

FPQC PROVIDE 2.0 Initiative Chart Audit Sheet

Study ID #: _____

Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

Baseline data collection: Hospital to audit up to 20 NTSV C-sections per month for 3 months to determine hospital's main focus area(s)

Prospective data collection: Hospital to audit up to 20 cases per month on 1 (or more if you choose) of the 3 primary indication areas

C/S Category <input type="checkbox"/> Induction <input type="checkbox"/> Labor Dystocia <input type="checkbox"/> FHR Concerns <input type="checkbox"/> Other (specify) _____	Patient Status: <input type="checkbox"/> Admitted already in labor <input type="checkbox"/> Induced <input type="checkbox"/> Indicated augmented labor <input type="checkbox"/> Not in labor: spontaneous rupture of membranes <input type="checkbox"/> Previously admitted antepartum		Gestation _____ weeks	Oxytocin <input type="checkbox"/> None utilized <input type="checkbox"/> Induction <input type="checkbox"/> Augmentation at _____ cm
			Membranes on Admission <input type="checkbox"/> Intact <input type="checkbox"/> Ruptured	
Only complete the section of the form that corresponds to the c/s category (e.g. if c/s category is "Induction" only complete the "Induction case audit" section; if c/s category is "Other" then only complete the section above.				
INDUCTION CASE AUDIT <i>Sample of cases that are NTSV per TJC and were induced labor and had a cesarean birth for labor arrest, excluding those with birth weight ≥ 4250g or with ICD-10 codes for: •Fetal heart rate concern or •Medical indication for cesarean section</i>				
Dilation at start of induction: _____ <input type="checkbox"/> Unknown	Dilation at last exam before c/s: _____ <input type="checkbox"/> Unknown	Bishop Score as noted on chart: _____ <input type="checkbox"/> Unknown	If Bishop score ≤ 8 at start of induction, was cervical ripening used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was Cervix 6 cm or greater at time of Cesarean? <input type="checkbox"/> If No, go to A. <input type="checkbox"/> If Yes, go to B. <input type="checkbox"/> Unknown			A. If <6 cm, unable to generate regular contractions (every 3 minutes) and cervical change after oxytocin administered for at least 12-18 hours after membrane rupture? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed labor dystocia checklist by nurse and doctor <input type="checkbox"/> Yes <input type="checkbox"/> No			B. If ≥6cm, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Completely dilated at time of Cesarean? <input type="checkbox"/> No <input type="checkbox"/> If Yes →		Were there 3 hours or more of pushing (4 hours with epidural)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
LABOR DYSTOCIA/FAILURE TO PROGRESS CASE AUDIT <i>Sample of cases that are NTSV per TJC and were spontaneous labor and had a cesarean for labor arrest, excluding those with birth weight ≥ 4250g or with ICD-10 codes for: •Fetal heart rate concern or •Medical indication for cesarean section</i>				
Dilation at time of admission: _____ <input type="checkbox"/> Unknown	Dilation at time of cesarean: _____ <input type="checkbox"/> Unknown	Was cervix 6 cm or greater at time of cesarean? <input type="checkbox"/> Yes → <input type="checkbox"/> No	If Yes, please check <u>one</u> reason for cesarean that applies: <input type="checkbox"/> Membranes ruptured and no cervical change x4 hrs with adequate uterine activity (e.g., >200 MVU) <input type="checkbox"/> Membranes ruptured, Oxytocin administered, and no cervical change x6hrs with inadequate uterine activity (e.g., <200 MVU) <input type="checkbox"/> None of the above	
Completely dilated at time of cesarean? <input type="checkbox"/> No <input type="checkbox"/> If Yes →		Were there 3+hrs of pushing (4hrs with epidural)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Completed labor dystocia checklist by nurse and doctor <input type="checkbox"/> Yes <input type="checkbox"/> No				
FETAL HEART RATE CONCERN/INDICATIONS <i>Sample of cases that are NTSV per TJC and had a cesarean for fetal heart rate (FHR) concern/indications, excluding those with birth weight ≥ 4250g or with ICD-10 codes for: •Labor arrest / CPD</i>				
What was the FHR concern/indication? (Linked with specific corrective and evaluative measures) <input type="checkbox"/> Antepartum testing results which precluded trial of labor <input type="checkbox"/> Category III FHR tracing <input type="checkbox"/> Category II FHR tracing (Were these specific types present?) <input type="checkbox"/> Clinically significant variable decelerations <input type="checkbox"/> Minimal/absent FHR variability without significant decelerations <input type="checkbox"/> Other concern: _____			Please check all corrective and evaluative measures used: <input type="checkbox"/> Basic resuscitation measures such as: Maternal position change, maternal fluid bolus, and/or administration of O2 <input type="checkbox"/> Reduced or stopped oxytocin or uterine stimulants <input type="checkbox"/> Used Amnioinfusion with significant variable decelerations after other measures failed <input type="checkbox"/> Elicited stimulation (scalp, vibroacoustic, or abdominal wall) with minimal or absent FHR variability	
Other labor issues: Did the mother have uterine tachysystole? <input type="checkbox"/> Yes <input type="checkbox"/> No			Corrected uterine tachysystole: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin and/or other? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Definitions and Clinical Criteria

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

Study ID = Begins with 001 & numbers the patient charts consecutively. On site log, record patient's medical record number or identifying number next to the corresponding Study ID# to keep track and return for any needed case review.

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."

Medical 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

Primary Indication for NTSV Cesarean	Fall out if these not met:	Reference
Labor Dystocia/Failure to Progress	Chart Review: looking for Yes answers to the following (a no answer would indicate inconsistency with the ACOG guidelines): <ul style="list-style-type: none"> • If <6cm dilated, automatic fallout • If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin? • If completely dilated, was there 3h or more of active pushing (4h with epidural)? 	ACOG/SMFM criteria (Ob Gyn 2014;123:693–711) -CMQCC
Induction	Chart Review: looking for Yes answers to the following (a no answer would indicate inconsistency with the ACOG guidelines): <ul style="list-style-type: none"> • If <6cm dilated, were there at least 12 hours of oxytocin after rupture of membranes? • 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 above) • If completely dilated, was there 3h or more of active pushing (4h with epidural)? 	ACOG/SMFM criteria (Ob Gyn 2014; 123:693–711) CMQCC
Fetal Heart Rate Concern	Cesarean deliveries performed for "fetal heart rate concern" using listed resuscitation techniques listed below based on the FPQC FHR Concern algorithm: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ◦ Receiving oxytocin—reduced or stopped oxytocin ◦ Clinically significant variable decelerations—possibly Amnioinfusion (not required) ◦ Minimal/absent variability—elicited stimulation if no significant decelerations ◦ Uterine tachysystole—any combination listed to correct 	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

How to Calculate a Bishop Score:

	Points				
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		
Bishop's Score =					