ Unknown</td>
<td>_________</td>
</tr>
<tr>
<td>Consistency:</td>
<td>□ Firm</td>
<td>□ Medium</td>
<td>□ Soft</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
<td>_________</td>
</tr>
<tr>
<td>Position:</td>
<td>□ Posterior</td>
<td>□ Mid</td>
<td>□ Anterior</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
<td>_________</td>
</tr>
</tbody>
</table>

**Overall Total = Bishop Score (0-13)**

**Other concern:**

Did the mother have uterine tachysystole?
- □ Yes
- □ No

Please check all corrective and evaluative measures used:
- □ Basic resuscitation measures such as: Maternal position change or maternal fluid bolus
- □ Reduced or stopped oxytocin or uterine stimulants
- □ Used Amnioinfusion with recurrent variable decelerations after other measures failed
- □ Elicited stimulation (scalp, vibroacoustic, or abdominal wall) with minimal or absent FHR variability
- □ None

**DELIVERY OUTCOMES**

**Chorioamnionitis**
- □ Yes □ No

**Transfusion required?**
- □ Yes □ No

**Maternal admit to ICU**
- □ Yes □ No

**Laceration:**
- □ 3rd degree
- □ 4th degree

**Operative Delivery Type if used:**
- □ Vacuum □ Forceps □ N/A

**Baby admit to NICU/SCN**
- □ Yes □ No

**Unexpected Newborn complications? (select all that apply)**
- □ Sepsis □ HIE □ ICH □ Ventilator □ transfer to additional acute care center

**Bishops Score on Admission:**

<table>
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<tr>
<th>Column value</th>
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<th>2 points</th>
<th>3 points</th>
<th>0 points</th>
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<td>□ Unknown</td>
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</tr>
<tr>
<td>Station:</td>
<td>□ -3</td>
<td>□ -2</td>
<td>□ -1.0</td>
<td>□ +1, +2</td>
<td>□ Unknown</td>
<td>_________</td>
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<tr>
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<td>□ Soft</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
<td>_________</td>
</tr>
<tr>
<td>Position:</td>
<td>□ Posterior</td>
<td>□ Mid</td>
<td>□ Anterior</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
<td>_________</td>
</tr>
</tbody>
</table>

**Overall Total = Bishop Score (0-13)**

**Consistency:**

- □ Firm
- □ Medium
- □ Soft

**Date/Time Delivery**
- _________
NTSV C-Section Sampling Instructions

The goal is to review a sample of 20 NTSV C-section record per month, at least 5 of which were failed induction, 5 of which were labor dystocia/failure to progress, 5 of which were FHR concerns/indications.

1. Systematically select **5 records** per month of NTSV C-sections after induction. First, divide the total number of NTSV C-sections after induction occurring at your facility in a given month by 5 and then select every nth chart where 'n' is the result of that division.

   **Example:** If your hospital has 18 NTSV C-sections after induction in a month, then 18 divided by 5 = 3.6 and you will select every NTSV C-sections due to failed induction for that month.

2. Systematically select **5 records** per month of NTSV C-sections due to labor dystocia/failure to progress. First, divide the total number of NTSV C-sections due to labor dystocia/failure to progress occurring at your facility in a given month by 5 and then select every nth chart where 'n' is the result of that division. If you have less than 5 records in this category, select all records in this category for your sample and see additional instructions in step 4.

3. Systematically select **5 records** per month of NTSV C-sections due to FHR concerns/indications. First, divide the total number of NTSV C-sections due to FHR concerns/indications occurring at your facility in a given month by 5 and then select every nth chart where 'n' is the result of that division. If you have less than 5 records in this category, select all records in this category for your sample and see additional instructions in step 4.

4. Systematically select **5 records** per month of NTSV C-sections. If you didn’t have at least 5 records for cesarean after induction, labor dystocia/failure to progress, or FHR concern/indications, select additional records here to reach 20. First, divide the total number of NTSV C-sections occurring at your facility in a given month by 5 (or the number of remaining records you need to get to 20) and then select every nth chart where 'n' is the result of that division. If you have less than 5 records in this category, select all records in this category for your sample and see additional instructions in step 4.

   If you have less than 20 NTSV C-Sections, select all records for your sample.

**NTSV C-Section Sampling Instructions**

The goal is to review a sample of 10 NTSV Vaginal births per month.

1. Systematically select **10 records** per month of NTSV vaginal births. First, divide the total number of NTSV vaginal births occurring at your facility in a given month by 10 and then select every nth chart where 'n' is the result of that division.

   **Example:** If your hospital has 52 NTSV vaginal births in a month, then 52 divided by 10 = 5.2 and you will select every 5 NTSV vaginal births for that month.

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**How to Calculate a Bishop Score:**

<table>
<thead>
<tr>
<th>Subscore</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Cervical Exam</td>
<td>0</td>
</tr>
<tr>
<td>Dilation</td>
<td>Closed</td>
</tr>
<tr>
<td>Effacement</td>
<td>0-30%</td>
</tr>
<tr>
<td>Station</td>
<td>-3</td>
</tr>
<tr>
<td>Consistency</td>
<td>Firm</td>
</tr>
<tr>
<td>Position</td>
<td>Posterior</td>
</tr>
</tbody>
</table>

Bishop’s Score = ___

v.3-16-20
Definitions and Clinical Criteria

NTSV = ≥ 37 weeks, parity 0, single gestation pregnancy, vertex fetal presentation

CS Category = If the cesarean delivery has fetal heart rate concerns requiring delivery, then label “FHR Concerns.” If not and had an induction, then “Induction.” If neither of these and had labor dystocia, then “Labor Dystocia.” Otherwise, mark the form as “Other.”

Induction of labor = Initiation of uterine contractions by medical and/or surgical means. These medications and/or interventions are given BEFORE labor begins.

Augmentation of labor = Augmentation of labor occurs AFTER spontaneous labor has started or spontaneous rupture of membranes with contractions. Stimulation of uterine contractions to increase their frequency and/or strength following the onset of labor. Please see definition of labor in previous entry.

Medical or Maternal Indication for Cesarean (chart review exclusion criteria, or “Other”) include:
1. Maternal or fetal hemorrhage
2. Hypertensive emergencies not responding to treatment
3. Abnormalities of placenta or umbilical cord
4. Fetal or maternal conditions that obstruct the pelvis
5. Active HSV lesions or HIV viral load > 1000 copies/ml
6. Other maternal medical indications (cardiac, neurological, orthopedic, pulmonary, malignancy, previous uterine surgery) that preclude vaginal delivery
7. Fetal malpresentation

Chorioamnionitis: (ACOG CO #712): Maternal fever (intrapartum temperature > 100.4°F or > 38.0°C) x 2 over 30 min accompanied with at least one additional clinical risk factor:
- Maternal leukocytosis (total blood leukocyte count > 15,000 cells/μL) in the absence of corticosteroids
- Fetal tachycardia (Fetal heart rate baseline above 160 bpm)
- Maternal Purulent Discharge

Uterine Tachysystole: Was tachysystole used in the chart or was terbutaline used?

Unexpected Newborn Complications: The questions identifies the percentage of infants with unexpected newborn complications among full-term newborns with no preexisting conditions (no premies, multiple gestations, birth defects, or other fetal conditions). Please review Joint Commission website for a full list.
- Sepsis, HIE, ICH, Ventilator, Transfer to another acute care center, etc.

This information is also reported to Joint Commission through PC-06 as a combination of ICD-10 diagnosis and procedure codes and neonatal Length of Stay (LOS) is used to categorize complications.

<table>
<thead>
<tr>
<th>Primary Indication for NTSV Cesarean</th>
<th>Consistency with ACOG/SMFM Guidelines</th>
<th>Reference</th>
</tr>
</thead>
</table>
| Induction                           | Chart Review: looking for Yes answers to the following (a no answer would indicate inconsistency with the ACOG guidelines):  
• If < 6 cm dilated, were there at least 12–18 hours of oxytocin after rupture of membranes before failed induction was diagnosed AND allowed longer duration of the latent phase (up to 24 hours or longer)  
• If 6–10 cm dilated, was there at least 4 h with adequate uterine activity or at least 6 h with inadequate uterine activity and with oxytocin? (identical to the question for Labor arrest/CPD below)  
• If completely dilated, was there 3 h or more of active pushing (4 h with epidural)?  
|                                     |                                      | ACOG/SMFM criteria (Ob Gyn 2014; 123:693–711) CMQCC | ACOG/SMFM criteria (Ob Gyn 2014; 123:693–711) CMQCC |
| Labor Dystocia/Failure to Progress  | Chart Review: looking for Yes answers to the following (a no answer would indicate inconsistency with the ACOG guidelines):  
• If < 6 cm dilated, automatic fallout  
• If 6–10 cm dilated, was there at least 4 h with adequate uterine activity or at least 6 h with inadequate uterine activity and with oxytocin?  
• If completely dilated, was there 3 h or more of active pushing (4 h with epidural)?  
| Fetal Heart Rate Concern            | Cesarean deliveries performed for “fetal heart rate concern” using listed resuscitation techniques listed below based on the ACOG/SMFM Guidelines:  
• Antepartum testing which preclude labor: no techniques required.  
• All Cat. II and III FHR concerns should use some techniques listed under “any intrauterine resuscitation efforts.”  
• Category Cat. II FHR concerns should also use additional techniques if the following:  
  o Receiving oxytocin—reduced or stopped oxytocin  
  o Clinically significant variable decelerations—possibly Amnioinfusion (not required)  
  o Minimal/absent variability—elicited stimulation if no significant decelerations  
  o Uterine tachysystole—any combination listed to correct  