FPQC
Florida Perinatal Quality Collaborative

PROVIDE 2.0 Data: Definitions, Processes and Tools

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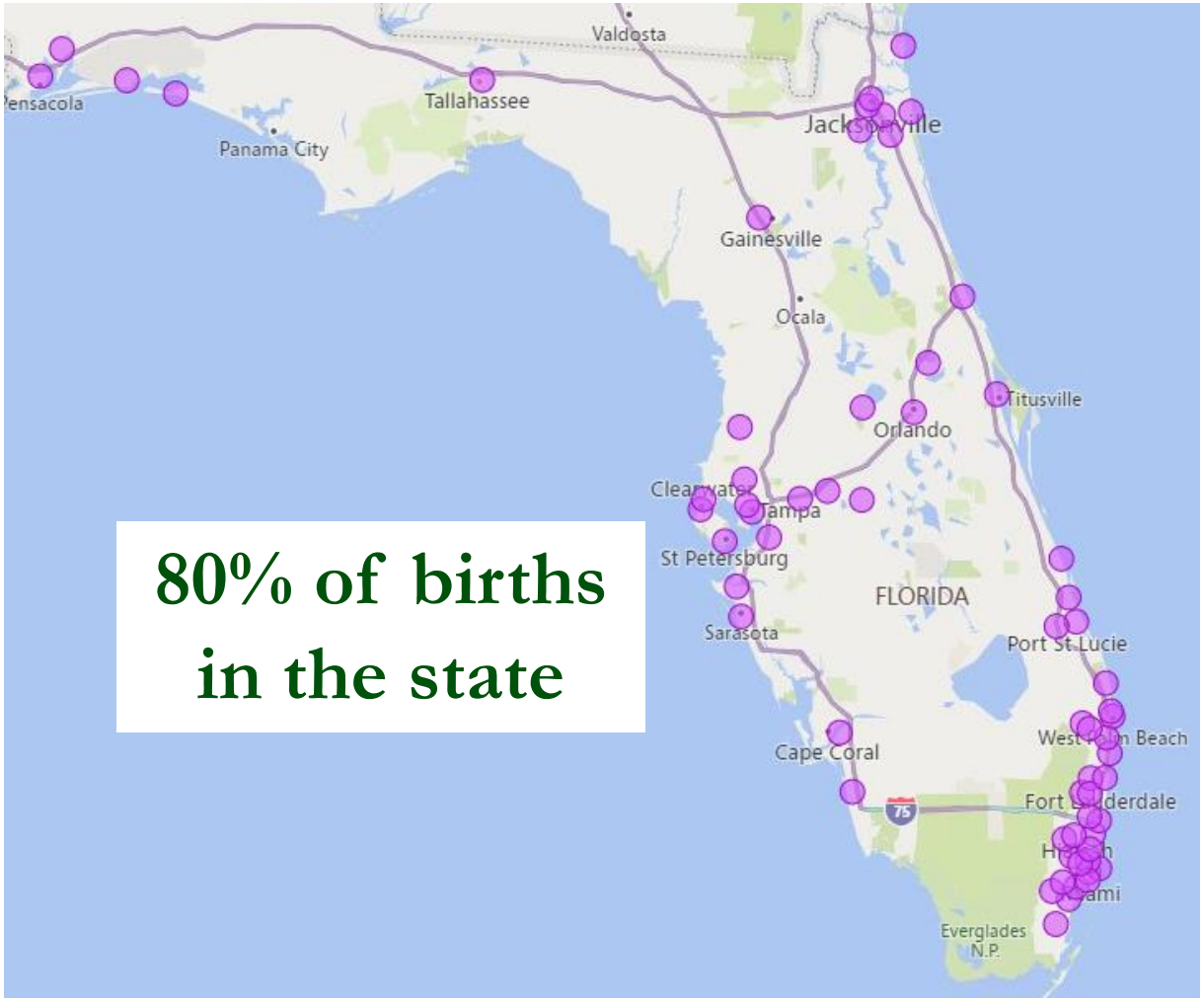
Partnering to Improve Health Care Quality
for Mothers and Babies

FPQC
Florida Perinatal Quality Collaborative

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.**

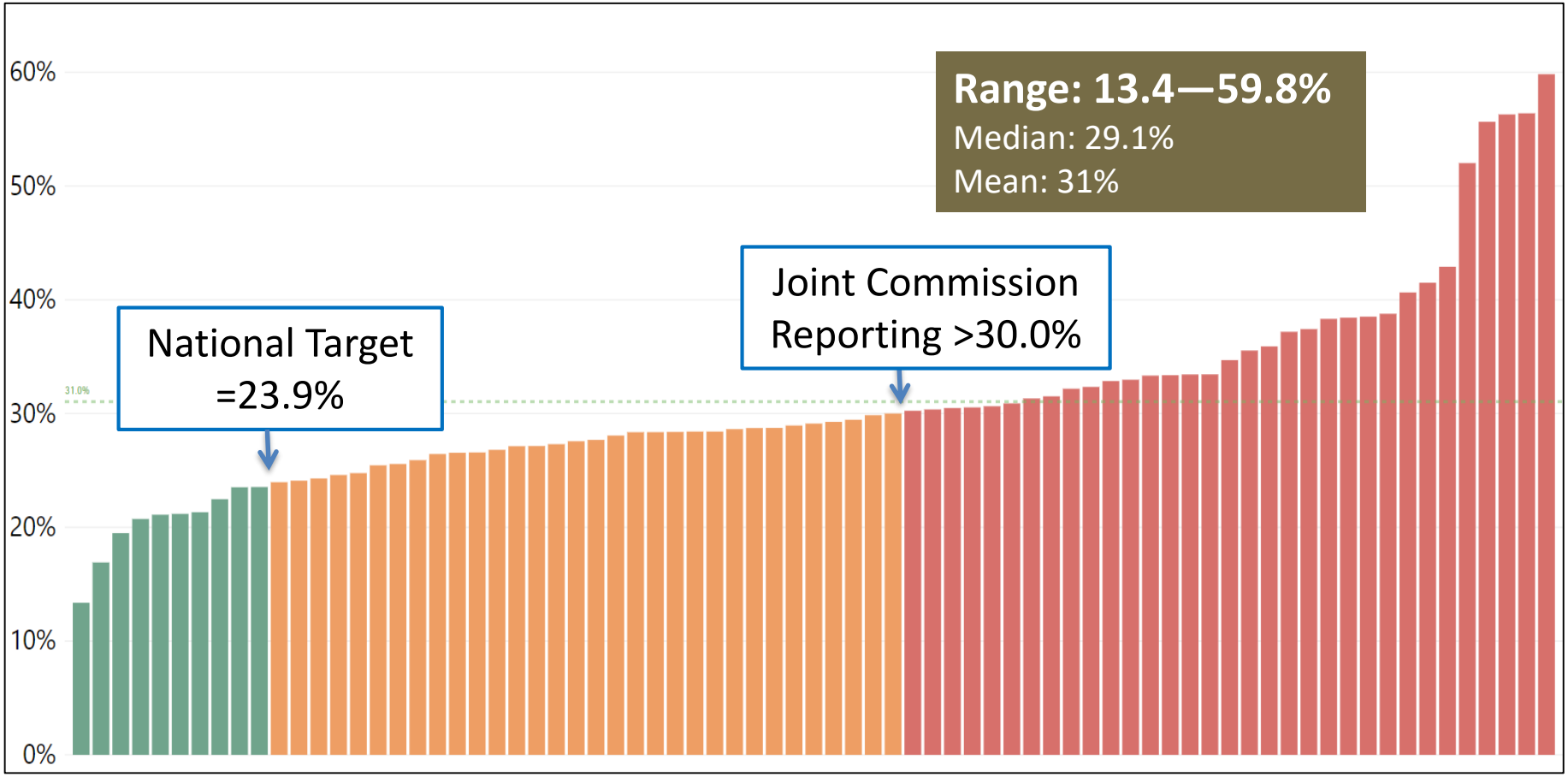
Partnering to Improve Health Care Quality
for Mothers and Babies

Low-Risk First-Birth (Nulliparous Term Singleton Vertex) Cesarean Rate, 76 PROVIDE Hospitals



80% of births in the state

Low-Risk First-Birth (Nulliparous Term Singleton Vertex) Cesarean Rate, 76 PROVIDE Hospitals



Our population

Nulliparous	Term	Singleton	Vertex
N	T	S	V
Parity 0	Gestational age ≥37 weeks	Single gestation	Head-first fetal presentation

- The most favorable conditions for vaginal birth
- Most difficult labor management
- Largest contributor to the rise in cesarean rates

"Things get done only if the data we gather can inform and inspire those in a position to make a difference." – Mike Schmoker

Processes for Data Collection

Data Collection Process

1

Identify qualifying NTSV cesarean

Check Inclusion & Exclusion Criteria

INCLUSION & EXCLUSION CRITERIA

INCLUDE

NTSV cesareans per TJC

EXCLUDE

Birth weight ≥ 4250g

Medical Indication for Cesarean

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

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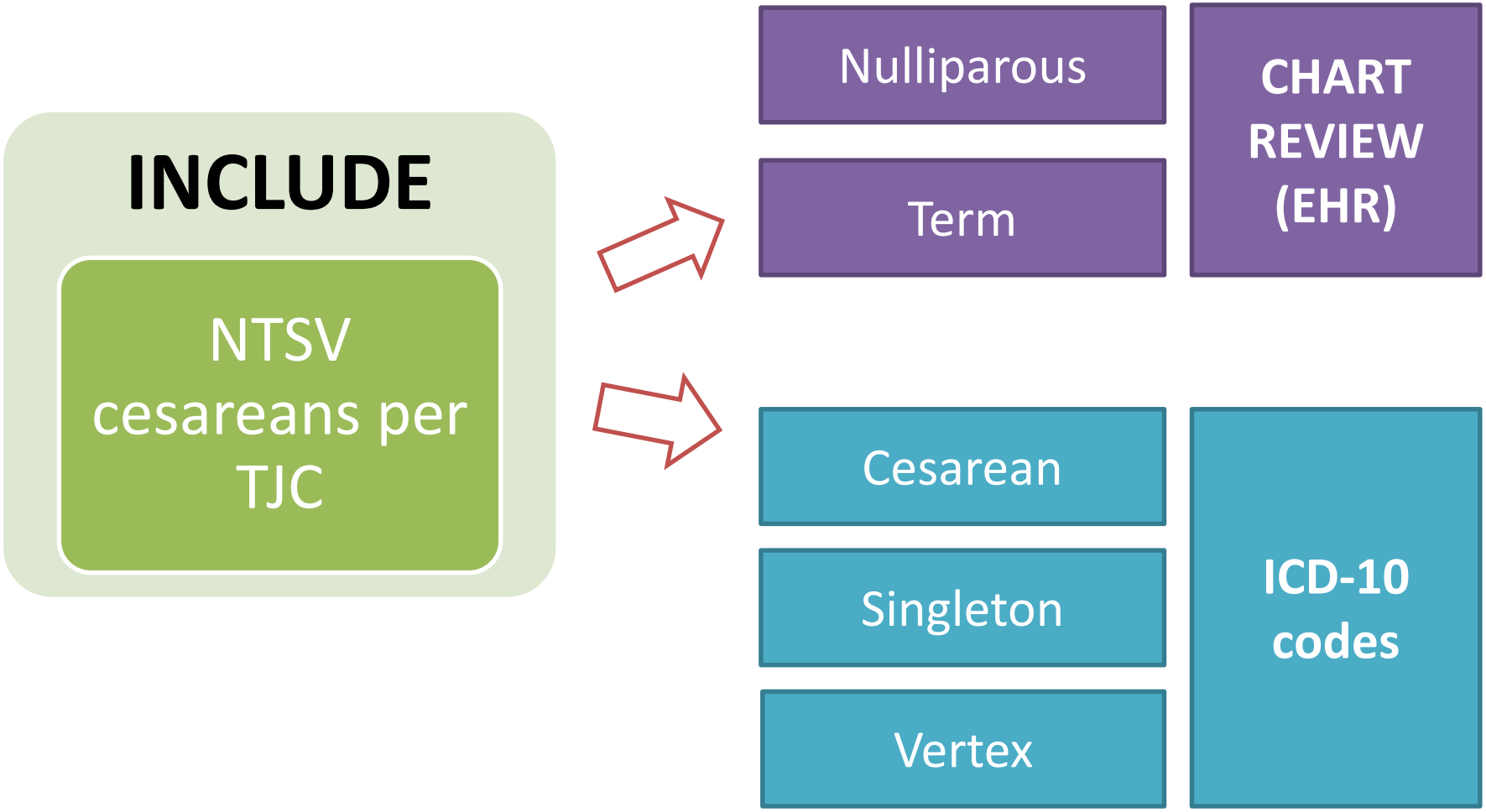
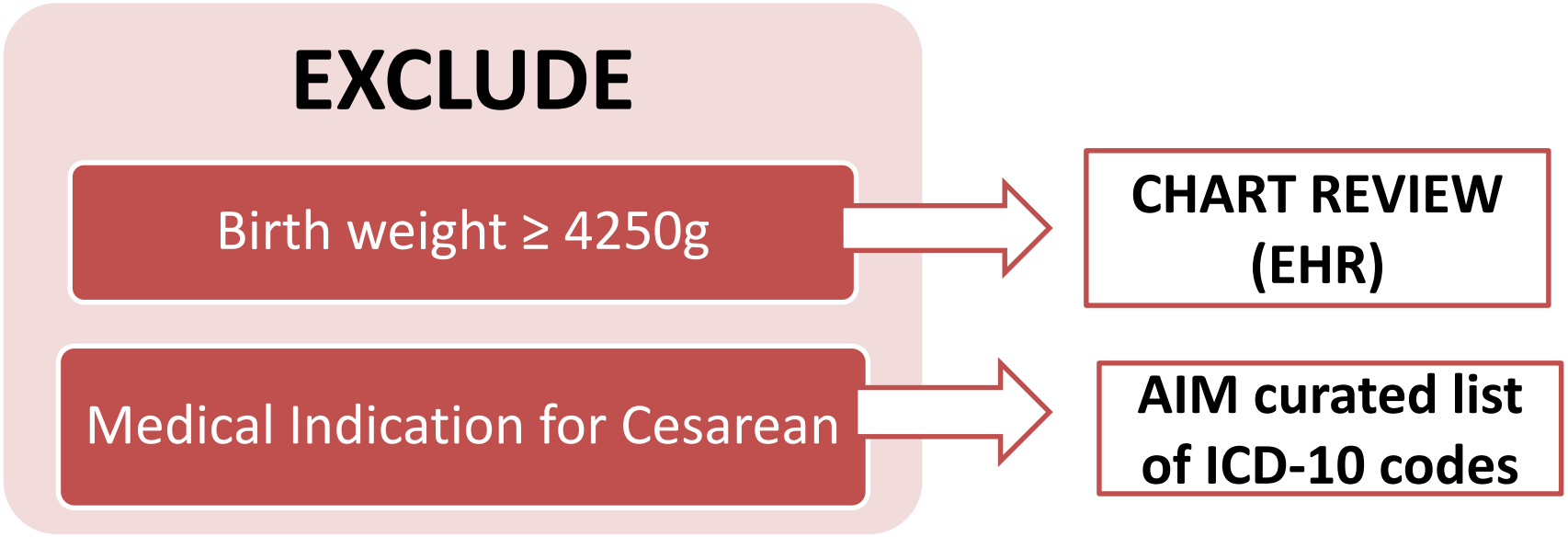
How to identify NTSV cesareans?



How to identify NTSV cesareans?



Data Collection Process

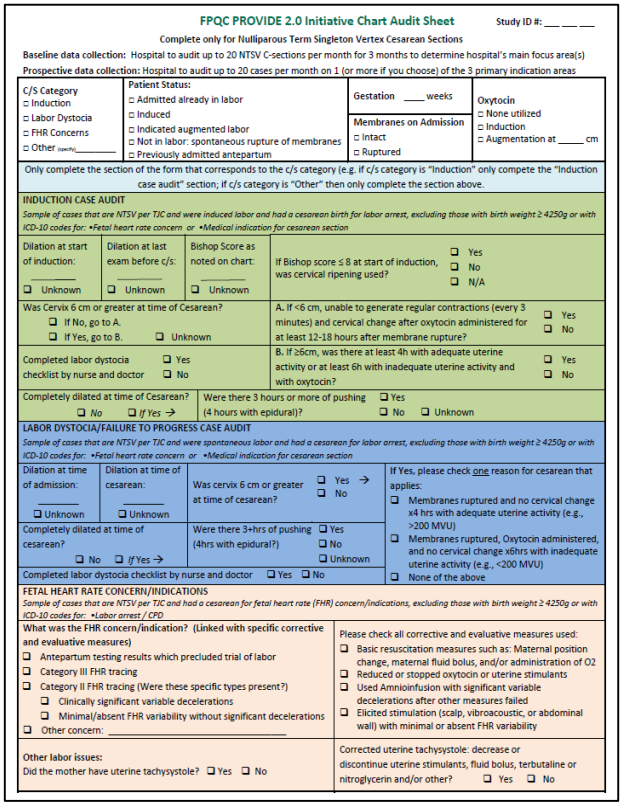
1

Identify qualifying NTSV cesarean

Check Inclusion & Exclusion Criteria

2

Chart Abstraction



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
- ☐ Induction
- ☐ Labor Dystocia
- ☐ FHR Concerns
- ☐ Other (specify)_____

Patient Status:
- ☐ Admitted already in labor
- ☐ Induced
- ☐ Indicated augmented labor
- ☐ Not in labor: spontaneous rupture of membranes
- ☐ Previously admitted antepartum

Gestation ____ weeks

Membranes on Admission
- ☐ Intact
- ☐ Ruptured

Oxytocin
- ☐ None utilized
- ☐ Induction
- ☐ Augmentation at ____ cm

Only complete the section of the form that corresponds to the c/s category (e.g. if c/s category is "Induction" only compete the "Induction case audit" section; if c/s category is "Other" then only complete the section above.

INDUCTION CASE AUDIT

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

Dilation at start of induction: _____ ☐ Unknown

Dilation at last exam before c/s: _____ ☐ Unknown

Bishop Score as noted on chart: _____ ☐ Unknown

If Bishop score ≤ 8 at start of induction, was cervical ripening used? ☐ Yes ☐ No ☐ N/A

Was Cervix 6 cm or greater at time of Cesarean? ☐ If No, go to A. ☐ If Yes, go to B. ☐ 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? ☐ Yes ☐ No

Completed labor dystocia checklist by nurse and doctor ☐ Yes ☐ No

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? ☐ No ☐ If Yes → Were there 3 hours or more of pushing (4 hours with epidural)? ☐ Yes ☐ No ☐ Unknown

LABOR DYSTOCIA/FAILURE TO PROGRESS CASE AUDIT

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

Dilation at time of admission: _____ ☐ Unknown

Dilation at time of cesarean: _____ ☐ Unknown

Was cervix 6 cm or greater at time of cesarean? ☐ Yes → ☐ No

Completely dilated at time of cesarean? ☐ No ☐ If Yes →

Were there 3+hrs of pushing (4hrs with epidural?) ☐ Yes ☐ No ☐ Unknown

If Yes, please check one reason for cesarean that applies:
- ☐ Membranes ruptured and no cervical change x4 hrs with adequate uterine activity (e.g., >200 MVU)
- ☐ Membranes ruptured, Oxytocin administered, and no cervical change x6hrs with inadequate uterine activity (e.g., <200 MVU)
- ☐ None of the above

Completed labor dystocia checklist by nurse and doctor ☐ Yes ☐ No

FETAL HEART RATE CONCERN/INDICATIONS

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

What was the FHR concern/indication? (Linked with specific corrective and evaluative measures)
- ☐ Antepartum testing results which precluded trial of labor
- ☐ Category III FHR tracing
- ☐ Category II FHR tracing (Were these specific types present?)
  - ☐ Clinically significant variable decelerations
  - ☐ Minimal/absent FHR variability without significant decelerations
- ☐ Other concern: _____

Please check all corrective and evaluative measures 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 Amnioinfusion with significant variable decelerations after other measures failed
- ☐ Elicited stimulation (scalp, vibroacoustic, or abdominal wall) with minimal or absent FHR variability

Other labor issues:
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

Chart Audit Sheet

↓

www.fpqc.org

Complete audit form for each NTSV cesarean

What do I do with the Study ID#?

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	**Patient Status:**	**Gestation** ____ weeks	**Oxytocin**
□ Induction	□ Admitted already in labor		□ None utilized
□ Labor Dystocia	□ Induced	**Membranes on Admission**	□ Induction
□ FHR Concerns	□ Indicated augmented labor	□ Intact	□ Augmentation at _____ cm
□ Other (specify)_____	□ Not in labor: spontaneous rupture of membranes	□ Ruptured	
	□ Previously admitted antepartum		

- Study ID # : Start at 001 and add sequentially
- Every patient chart that you include for PROVIDE data submission should get a hospital assigned Study ID number

Keep an on-site log of the study ID number and the medical chart number and/or identifiable patient information for data verification

Which C/S Category to Choose?

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	Patient Status:	Gestation ____ weeks	Oxytocin
□ Induction	□ Admitted already in labor		□ None utilized
□ Labor Dystocia	□ Induced	Membranes on Admission	□ Induction
□ FHR Concerns	□ Indicated augmented labor	□ Intact	□ Augmentation at _____ cm
□ Other (specify)_____	□ Not in labor: spontaneous rupture of membranes	□ Ruptured	
	□ Previously admitted antepartum		

- Select only one C/S category – the primary reason for the cesarean
- 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 or failure to progress, then select "Labor Dystocia" Otherwise, select "Other"

Which C/S Category to Choose?

FPQC PROVIDE 2.0 Initiative Chart Audit Sheet **Study ID #: ___ ___ ___**

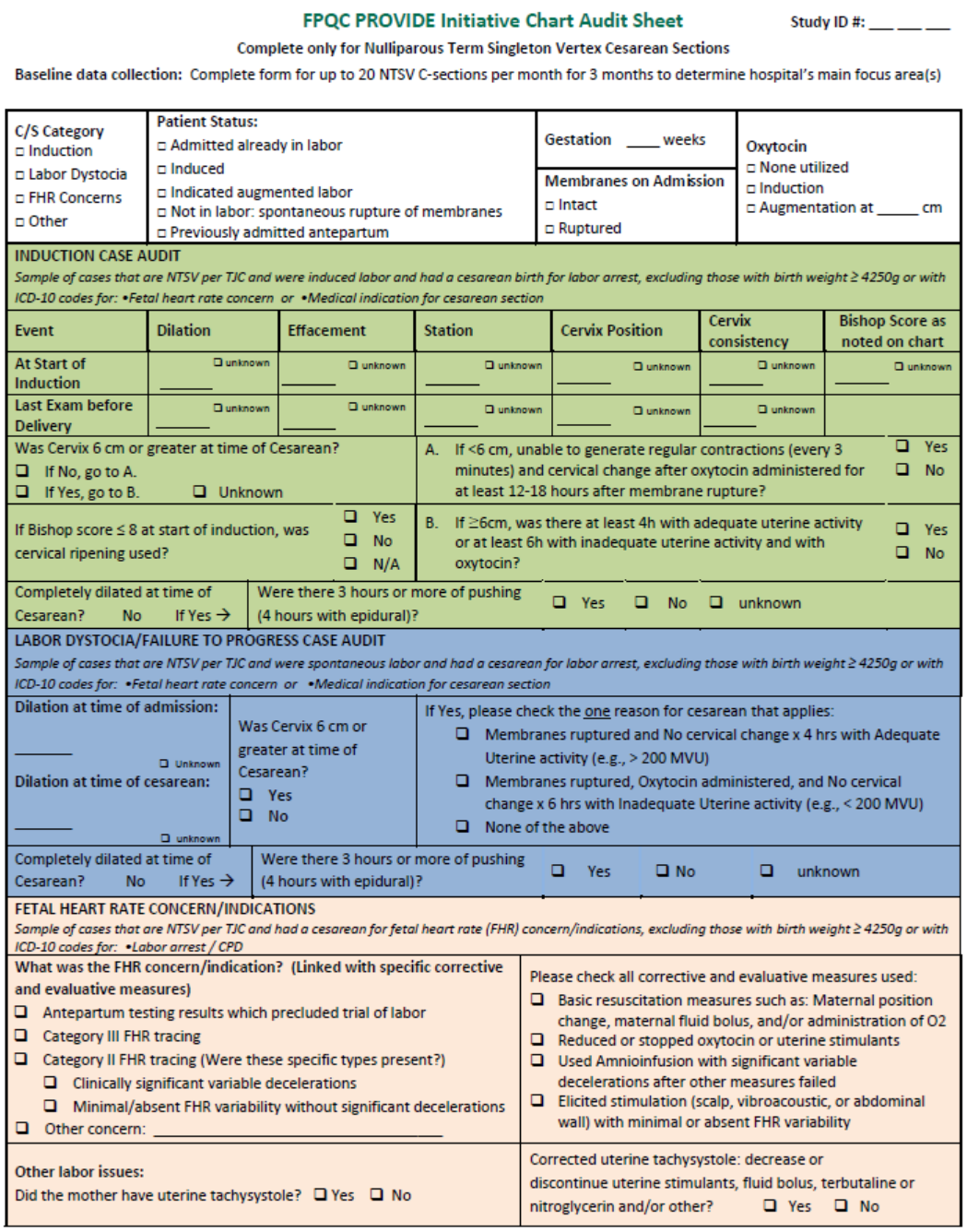
Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

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	**Patient Status:**	**Gestation** ____ weeks	**Oxytocin**
□ Induction	□ Admitted already in labor		□ None utilized
□ Labor Dystocia	□ Induced	**Membranes on Admission**	□ Induction
□ FHR Concerns	□ Indicated augmented labor	□ Intact	□ Augmentation at _____ cm
□ Other (specify)_____	□ Not in labor: spontaneous rupture of membranes	□ Ruptured	
	□ Previously admitted antepartum		

- "Other" reasons will only be an option during "Baseline"
- Specify if the cesarean was due to maternal request or the reason for the cesarean (birth defect, suspected macrosomia or trauma)



FPQC PROVIDE Initiative Chart Audit Sheet Study ID #: ___ ___ ___

Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

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

C/S Category	Patient Status:	Gestation ____ weeks	Oxytocin
☐ Induction ☐ Labor Dystocia ☐ FHR Concerns ☐ Other	☐ Admitted already in labor ☐ Induced ☐ Indicated augmented labor ☐ Not in labor: spontaneous rupture of membranes ☐ Previously admitted antepartum	Membranes on Admission ☐ Intact ☐ Ruptured	☐ None utilized ☐ Induction ☐ Augmentation at _____ cm

INDUCTION CASE AUDIT

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

Event	Dilation	Effacement	Station	Cervix Position	Cervix consistency	Bishop Score as noted on chart
At Start of Induction	☐ unknown	☐ unknown	☐ unknown	☐ unknown	☐ unknown	☐ unknown
Last Exam before Delivery	☐ unknown	☐ unknown	☐ unknown	☐ unknown	☐ unknown	

Was Cervix 6 cm or greater at time of Cesarean?
☐ If No, go to A.
☐ If Yes, go to B. ☐ Unknown

If Bishop score ≤ 8 at start of induction, was cervical ripening used? ☐ Yes ☐ No ☐ N/A

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? ☐ Yes ☐ No

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? No If Yes → Were there 3 hours or more of pushing (4 hours with epidural)? ☐ Yes ☐ No ☐ unknown

LABOR DYSTOCIA/FAILURE TO PROGRESS CASE AUDIT

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

Dilation at time of admission: _____ ☐ Unknown

Dilation at time of cesarean: _____ ☐ unknown

Was Cervix 6 cm or greater at time of Cesarean? ☐ Yes ☐ No

If Yes, please check the one reason for cesarean that applies:
☐ Membranes ruptured and No cervical change x 4 hrs with Adequate Uterine activity (e.g., > 200 MVU)
☐ Membranes ruptured, Oxytocin administered, and No cervical change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU)
☐ None of the above

Completely dilated at time of Cesarean? No If Yes → Were there 3 hours or more of pushing (4 hours with epidural)? ☐ Yes ☐ No ☐ unknown

FETAL HEART RATE CONCERN/INDICATIONS

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

What was the FHR concern/indication? (Linked with specific corrective and evaluative measures)
☐ Antepartum testing results which precluded trial of labor
☐ Category III FHR tracing
☐ Category II FHR tracing (Were these specific types present?)
  ☐ Clinically significant variable decelerations
  ☐ Minimal/absent FHR variability without significant decelerations
☐ Other concern: _____

Please check all corrective and evaluative measures 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 Amnioinfusion with significant variable decelerations after other measures failed
☐ Elicited stimulation (scalp, vibroacoustic, or abdominal wall) with minimal or absent FHR variability

Other labor issues:
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

Which section to complete?

- You only need to answer questions related to the C/S Category selected after the first (white) section.

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): • 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): • 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: • 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: ○ 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 =	

v. 10-3-2019

See back of the chart audit sheet for helpful definitions

Inductions?

- No ACOG definition for "failed induction"
- We have removed the term "failed."
- Abstractors do not need to determine whether a failed induction or not.
- If there are no fetal heart rate concerns and there is an induction, choose "Induction."
- Abstractors will only assess whether ACOG labor duration guidelines were followed or not.

Induction Case Audit

INDUCTION CASE AUDIT

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

Event	Dilation	Effacement	Station	Cervix Position	Cervix consistency	Bishop Score as noted on chart
At Start of Induction	❑ unknown _____	❑ unknown _____	❑ unknown _____	❑ unknown _____	❑ unknown _____	❑ unknown _____
Last Exam before Delivery	❑ unknown _____	❑ unknown _____	❑ unknown _____	❑ unknown _____	❑ unknown _____	

Was Cervix 6 cm or greater at time of Cesarean?
❑ If No, go to A.
❑ If Yes, go to B. ❑ 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? ❑ Yes ❑ No

If Bishop score ≤ 8 at start of induction, was cervical 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? No If Yes → Were there 3 hours or more of pushing (4 hours with epidural)? ❑ Yes ❑ No ❑ unknown

Labor Dystocia/Failure to Progress Case Audit

Was cervix 6 cm or greater at time of cesarean? ❑ Yes → ❑ No	**If Yes,** please check <u>one</u> reason for cesarean that applies: ❑ Membranes ruptured and no cervical change x4 hrs with adequate uterine activity (e.g., >200 MVU) ❑ Membranes ruptured, Oxytocin administered, and no cervical change x6hrs with inadequate uterine activity (e.g., <200 MVU) ❑ None of the above
Were there 3+hrs of pushing (4hrs with epidural?) ❑ Yes ❑ No ❑ Unknown	
urse and doctor ❑ Yes ❑ No	

Fetal Heart Rate Concern Case Audit

FETAL HEART RATE CONCERN/INDICATIONS

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

What was the FHR concern/indication? (Linked with specific corrective and evaluative measures)

- ❑ Antepartum testing results which precluded trial of labor
- ❑ Category III FHR tracing
- ❑ Category II FHR tracing (Were these specific types present?)
  - ❑ Clinically significant variable decelerations
  - ❑ Minimal/absent FHR variability without significant decelerations
- ❑ Other concern: _____

Please check all corrective and evaluative measures 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 Amnioinfusion with significant variable decelerations after other measures failed
- ❑ Elicited stimulation (scalp, vibroacoustic, or abdominal wall) with minimal or absent FHR variability

Other labor issues:

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

Data Collection Process

1

Identify qualifying NTSV cesarean

Check Inclusion & Exclusion Criteria

2

Chart Abstraction

FPQC PROVIDE Initiative Chart Audit Sheet Study ID #: ___ ___ ___

Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

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

C/S Category	Patient Status:	Gestation ____ weeks	Oxytocin
☐ Induction ☐ Labor Dystocia ☐ FHR Concerns ☐ Other	☐ Admitted already in labor ☐ Induced ☐ Indicated augmented labor ☐ Not in labor: spontaneous rupture of membranes ☐ Previously admitted antepartum	Membranes on Admission ☐ Intact ☐ Ruptured	☐ None utilized ☐ Induction ☐ Augmentation at ____ cm

INDUCTION CASE AUDIT

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

Event	Dilation	Effacement	Station	Cervix Position	Cervix consistency	Bishop Score as noted on chart
At Start of Induction	☐ unknown	☐ unknown	☐ unknown	☐ unknown	☐ unknown	☐ unknown
Last Exam before Delivery	☐ unknown	☐ unknown	☐ unknown	☐ unknown	☐ unknown	

Was Cervix 6 cm or greater at time of Cesarean?
☐ If No, go to A.
☐ If Yes, go to B. ☐ 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? ☐ Yes ☐ No

If Bishop score ≤ 8 at start of induction, was cervical 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? No If Yes → Were there 3 hours or more of pushing (4 hours with epidural)? ☐ Yes ☐ No ☐ unknown

LABOR DYSTOCIA/FAILURE TO PROGRESS CASE AUDIT

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

Dilation at time of admission: ____ ☐ Unknown
Dilation at time of cesarean: ____ ☐ unknown

Was Cervix 6 cm or greater at time of Cesarean? ☐ Yes ☐ No

If Yes, please check the one reason for cesarean that applies:
☐ Membranes ruptured and No cervical change x 4 hrs with Adequate Uterine activity (e.g., > 200 MVU)
☐ Membranes ruptured, Oxytocin administered, and No cervical change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU)
☐ None of the above

Completely dilated at time of Cesarean? No If Yes → Were there 3 hours or more of pushing (4 hours with epidural)? ☐ Yes ☐ No ☐ unknown

FETAL HEART RATE CONCERN/INDICATIONS

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

What was the FHR concern/indication? (Linked with specific corrective and evaluative measures)
☐ Antepartum testing results which precluded trial of labor
☐ Category III FHR tracing
☐ Category II FHR tracing (Were these specific types present?)
☐ Clinically significant variable decelerations
☐ Minimal/absent FHR variability without significant decelerations
☐ Other concern: _____

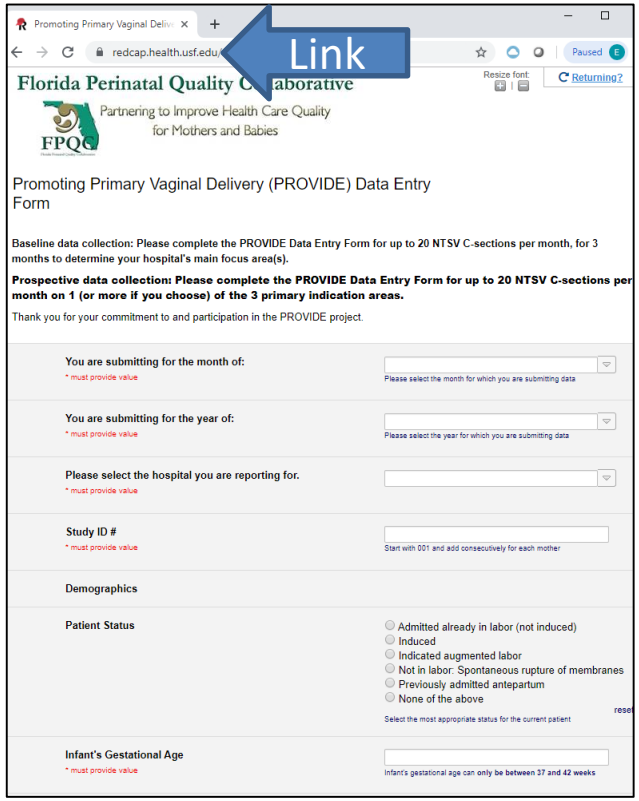
Please check all corrective and evaluative measures used:
☐ Basic resuscitation measures such as: Maternal position change, maternal fluid bolus, and/or administration of O2
☐ Reduced or stopped oxytocin or uterine stimulants
☐ Used Amnioinfusion with significant variable decelerations after other measures failed
☐ Elicited stimulation (scalp, vibroacoustic, or abdominal wall) with minimal or absent FHR variability

Other labor issues:
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

3

Enter data in the REDCap data portal



Data Submission

- Each hospital lead will receive the REDCap link for data submission
- Bookmark this link, you will use the same link throughout the initiative to submit your data

Baseline Data Collection

- Collect baseline data for **July, August & September 2019**
- Audit up 20 NTSV cesareans per month for **all reasons** for a total of up to 60 charts
- Audit **the first 20 of each month** so your audit is not biased

Data Submission

- Each hospital lead will receive the REDCap hyperlink for data submission
- Enter forms into the online PROVIDE data portal (REDCap) **by Dec 1st**
- You are guaranteed to receive your hospital's report before the end of December if you submit by this deadline

What Next?

- You will receive a Baseline data report that includes:
  - NTSV cesarean rate report from January 2018 to September 2019
  - Baseline audit percentages for induction, labor dystocia, & fetal heart rate

- Attend the Webinar on **January 8th at 12:00 pm** - we will help you understand your baseline report

- Use your baseline report to choose your hospital focus area (Induction, Labor Dystocia or FHRC)

FPQC

Florida Perinatal Quality Collaborative

Partnering to Improve Health Care Quality
for Mothers and Babies

QUESTIONS?

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

Baseline vs Prospective data

	BASELINE	PROSPECTIVE
Data collection	July-September 2019	Starts January 1st, 2020
Collect on	**all** NTSV cesareans up to 20/month	All NTSV cesareans in your **hospital's focus area** up to 20/month
Data submission due	December 1st, 2019	The 15th of the following month (e.g. January data is due February 15th)
Report due	December 30th, 2019	The 30th of the following month (e.g. receive January report by February 30th)

Structural Measures Collected Every Month by Survey

- A link will be sent to the project lead
- Report on:
  - Labor guidelines, policy & procedures
  - EHR Integration
  - Multidisciplinary Case Review
  - Staff Education on ACOG/SMFM labor management guidelines and techniques to promote vaginal birth (Providers, Nurses)

Engage your Birth Certificate Clerks/Leads

Hospital Reporting of Delivery Attendant NTSV Cesarean Rates

"Sharing provider NTSV cesarean rates was one of the most important component in reducing our cesarean rates." **Elliott Main, CMQCC**

Sample Report

NTSV CESAREAN DELIVERY BY ATTENDANT REPORT-2018 (Q3)

Hospital Code	X	Year 2018(Jan-Oct)	2018 Q3(Aug, Sep, Oct)

RandomID	Attendant Name	Running Yearly NTSV Ces	Running Yearly NTSV Births	Running Yearly Cesarean Rate	Quarterly NTSV Cesarean Total	Quarterly NTSV Births Total	Quarterly NTSV Cesarean Rate	Rank	Attendant Type
4231	Van De Waal	11	37	28.5%	16	17	94.1%	1	
4213	Latif Abdul	36	43	82.7%	20	23	87.0%	2	
3241	Vasha Patel	31	39	79.6%	19	25	76.0%	3	
3124	Li Mark	19	27	71.1%	13	18	72.2%	4	
2341	Shanice Four	17	23	71.9%	10	15	66.7%	5	
2143	Jose Miguel	13	27	47.4%	15	27	55.6%	6	
1234	John Smith	10	22	45.8%	10	20	50.0%	7	
2314	Jose Martinez	18	37	47.4%	12	24	50.0%	8	
1423	Rose Jones	29	56	51.9%	23	47	48.9%	9	
1432	Rosa Three	19	45	42.1%	11	23	47.8%	10	
3421	James Junior	10	23	45.1%	11	23	47.8%	11	
4132	Jane McJonas	14	34	42.5%	12	28	42.9%	13	
2431	John Peery	15	43	35.5%	10	27	37.0%	14	
3412	Alex Peters	10	30	34.5%	12	34	35.3%	15	
1342	Tom Jones	12	38	32.5%	10	30	33.3%	16	
4123	Alex III Mark	2	9	23.7%	6	18	33.3%	17	
2134	Pierre Thomas	1	7	14.0%	2	11	18.2%	21	
4321	Okoye Oba	2	18	13.0%	3	23	13.0%	23	
3214	Vasha Peters	1	10	8.5%	2	23	8.7%	24	
1324	Sam Three	0	3	5.2%	0	13	0.0%	25	

Hospital Reporting of Delivery Attendant NTSV Cesarean Rates

Special Opportunity:

- DOH will train birth certificate leads and clean dataset
- Hospitals receive monthly named/coded attendant reports

Eligibility:

- Participate in required hospital report user training
- Provide feedback and suggestions to the FPQC

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

New Completion Guide

SECTION	ITEM	SUBITEM	SOURCES
Pregnancy History	Previous Live Births		1st Prenatal care record 2nd Labor and delivery nursing admission triage form 3rd Admission history and physical (H&P)
		Number Now Dead	1st Prenatal care record 2nd Admission history and physical (H&P)
Medical and Health Information	Characteristics of Labor and Delivery	Induction of labor	1st Delivery record 2nd Physician progress note 3rd Labor and delivery nursing admission triage form
		Augmentation of labor	1st Delivery record under: 2nd Physician progress note
	Method of Delivery	Fetal presentation at birth: - Cephalic - Breech - Other	1st Delivery record
		Final Route and method of delivery - Vaginal/Spontaneous - Vaginal/Forceps - Vaginal/Vacuum - Cesarean	1st Delivery record under 2nd Newborn admission H&P 3rd Recovery room record

DEFINITION	BC ITEM #	TIPS FOR ENTRY	KEYWORDS AND ABBREVIATIONS	NCHS RECOMMENDED SOURCE
1. Previous Live Birth				
a. Number now living- total number of previous live-born infants who are still living.	# 42a	DO NOT include this child 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.	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	1st 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 2nd Labor and delivery nursing admission triage form under: - Patient data 3rd Admission history and physical-H&P

Thank you!

- Please don't hesitate to contact us if you have questions fpqc@health.usf.edu or

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