## **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

C/S Category Patient Status:   Cesarean after   Admitted already in labor   Induction   Induced   Augmented labor   Augmented labor   Not in labor: spontaneous rupture of membranes   Not in labor: spontaneous rupture of membranes   Previously admitted antepartum   OB Hospitalist   Private     Date/Time:   Managed by:   Previously admitted antepartum     Augmented Iabor     Date/Time:   Date/Time:   Managed by:     Previously admitted antepartum     GA on admission   Managed by:     Previously admitted antepartum     Augmenter     Date/Time:   Managed by:     Previously admitted antepartum     Augmenter   Date/Time:     Augmenter     Augmenter     Date/Time:     Augmenter     Augmenter <t< th=""></t<>							
Managed by:     □     Previously admitted antepartum     □     AROM       □     CNM     □     GA on admission        □     OB Hospitalist      Weeks     Date/Time >=6cm     Date/Time Delivery							
□ OB Hospitalist Weeks Date/Time >=6cm Date/Time Delivery							
Bishops Score on Admission:       Select one option per row.       2 points       3 points       0 points       Row Total (0-3)       Pain Management (select all that apply)         Column value:       0 points       1 points       3-4 CM       >= 5CM       Unknown							
Dilation: $\Box$ Closed $\Box$ 1-2 CM $\Box$ 51-80% $\Box$ >= 80% $\Box$ Unknown $\Box$ None							
Station: -3 -2 -1,0 -+1,+2 - Unknown - Hydrotherapy							
Consistency:							
Position: Desterior Mid Overall Total = Bishop Score (0-13)							
Maternal Outcomes       Maternal admit to ICU       Yes       No         Chorioannionitis       Yes       No       Unexpected Newborn complications? (select all that apply)         Hemorrhage 1000 mL+ in 24 hours       Yes       No         Transfusion required?       Yes       No         Other:       Yes       No							
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?							
Was there documentation of patient engagement in shared decision-making regarding the delivery decision?							
<b>CESAREAN AFTER INDUCTION</b> 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):       Cervix consistency         Securit Device Dev							
Event Dilation Effacement Station Cervix Position							
Last Exam before Unknown Unknown Unknown Unknown Unknown							
Was Cervix 6 cm or greater at time of Cesarean?       A. 1) If <6 cm, was oxytocin administered for at least 12-18 hours after membrane rupture before failed induction was diagnosed □Yes □No							
If Yes, go to B.       Unknown         2) Was longer duration of the latent phase allowed (up to 24 hours or longer)							
If Bishop score $\leq 8$ at start of induction, was cervical $\Box$ Yes $\Box$ No							
ripening used? □Yes       □No       □N/A       B. If ≥6cm, was there at least 4h with adequate uterine activity OR at least 6h with inadequate uterine activity and with oxytocin?       □Yes       □No							
Completely dilated at time of Cesarean decision?       □         No       □Yes       If yes, were there 3 hours or more of pushing?*       □       Yes         *Longer durations may be appropriate (e.g. 4 hours with epidural) as long as progress documented .       □       No       □       No       □       Unknown							
LABOR DYSTOCIA/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:       Was Cervix 6 cm or greater at time of Cesarean?       If Yes, please check the one reason for cesarean that applies:         Unknown       Was Cervix 6 cm or greater at time of Cesarean?       Membranes ruptured and No cervical change x 4 hrs with Adequate Uterine activity (e.g., > 200 MVU)							
Dilation at time of cesarean:       Yes         Membranes ruptured, Oxytocin administered, and No cervical change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU)							
Ourknown     Image: No       Completely dilated at time of Cesarean decision?     Were there 3 hours or more of pushing?       Image: No     Yes							

What was the FHR concern/indication? (Linked with specific corrective and Please check all corrective and evaluative measures used)	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 Please check all corrective and evaluative measures used:							
evaluative measures)	on change						
Antepartum testing results which precluded trial of labor or maternal fluid bolus	-						
Category III FHR tracing Category III FHR tracing Reduced or stopped oxytocin or uterine stimulants							
Category II FHR tracing (Were these specific types present?) Used Amnioinfusion with recurrent variable decelerations after the section of the sec	ions after						
Recurrent variable decelerations     other measures failed							
Minimal/absent FHR variability without significant Elicited stimulation (scalp, vibroacoustic, or abdominal wall)	l wall)						
decelerations with minimal or absent FHR variability	,						
Late Decelerations							
□ Other concern: Other labor issues: Did the mother have uterine tachysystole? □ Yes □ No Left the mother have uterine tachysystole? □ Yes □ No Left tachysystole: decrease or discontinue uterine stimulants, fluid bolus terbutaline or nitroglycerin and/or other? □ Yes □ No	id bolus,						

# 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

Insurance status: Race (check all th		Public □ Private □ Uni ack □ White □ Asian □ Othe	nsured/Self pay er <b>Ethnicity:</b>	Maternal Age:	unkn	 own/Declined		Delivery BMI
Induction □ Yes □ No	Patient S			Oxytocin <ul> <li>None utilized</li> <li>Induction</li> <li>Augmentation at</li> </ul>		m		
Induced         Managed by:       Augmented labor         CNM       Not in labor: spontaneous rupture of			f membranes				<b>te/time:</b> AROM □ SROM	
<ul> <li>OB Hospitalist</li> <li>Private</li> </ul>	🗆 Previou	isly admitted antepartum	GA on Admission weeks /7 days			Date/Time >= 6cm	Date,	/Time Delivery
Chorioamnionitis	<ul> <li>Hemore</li> <li>Transfusi</li> </ul>	YOUTCOMES rhage 1000 mL+ in 24 hours on required? □ No	Maternal admit to ICU YesNo	Laceration: a 3 <sup>rd</sup> degree 4 <sup>th</sup> degree	Operative Delivery Type if used			
□ Yes □ No	5 minute	5 minute Apgar Score       Baby admit to NICU/SCN       Yes       No         Unexpected Newborn complications?       (select all that apply)         Sepsis       HIE       ICH       Ventilator						enter
□ None □ Hy	ydrotherapy	□ IV/IM Opioids □ Nitr	rous Oxide 🛛 🗆 E	pidural				
Bishops Score on Column value: (		elect one option per row. 1 points	2 points	3 points		0 points	R	ow Total (0-3)
	Closed	□ 1-2 CM	□ 3-4 CM	□ >= 5CM				
	□ 0-30%	□ 31-50%	□ 51-80%	□ >= 80%		□ Unknown	-	
	□ -3	□ -2	□ -1,0	□ +1,+2		□ Unknown	-	
Consistency:	🗆 Firm	🗆 Medium	□ Soft	,		🗆 Unknown	-	
•	Posterior	□ Mid	Anterior	Overall To	otal = Bi	□ Unknown shop Score (0-13)	-	

## **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.

 Systematically select <u>5 records</u> per month of NTSV C-sections after induction. First, <u>divide the total number of</u> <u>NTSV C-sections</u> after induction <u>occurring at your facility in a given month by 5</u> 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 <u>5 records</u> per month of NTSV C-sections due to labor dystocia/failure to progress. First, <u>divide the total number of NTSV C-sections due to</u> <u>labor dystocia/failure to progress</u> <u>occurring at your facility in a given month by</u> <u>5</u> 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 <u>5 records</u> per month of NTSV C-sections due to FHR concerns/indications. First, <u>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.</u>
- 4. Systematically select <u>5 records</u> 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, <u>divide the total number of NTSV C-sections occurring at your facility in a given month by 5</u> (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, <u>divide the total number of NTSV vaginal births</u> <u>occurring at your facility in a given month by 10</u> 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.

Cervical Exam	0	1	2	3	SUBSCORE
Dilation	Closed	1-2 cm	3-4 cm	≥5 cm	
Effacement	0-30%	31-50%	51-80%	≥80%	
Station	-3	-2	-1, 0	+1, +2	
Consistency	Firm	Medium	Soft		
Position	Posterior	Mid	Anterior		

#### How to Calculate a Bishop Score:

Bishop's Score =

#### **Definitions and Clinical Criteria**

**NTSV** =  $\geq$ 37 weeks, parity 0, single gestation pregnancy, vertex fetal presentation

**<u>CS Category</u>** = 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.

<u>Augmentation of labor</u> = 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>1000copies/ml
- 6. Other maternal medical indications (cardiac, neurological, orthopedic, pulmonary, malignancy, previous uterine surgery) that preclude vaginal delivery
- 7. Fetal malpresentation

**Chorioamnioitis:** (ACOG CO #712): Maternal fever (intrapartum temperature >100.4°F or >38.0°C) x2 over 30min 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 160bpm)
- Maternal Purulent Discharge

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

<u>Unexpected Newborn Complications</u>: 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 <u>Joint Commission</u> 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.

Primary Indication for NTSV Cesarean	Consistency with ACOG/SMFM Guidelines	Reference
Induction	<ul> <li>Chart Review: looking for Yes answers to the following (a no answer would indicate inconsistency with the ACOG guidelines):</li> <li>If &lt;6cm 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)</li> <li>If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin? (identical to the question for Labor arrest/CPD below)</li> <li>If completely dilated, was there 3h or more of active pushing (4h with epidural)?</li> </ul>	ACOG/SMFM criteria (Ob Gyn 2014; 123:693–711) CMQCC
Labor Dystocia/Failure to Progress	<ul> <li>Chart Review: looking for Yes answers to the following (a no answer would indicate inconsistency with the ACOG guidelines):</li> <li>If &lt;6cm dilated, automatic fallout</li> <li>If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin?</li> <li>If completely dilated, was there 3h or more of active pushing (4h with epidural)?</li> </ul>	ACOG/SMFM criteria (Ob Gyn 2014;123:693–711) -CMQCC
Fetal Heart Rate Concern	<ul> <li>Cesarean deliveries performed for "fetal heart rate concern" using listed resuscitation techniques listed below based on the ACOG/SMFM Guidelines:</li> <li>Antepartum testing which preclude labor: no techniques required.</li> <li>All Cat. II and III FHR concerns should use some techniques listed under "any intrauterine resuscitation efforts."</li> <li>Category Cat. II FHR concerns should also use additional techniques if the following: <ul> <li>Receiving oxytocin—reduced or stopped oxytocin</li> <li>Clinically significant variable decelerations—possibly Amnioinfusion (not required)</li> <li>Minimal/absent variability—elicited stimulation if no significant decelerations</li> <li>Uterine tachysystole—any combination listed to correct</li> </ul> </li> </ul>	Spong et al (Ob Gyn 2012; 120:1181-93) Clark et al (AJOG 2013; 209:89-97) ACOG/SMFM criteria (Ob Gyn 2014; 123:693–711) CMQCC FPQC