Primary Cesarean Section Audit

Gestational Age:_______ Gravida:______Para:______ Date of C/S:_______ Time_______

Laboring MD:_________ Laboring RN:_________

Delivery Information

Indication for C/S:____________________ Length of Labor:_________ Total Time Pushing:_______

Apgars:_________ NB Weight:_________ Cord Gases Done: Yes or No

Baseline Clinical Information

Admission Date:_________ Time:_________

Pt Status: □ Admitted in active labor □ Admitted < 4cm

Not in Labor: □ Scheduled Induction: Indication for Induction:________________________

□ Previously Admitted Antepartum

Membranes on Admission: □ Intact □ Ruptured

Cervical Ripening (check all that apply): □ None □ Misoprostol □ Foley Balloon

Oxytocin (check one): □ None Utilized □ Induction □ Augmentation at _____cm

Oxytocin started prior to a favorable cervix (Bishop Score ≥ 6): Yes or No

Highest Level of Pitocin:_________mu/min/pump

Cervical Examinations

<table>
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<tr>
<th>Event</th>
<th>Date/Time</th>
<th>Dilation</th>
<th>Effacement</th>
<th>Station</th>
<th>Cx Position</th>
<th>Cx Consistency</th>
<th>Bishop Score</th>
<th>Modified Bishop Score</th>
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<td>Arrival/First Exam</td>
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<td>Exam Prior to Oxytocin</td>
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<td>Last Exam Before Delivery</td>
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In the next section, please use the **primary indication** for this cesarean section and answer the appropriate questions.

- **Non-Reassuring FHR Pattern (Fetal Distress/Intolerance to Labor)**
  - Antepartum testing results which precluded trial of labor
  - Category III FHR Tracing
  - Category II FHR Tracing
  - Prolonged deceleration, not responding to measures
  - Other:

- **Failed Induction (must have both criteria if cervix unfavorable, Bishop score < 8 for nullips)**
  - Cervical Ripening used for those starting with Bishop Scores as noted above AND
  - Unable to generate regular contractions (every 3 minutes) and cervical change after oxytocin administered for at least 12-18hrs after membrane rupture. Note: at least 24-hrs of oxytocin administration after membrane rupture is preferable if maternal and fetal statuses permit.

- **Latent Phase Arrest (called labor dystocia/FTP at less than 6 cm)**
  - Moderate or strong contractions palpated for > 12 hours OR
  - IUPC > 200 MVU for > 12 hrs

- **Labor Dystocia (greater than or equal to 6 cm dilation)-Active Phase Arrest (must fulfill one of the two criteria)**
  - Membranes ruptured (if possible) then:
    - Adequate uterine contractions (e.g. > 200 MVU for > 4hrs without improvement in dilation, effacement, station, or position) OR
    - Inadequate uterine contractions (e.g. < 200 MVU for > 6 hrs of oxytocin administration without improvement in dilation, effacement, station, or position)

- **Labor Dystocia in the Second Stage (10 cm reached) (must fulfill any one of four criteria)**
  - Nullipara with epidural in second stage > 4hrs inclusive of laboring down (if applicable) OR,
  - Nullipara with epidural in second stage > 3hrs inclusive of laboring down (if applicable) OR,

- **Primary Cesarean for Breech or Transverse**
  - Breech diagnosed in antepartum period and did not undergo attempted breech version
  - Breech diagnosed in antepartum period and had failed breech version
  - Breech diagnosed after labor began or membranes ruptured

- **Elective Primary Cesarean Section**
  - Documentation adequate that risks and benefits were explained to the patient

If none of the above indications were the reason, please write the diagnosis below with a brief explanation: