Promoting Primary Vaginal Deliveries Initiative

Finding your Cesarean Reduction Opportunities

PROVIDE Collaborative Session Webinar

Partnering to Improve Health Care Quality for Mothers and Babies
Welcome!

• Please join by telephone to enter your Audio PIN on your phone or we will be unable to un-mute you for discussion.

• If you have a question, please enter it in the Question box or Raise your hand to be un-muted.

• This webinar is being recorded.

• Please provide feedback on our post-webinar survey.
Introductions

IRB Approval

Baseline data collection and submission
  ▪ Questions

Prospective data collection and submission
  ▪ Questions

Sample monthly reports
  ▪ Questions
PROVIDE’s Goal: To improve maternal and newborn outcomes by applying evidence-based interventions to promote primary vaginal deliveries at Florida delivery hospitals and ultimately reduce NTSV cesareans.
Your Institution’s IRB Approval?

 PROVIDE Initiative is a quality improvement project and not generally considered human subjects research requiring IRB approval.

USF’s IRB has officially designated the PROVIDE Initiative as QI and does not require IRB approval.

However, each institution is generally required to make its own determination.

Email FPQC@health.usf.edu if you need us to send you are IRB submission materials for use with your institution.
Baseline Data Collection

Collect baseline data for July, August & September 2017

Identify primary cesarean births, but then only audit those that are NTSV.

Audit up 20 NTSV cesarean births per month for all reasons for a total of up to 60 charts.

We recommend the first 20 of each month so your audit is not biased.
Baseline Data Collection, cont.

Complete audit form for each NTSV birth. You only need to answer questions related to the C/S Category selected after the first (white) section.

Enter forms into the online PROVIDE data portal by Dec 1st

- You are guaranteed to receive your hospital’s report before the end of December if you submit by this deadline
CHART AUDIT SHEET HAS BEEN UPDATED since the Kick Off!

Please see the webinar email or PROVIDE online Tool Box for the most updated version.

health.usf.edu/publichealth/chiles/fpqc/provide/toolbox
See back of the chart audit sheet for helpful definitions.

### Definitions and Clinical Criteria

**NTSV** = ≥27 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

<table>
<thead>
<tr>
<th>Primary Indication for NTSV Cesarean</th>
<th>Fall out if these not met:</th>
<th>Reference</th>
</tr>
</thead>
</table>
| 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 <6cm dilated, automatic fallback  
• 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 in Second Stage (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):  
• 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 in Second Stage (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:  
• Antepartum testing which preclude labor: no techniques required.  
• All Cat. II and III FHR concerns should use some techniques listed under “any intrapartum 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  
  o Uterine tachysystole—any combination listed to correct  
| Spong et al (Ob Gyn 2012; 120:1181-93)  
Clark et al (AOG 2013; 209:89-97)  
ACOG/SMFM criteria (Ob Gyn 2014; 123:693–711)  
-CMQCC  
FPQC |

#### How to Calculate a Bishop Score:

<table>
<thead>
<tr>
<th>Cervical Exam</th>
<th>Points</th>
<th>Subscore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilatation</td>
<td>0</td>
<td>1-2 cm</td>
</tr>
<tr>
<td>Effacement</td>
<td>0-30%</td>
<td>31-50%</td>
</tr>
<tr>
<td>Station</td>
<td>-3</td>
<td>-1, 0</td>
</tr>
<tr>
<td>Consistency</td>
<td>Firm</td>
<td>Medium</td>
</tr>
<tr>
<td>Position</td>
<td>Posterior</td>
<td>Mid</td>
</tr>
</tbody>
</table>

**Bishop’s Score =**
NTSV?

Nulliparous—woman with a parity of zero
Term—≥37 weeks gestation using best estimate
Singleton—single gestation pregnancy
Vertex—fetal presentation where the head presents first in pelvic inlet.

ACOG/AIM
Baseline Data Submission

Each hospital lead will receive the REDCap hyperlink for data submission.

Florida Perinatal Quality Collaborative

Promoting Primary Vaginal Delivery (PROVIDE) Baseline Data Entry Form

Baseline data collection: Please complete the PROVIDE Data Entry Form for up to 20 NTSV C-sections per month, for 3 months to determine your hospital’s main focus area(s).

Prospective data collection: Please complete the PROVIDE Data Entry Form for up to 20 NTSV C-sections per month on 1 (or more if you choose) of the 3 primary indication areas.

Thank you for your commitment to and participation in the PROVIDE project.
After submitting the month, year and hospital name, REDCap form will follow your physical audit form.

You will submit this information on EVERY CHART.
What do I do with the Study ID#?

Start at 001 and add sequentially
- E.g. 001-060 for Baseline

Every patient chart that you include for PROVIDE data submission should get a **hospital assigned** Study ID number.
This helps keep track of which data entry form belongs to which patient on your end.

If you need us to change a patient’s data submission, this number is how you match data form with patient chart.

Some sites choose to keep a log or excel spreadsheet to match Study ID# to Patient Chart #
Which C/S Category to Choose?

If there is a cesarean for fetal heart rate concerns, then select “FHR concerns.”
If not and mother induced, then select “Induction”
If neither and cesarean for labor dystocia, then select “Labor Dystocia.”
Otherwise, select “Other.”
Inductions?

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“Other” is only available to select during Baseline

Other reasons include birthweights >4,250g, medical indication (birth defect, macrosomia or trauma) and maternal request cesarean delivery.
Baseline Data Submission

Select which case audit type(s) you are submitting for
* must provide value

- Induction
- Labor Dystocia/Failure to Progress
- Fetal Heart Rate (FHR) Concern
- Other

Select one or more of the case audit types for which you are submitting data

Induction Case Audit

Include your sample of cases that are NT SV 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 (FHR) concern or Medical indication for cesarean section.

Bishop Score Calculation - At Start of Induction

The following questions will prompt you to enter the points assigned to each component of the Bishop Score: Dilation, Effacement, Station, Cervix Position, and Cervix Consistency noted on the patient’s chart at the start of induction. After answering these components, you will be asked to enter the overall Bishop Score as noted on the patient’s chart at the start of induction.

Is the overall Bishop Score at the time of induction known for this patient?
* must provide value

- Yes
- No

Is the Bishop Score at the last exam before delivery known for this patient?
* must provide value

- Yes
- No

Process Measures: Induction Case Audit

Please select cervix dilation at time of cesarean.
* must provide value

- <6cm
- ≥6cm
- Full dilation

Enter whether the cervix was dilated ≥6 cm or more at the time of cesarean section.
### Baseline Data Submission

#### Labor Dystocia/Failure to Progress Audit

Include your sample of cases that are NTSV per TJC and were spontaneous labor and had a cesarean for labor arrest, EXCLUDING those with birth weight $\geq 4250g$ or with ICD-10 codes for: Fetal Heart Rate (FHR) Concern or Medical Indication for Cesarean Section.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please select cervix dilation at the time of admission.</td>
<td>&lt; 6cm, $\geq$ 6cm, Full Dilation</td>
</tr>
<tr>
<td>Enter the dilation of the patient upon admission in centimeters</td>
<td></td>
</tr>
<tr>
<td>Please select cervix dilation at the time of cesarean.</td>
<td>&lt; 6 cm, $\geq$ 6cm, Full Dilation</td>
</tr>
<tr>
<td>Enter the category that best describes cervical dilation at time of cesarean</td>
<td></td>
</tr>
</tbody>
</table>

If $\geq 6$ cm dilated, check only one reason for the cesarean that applies to the patient.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membranes ruptured and no cervical change x 4 hours with adequate uterine activity (e.g. $&gt; 200$ MVU)</td>
<td></td>
</tr>
<tr>
<td>Membranes ruptured, oxytocin administered, and no cervical change x 6 hours with inadequate uterine activity (e.g. $&lt; 200$ MVU)</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

Enter the one reason why the patient was given a cesarean section.
### Baseline Data Submission

#### Fetal Heart Rate (FHR) Concern Audit

Include your sample of cases that are NTSV per TJC and had a cesarean for fetal heart rate concern, EXCLUDING those with birth weight ≥4250g or with ICD-10 codes for Labor arrest/CPD.

#### Select the Fetal Heart Rate (FHR) Concern category that the patient falls under

- Antepartum testing results which precluded trial of labor
- Category III FHR tracing
- Category II FHR tracing
- Prolonged deceleration not responding to measures
- Other

#### Please check all corrective measures that were used.

- Basic resuscitation measures such as: Maternal position change, maternal fluid bolus, and/or administration of O2
- Reduced or stopped oxytocin or uterine stimulants
- Used amniocentesis after other measures failed
- Elicited stimulation (scalp, vibroacoustic, or abdominal wall)

#### Did the mother have uterine tachysystole?

- Yes
- No

#### Corrected uterine tachysystole: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin, and/or other?

- Yes
- No
Baseline Data Submission

Email our Data Analyst Paige Alitz alitzp@health.usf.edu and she will help you!

You may either submit the survey or save & return to finish the survey later.
What Next?

🔍 You will receive a Baseline data report that includes:
  - Hospital-wide graphs of cesarean deliveries among: all NTSV births and all NTSV inductions from Jan 2016-April 2017
  - Hospital-specific and initiative-wide graphs for induction, labor dystocia, & fetal heart rate baseline audit percentages
  - Pre-initiative structural measures being implemented in your hospitals

🔍 We will review a sample report with you today.

🔍 Review this report with your QI team
  - If you have trouble interpreting your data, do not hesitate to reach out to us!
Questions on BASELINE DATA collection/submission?
Prospective Data

After choosing 1 (or more) focus area(s)

- Complete audit form for up to 20 NTSV C-sections per month for each focus area(s) you have chosen

Follow the same REDCap hyperlink

Complete the REDCap form in the same manner as Baseline

“Other” will not be an option for prospective data
Structural Measures (Yes/No)
Collected Every 6 months by Survey

- Patient, Family & Staff Support
- Shared Decision Making
- Unit Policy & Procedures (6 categories)
- EHR Integration (6 categories)
- Multidisciplinary Case Review (3 categories)
- Staff Education (Providers, Nurse, Topics)
## PROVIDE Outcome Measures

<table>
<thead>
<tr>
<th>#</th>
<th>Outcome Measures</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Severe Maternal Morbidity</td>
<td><em>Numerator:</em> Among the denominator, all cases with any SMM code</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Denominator:</em> All mothers during their birth admission, exclude ectopics and miscarriages</td>
</tr>
<tr>
<td>2</td>
<td>Severe Maternal Morbidity (excluding transfusion codes)</td>
<td><em>Numerator:</em> Among the denominator, all cases with any non-transfusion SMM code</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Denominator:</em> All mothers during their birth admission, exclude ectopics and miscarriages</td>
</tr>
<tr>
<td>3</td>
<td>C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population</td>
<td><em>Numerator:</em> Among the denominator, all cases with a cesarean birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Denominator:</em> Women with live births who are having their first birth ≥37 weeks and have a singleton in vertex (Cephalic) position.</td>
</tr>
<tr>
<td>4</td>
<td>C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population after Labor Induction</td>
<td><em>Numerator:</em> Among the denominator, all cases with a Cesarean birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Denominator:</em> Women with live births who are having their first birth ≥37 weeks and have a singleton in vertex (Cephalic) position AND with a labor induction</td>
</tr>
</tbody>
</table>

We will calculate these measures for you from birth certificate & hospital discharge data
Cesarean Rate Definitions

**Primary Cesarean Rate**

Number of births with a first cesarean delivery divided by number of births to women who never had a cesarean before.

**NTSV Cesarean Rate (Nulliparous, term, singleton & vertex)**

Number of NTSV cesareans divided by the total number of NTSV births to women.

- Joint Commission—Based on a sample of chart audits with minor exclusions
- FPQC—Based on all birth certificates with no exclusion besides NTSV
Graph 1 of 2: Percentage of Cesarean Deliveries Among All NTSV Births For All PROVIDE Initiative Hospitals in Florida, 2016 (JAN) - 2017 (APR)

Hospital Code XYZ
Graph 2 of 2. Percentage of Cesarean Deliveries Among All NTSV Inductions For All PROVIDE Initiative Hospitals in Florida, 2016(JAN) - 2017(APR)
Hospital Code XYZ

- **Max. Value**
- **75th Percentile**
- **PROVIDE Median**
- **25th Percentile**
- **Min. Value**

- **Percentage of Cesareans Among NTSV Induced Deliveries**
- **Year**
  - JAN 2016
  - FEB 2016
  - MAR 2016
  - APR 2016
  - MAY 2016
  - JUN 2016
  - JUL 2016
  - AUG 2016
  - SEP 2016*
  - OCT 2016*
  - NOV 2016*
  - DEC 2016*
  - JAN 2017*
  - FEB 2017*
  - MAR 2017*
  - APR 2017*

- **Graph Legend**
  - **XYZ**
  - **Hospital Median***

**Sample Outcome Graph**

**FPQC**
Partnering to Improve Health Care Quality
for Mothers and Babies
Balancing Measures

5 min. Apgar ≤ 5 with NTSV Vaginal Births (Birth Cert)
  • FPQC will provide **monthly** with outcome measures

3rd & 4th Degree Lacerations with NTSV Vaginal Births (Hosp Dis)
  • FPQC will provide **periodically** with outcome measures

Severe Unexpected Newborn Complications with NTSV Vaginal Births (Hosp Dis)
  • FPQC will provide **periodically** with outcome measures
PROVIDE—Accuracy of Birth Certificate Data

- Number now living or dead
- Induction of labor
- Fetal presentation at birth
- Final route and delivery method
- Obstetric estimate of gestation
- Plurality
- Apgar Score
<table>
<thead>
<tr>
<th>SECTION</th>
<th>ITEM</th>
<th>SUBITEM</th>
<th>SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy History</td>
<td>Previous Live Births</td>
<td>Number Now Dead</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Prenatal care record</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Labor and delivery nursing admission triage form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Admission history and physical (H&amp;P)</td>
</tr>
<tr>
<td>Medical and Health</td>
<td>Characteristics of</td>
<td>Induction of labor</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Delivery record</td>
</tr>
<tr>
<td>Information</td>
<td>Labor and Delivery</td>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Physician progress note</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Labor and delivery nursing admission triage form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Augmentation of labor</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Delivery record under:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Physician progress note</td>
</tr>
<tr>
<td>Method of Delivery</td>
<td>Fetal presentation at</td>
<td></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Delivery record</td>
</tr>
<tr>
<td></td>
<td>birth:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cephalic</td>
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<td></td>
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<tr>
<td></td>
<td>- Breech</td>
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<td></td>
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<tr>
<td></td>
<td>- Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Final Route and method of</td>
<td></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Delivery record under</td>
</tr>
<tr>
<td></td>
<td>delivery</td>
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<tr>
<td></td>
<td>- Vaginal/Spontaneous</td>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Newborn admission H&amp;P</td>
</tr>
<tr>
<td></td>
<td>- Vaginal/Forceps</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>- Vaginal/Vacuum</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- Cesarean</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Recovery room record</td>
</tr>
<tr>
<td>DEFINITION</td>
<td>BC ITEM #</td>
<td>TIPS FOR ENTRY</td>
<td>KEYWORDS AND ABBREVIATIONS</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------</td>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 1. Previous Live Birth                                                    | # 42a     | DO NOT include this child                                                      | L—Now living G—Gravida—Total number of pregnancies P—Para—Previous live births and fetal deaths > 28 weeks of gestation T—Term—Delivered at 37 to 40 weeks gestation | 1<sup>st</sup> Prenatal care record under:  
- Intake information  
- Gravida section—L (living)—last number in series  
- Para section—L—last number in series  
- Pregnancy history information  
- Previous OB history  
- Past pregnancy history  
2<sup>nd</sup> Labor and delivery nursing admission triage form under:  
- Patient data  
3<sup>rd</sup> Admission history and physical-H&amp;P |
| a. Number now living—total number of previous live-born infants who are still living. |           | DO NOT include abortions (spontaneous miscarriages or therapeutic or elective abortions), fetal deaths/stillbirths. For multiple deliveries: Include all live-born infants before this infant in this pregnancy. If the first born, do not include this infant. If the second born, include the first born, etc. If no previous live-born infant now alive enter 00. |                                                                                           |                         |
Sample Data Report
Overall 1: Percent of All Cesarean Deliveries Performed by Category During Baseline Assessment

Data Source: Chart Audits
Overall 2: Percent of All Cesarean Deliveries Performed that Met Criteria During Baseline Assessment

Data Source: Chart Audits
INDUCTION CASE AUDIT
I-1: Percent of NTSV Cesarean Deliveries with Induction by Gestational Age

Data Source: Chart Audits
I-2: Percent of NTSV Cesarean Deliveries with Induction that Met ACOG/SMFM Criteria

Data Source: Chart Audits
I-3. Percent of NTSV Cesarean Deliveries with Induction by Cervix Dilation at Delivery

Data Source: Chart Audits
I-4: Percent of Cesarean Deliveries with Induction that Did Not Meet ACOG/SMFM Criteria by Cervical Dilatation

Data Source: Chart Audits
I-8: Percent of NTSV Cesarean Deliveries with Induction by Bishop Score Agreement at Time of Induction between Provider and Hospital Record

![Bar chart showing percent of NTSV Cesarean Deliveries with Induction by Bishop Score Agreement at Time of Induction between Provider and Hospital Record.](chart)

Data Source: Chart Audits
I-9: Percent of NTSV Cesarean Deliveries with Induction by Bishop Score at Time of Induction

Data Source: Chart Audits
I-10: Percent of All NTSV Cesarean Deliveries with Induction and a Bishop Score <8 with Cervical Ripening Agent Used

Data Source: Chart Audits
LABOR DYSTOCIA/FAILURE TO PROGRESS AUDIT
D-1: Percent of NTSV Cesarean Deliveries with Dystocia that Met ACOG/SMFM Criteria

Data Source: Chart Audits
D-2: Percent of NTSV Cesarean Deliveries with Dystocia that Did Not Meet ACOG/SMFM Criteria by Cervical Dilatation

Data Source: Chart Audits
D-3. Percent of NTSV Cesarean Deliveries with Dystocia by Cervix Dilation at Time of Delivery

Data Source: Chart Audits

Baseline
Jan'18
Feb'18
Mar'18
FETAL HEART RATE CONCERN AUDIT
FHR-1: Percent of NTSV Cesarean Deliveries with Fetal Heart Rate Concerns that Met FPQC Criteria for Corrective Measures

Data Source: Chart Audits
FHR-2: Percent of Cesarean Deliveries with Fetal Heart Rate Concerns that Did Not Meet FPQC Criteria by Corrective Measure

Data Source: Chart Audits

*Note: All other corrective measures require that basic measures were used
FHR-3: Percent of Cesareans with Category 2 Fetal Heart Rate Concerns that Met FPQC Criteria by Corrective Measure

Data Source: Chart Audits

*Note: All other corrective measures require that basic measures were used.
QUESTIONS?
Partnering to Improve Health Care Quality for Mothers and Babies

WRAP UP