**PVB Opportunity Review/Debrief Key Steps:**

1. Identify NTSV cases not meeting ACOG/SMFM criteria at least monthly.
2. Review PVB dashboard/ patient’s medical record and complete the below form to understand why ACOG/SMFM criteria were not met.
3. Provide feedback to patient’s clinical team regarding fallout review.
4. Use to improve understanding of why ACOG/SMFM criteria are not met to drive QI strategies.

Patient Sticker Date of C/S \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RedCap Record ID \_\_\_\_\_\_\_\_\_

**Select primary indication for NTSV C/S as documented:**

* **Failed Induction (Cervix <6cm)**
* **Latent Phase (Cervix <6cm)**
* **Active Phase Arrest (Cervix ≥ 6cm)**
* **Second Stage Arrest (Cervix 10cm/Pushing)**
* **Fetal Heart Rate Concern**
* **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was ACOG/SMFM criteria for cesarean indication achieved for primary indication below?**

**FAILED INDUCTION (Cervix <6cm)** (*Both boxes should be checked yes to have met ACOG/SMFM criteria)*

1. Was cervical ripening used for unfavorable cervix, Bishop Score <8 for nullips?

❑ Yes ❑ No ❑ Unknown If yes, type of cervical ripening? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was oxytocin administered for at least 12-18 hours after membrane rupture, without achieving cervical change and regular contractions? (Note: at least 24 hrs of oxytocin administration after membrane rupture is preferable if maternal & fetal statuses permit) ❑ Yes ❑ No ❑ Unknown

**LATENT PHASE (Cervix <6cm)**

1. Not in labor, if <6cm does not meet criteria for arrest (active labor has not been achieved, consider giving more time).

*\*Per ACOG/SMFM Guidelines as long as cervical progress is being made, a slow but progressive latent phase e.g. greater than 20 hours in nulliparous women and greater than 14 hours in multiparous women* ***is not an indication for cesarean delivery*** *as long as fetal and maternal statuses remain reassuring. Sufficient time should be allowed to enter the active phase.*

**ACTIVE PHASE ARREST (Cervix ≥6cm)** (B*oxes should be checked yes to have met ACOG/SMFM criteria)*

1. Cervix >6cm ❑ Yes ❑ No ❑ Unknown
2. Were membranes ruptured (if possible)? ❑ Yes ❑ No ❑ Unknown
3. Was there no cervical change after at least 4 hrs of adequate uterine activity (e.g. strong to palpation or MVUs >200) or was there at least 6 hrs of oxytocin administration with inadequate uterine activity?

❑ Yes ❑ No ❑ Unknown

**SECOND STAGE ARREST (Cervix 10cm/Pushing)**

1. Was the fetal position known and rotation attempted if OP? ❑ Yes ❑ No ❑ Unknown
2. For nulliparous, was there 3 hours or more of active pushing (longer durations may be appropriate, e.g. with epidural or malposition) ❑ Yes ❑ No ❑ Unknown

**FETAL HEART RATE CONCERN/INDICATIONS**

1. What was the FHR concern/indication?
   * 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 w/out significant decelerations ❑ Late Decelerations
   * Other concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were corrective and evaluative measures used: (select all that apply)
   * 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
3. Did the patient have uterine tachysystole? ❑ Yes ❑ No ❑ Unknown
   * If yes, were appropriate interventions used: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin and/or other? ❑ Yes ❑ No ❑ Unknown

**Please answer the following questions to better understand why ACOG/SMFM criteria were not met:**

1. Were ACOG/SMFM criteria met for this case? ❑ Yes ❑ No
2. If no, based on record review, what were possible reasons? Check all that apply:

❑ Cesarean Decision Checklist not utilized.

❑ Cesarean Decision Huddle not performed.

❑ Alternate indication or reason for cesarean was used (in addition to primary indication).

❑ Documentation of indication for cesarean was not clear or missing.

❑Through shared-decision making with the patient, the decision was made to move to cesarean even though criteria were not met. Shared-decision making was well documented and it was documented that the patient was counseled on ACOG/SMFM criteria for cesarean delivery.

❑ Through shared-decision making with the patient, the decision was made to move to cesarean even though criteria were not met. Shared-decision making was well documented; however, it was **not** documented that patient was counseled on ACOG/SMFM criteria for cesarean delivery.

❑ No documentation that ACOG/SMFM criteria were considered during cesarean decision making.

❑ No documentation that shared decision making was used during cesarean decision making.

❑ Additional information regarding decision making/documentation for feedback: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ If none of the above were applicable, please write the indication/diagnosis below with a brief explanation to help provide feedback: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_