



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.

Webinar Agenda

November 9, 2017

- 👤 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.

Partnering to Improve Health Care Quality
for Mothers and Babies



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 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 to 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

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)						
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		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 Membranes on Admission <input type="checkbox"/> Intact <input type="checkbox"/> Ruptured		Oxytocin <input type="checkbox"/> None utilized <input type="checkbox"/> Induction <input type="checkbox"/> 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 $\geq 4250g$ 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	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown
Last Exam before Delivery	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	
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	
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			B. If ≥ 6 cm, 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? No If Yes \rightarrow		Were there 3 hours or more in Second Stage (4 hours with epidural)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 $\geq 4250g$ or with ICD-10 codes for: •Fetal heart rate concern or •Medical indication for cesarean section						
Dilation at time of admission: _____ <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 the <u>one</u> reason for cesarean that applies: <input type="checkbox"/> Membranes ruptured and No cervical change x 4 hrs with Adequate Uterine activity (e.g., > 200 MVU) <input type="checkbox"/> Membranes ruptured, Oxytocin administered, and No cervical change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU) <input type="checkbox"/> None of the above		
Dilation at time of cesarean: _____ <input type="checkbox"/> unknown		Were there 3 hours or more in Second Stage (4 hours with epidural)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 $\geq 4250g$ or with ICD-10 codes for: •Labor arrest / CPD						
What was the FHR concern/indication? <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 (if checked, other conditions below?) <input type="checkbox"/> Clinically significant variable decelerations <input type="checkbox"/> Minimal or absent FHR variability <input type="checkbox"/> Other concern: _____				Please check all corrective measures that were 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 after other measures failed <input type="checkbox"/> Elicited stimulation (scalp, vibroacoustic, or abdominal wall)		
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		

See back of the chart audit sheet for helpful definitions

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 > 1000 copies/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 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): <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 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: <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"> 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 (AJOG 2013; 209:89-97) ACOG/SMFM criteria (Ob Gyn 2014; 123:693-711) CMQCC FPQC

How to Calculate a Bishop Score:

Cervical Exam	Points				SUBSCORE
	0	1	2	3	
Dilation	Closed	1-2 cm	3-4 cm	≥ 5 cm	
Effacement	0-30%	31-50%	51-80%	$\geq 80\%$	
Station	-3	-2	-1, 0	+1, +2	
Consistency	Firm	Medium	Soft		
Position	Posterior	Mid	Anterior		

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



Partnering to Improve Health Care Quality
for Mothers and Babies

Resize font:



[Returning?](#)

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.

Baseline Data Submission

- After submitting the month, year and hospital name, REDCap form will follow your physical audit form
- You will submit this information on EVERY CHART →

You are submitting for the month of: <small>* must provide value</small>	<input type="text"/> <small>Please select the month for which you are submitting data</small>
You are submitting for the year of: <small>* must provide value</small>	<input type="text"/> <small>Please select the year for which you are submitting data</small>
Please select the hospital you are reporting for. <small>* must provide value</small>	<input type="text"/>
Study ID # <small>* must provide value</small>	<input type="text"/> <small>Start with 001 and add consecutively for each mother</small>
Demographics	
Patient Status <small>* must provide value</small>	<input type="radio"/> Admitted already in labor (not induced) <input type="radio"/> Induced <input type="radio"/> Indicated augmented labor <input type="radio"/> Not in labor: Spontaneous rupture of membranes <input type="radio"/> Previously admitted antepartum <small>Select the most appropriate status for the current patient</small> reset
Infant's Gestational Age <small>* must provide value</small>	<input type="text"/> <small>Enter infant's gestational age in weeks</small>
Membranes on Admission	<input type="radio"/> Intact <input type="radio"/> Ruptured <small>Choose whether membranes were intact or ruptured on admission</small> reset
Oxytocin Status of Patient <small>* must provide value</small>	<input type="radio"/> None utilized <input type="radio"/> Induction <input type="radio"/> Augmentation <small>Select whether no oxytocin was used, the patient was induced, or the labor was augmented.</small> reset

What do I do with the Study ID#?

FPQC PROVIDE Initiative Chart Audit Sheet

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)

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	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	

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.

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)

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	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	

- 👤 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?

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

- ☺ 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?

- 👉 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.

Baseline Data Submission

- 👉 “Other” is only available to select during Baseline
- 👉 Other reasons includes birth weights $\geq 4,250\text{g}$, medical indication (birth defect, macrosomia or trauma) and maternal request cesarean delivery

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

Baseline Data Submission

<p>Select which case audit type(s) you are submitting for</p> <p>* must provide value</p>	<p><input checked="" type="checkbox"/> Induction</p> <p><input type="checkbox"/> Labor Dystocia/Failure to Progress</p> <p><input type="checkbox"/> Fetal Heart Rate (FHR) Concern</p> <p><input type="checkbox"/> Other</p> <p>Select one or more of the case audit types for which you are submitting data</p>
<p>Induction Case Audit</p> <p>Include your 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 $\geq 4250g$ or with ICD-10 codes for: Fetal heart rate (FHR) concern or Medical indication for cesarean section.</p>	
<p>Bishop Score Calculation - At Start of Induction</p> <p>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.</p>	
<p>Is the overall Bishop Score at the time of induction known for this patient?</p> <p>* must provide value</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>reset</p>
<p>Is the Bishop Score at the last exam before delivery known for this patient?</p> <p>* must provide value</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>reset</p>
<p>Process Measures: Induction Case Audit</p>	
<p>Please select cervix dilation at time of cesarean.</p> <p>* must provide value</p>	<p><input type="radio"/> <6cm</p> <p><input type="radio"/> $\geq 6cm$</p> <p><input type="radio"/> Full dilation</p> <p>reset</p> <p>Enter whether the cervix was dilated 6 cm or more at the time of cesarean section</p>

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.

Please select cervix dilation at the time of admission.

* must provide value

- < 6cm
- $\geq 6cm$
- Full Dilation

reset

Enter the dilation of the patient upon admission in centimeters

Please select cervix dilation at the time of cesarean.

* must provide value

- < 6 cm
- $\geq 6cm$
- Full Dilation

reset

Enter the category that best describes cervical dilation at time of cesarean

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

* must provide value

- Membranes ruptured and no cervical change x 4 hours with adequate uterine activity (e.g. > 200 MVU)
- Membranes ruptured, oxytocin administered, and no cervical change x 6 hours with inadequate uterine activity (e.g. < 200 MVU)
- None of the above

reset

Enter the one reason why the patient was given a cesarean section

Baseline Data Submission

<p>Select which case audit type(s) you are submitting for</p> <p>* must provide value</p>	<p><input type="checkbox"/> Induction</p> <p><input type="checkbox"/> Labor Dystocia/Failure to Progress</p> <p><input checked="" type="checkbox"/> Fetal Heart Rate (FHR) Concern</p> <p><input type="checkbox"/> Other</p> <p>Select one or more of the case audit types for which you are submitting data</p>
<p>Fetal Heart Rate (FHR) Concern Audit</p> <p>Include your sample of cases that are NTSV per TJC and had a cesarean for fetal heart rate concern, EXCLUDING those with birth weight $\geq 4250g$ or with ICD-10 codes for: Labor arrest/CPD</p>	
<p>Select the Fetal Heart Rate (FHR) Concern category that the patient falls under</p> <p>* must provide value</p>	<p><input type="radio"/> Antepartum testing results which precluded trial of labor</p> <p><input type="radio"/> Category III FHR tracing</p> <p><input type="radio"/> Category II FHR tracing</p> <p><input type="radio"/> Prolonged deceleration not responding to measures</p> <p><input type="radio"/> Other</p> <p>reset</p>
<p>Please check all corrective measures that were used.</p>	<p><input type="checkbox"/> Basic resuscitation measures such as: Maternal position change, maternal fluid bolus, and/or administration of O₂</p> <p><input type="checkbox"/> Reduced or stopped oxytocin or uterine stimulants</p> <p><input type="checkbox"/> Used amniofusion after other measures failed</p> <p><input type="checkbox"/> Elicited stimulation (scalp, vibroacoustic, or abdominal wall)</p>
<p>Did the mother have uterine tachysystole?</p> <p>* must provide value</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>reset</p>
<p>Corrected uterine tachysystole: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin, and/or other?</p> <p>* must provide value</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>reset</p>

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

Contact Information

Questions? E-mail FPQC Data Analyst Paige Alitz at: alitzp@health.usf.edu

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?

Partnering to Improve Health Care Quality
for Mothers and Babies



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

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

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

Cesarean Rate Definitions

Primary Cesarean Rate

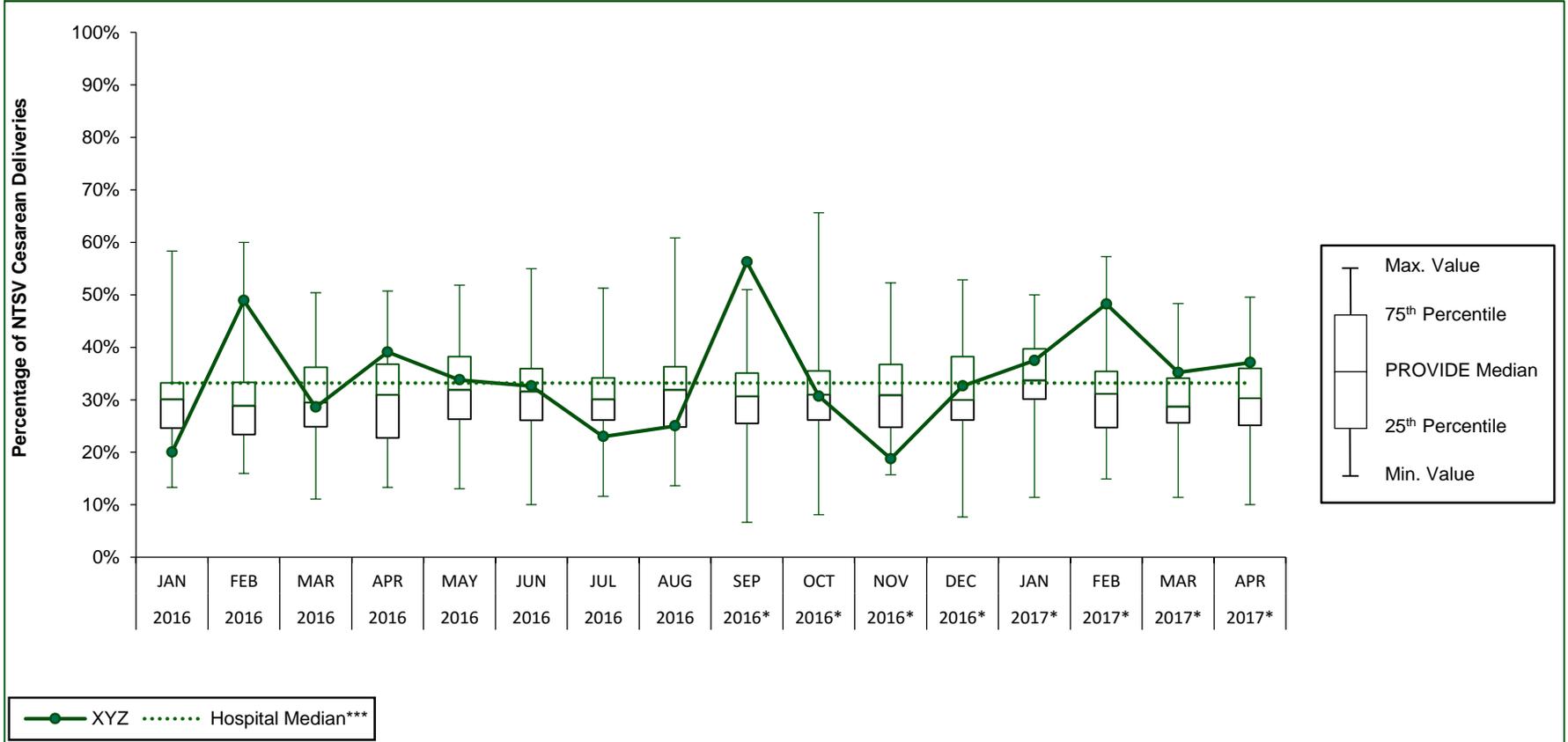
- Number of births with a first cesarean delivery divided by number of births to women who never had a cesarean before.

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

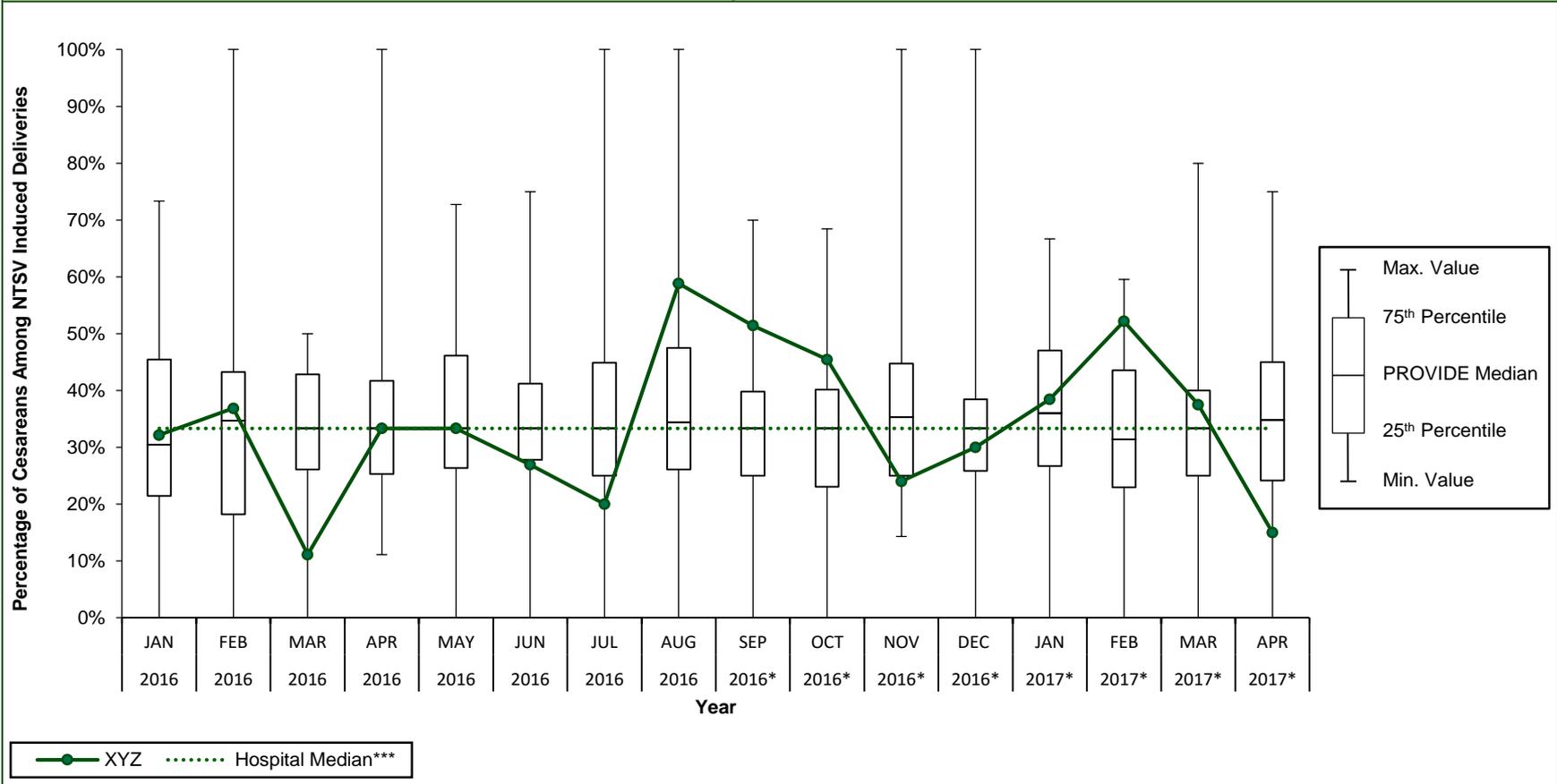
Sample Outcome Graph

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



Sample Outcome Graph

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



Balancing Measures

- 👶 5 min. Apgar \leq 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

New Completion Guide

PROMOTING PRIMARY VAGINAL DELIVERIES (PROVIDE)

Completion Guide for Key Birth Certificate Data Reporting

The variables included in this manual are required to calculate several measures for PROVIDE. Please review this manual and collaborate with your teams and data abstractors to improve the completeness and accuracy of these birth certificate variables.



Partnering to Improve Health Care Quality
for Mothers and Babies

Adapted from: - the NCHS- "Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death" (2016 Revision)
- the Florida DOH "Electronic Birth Registration System Manual & Birth Registration Handbook" (2016 Revision)

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

DEFINITION	BC ITEM #	TIPS FOR ENTRY	KEYWORDS AND ABBREVIATIONS	NCHS RECOMMENDED SOURCE
1. Previous Live Birth				
<p>a. Number now living- total number of previous live-born infants who are still living.</p>	# 42a	<p><u>DO NOT include this child</u></p> <p>Do not include abortions (spontaneous miscarriages or therapeutic or elective abortions), fetal deaths/stillbirths.</p> <p>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.</p>	<p>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</p>	<p>1st Prenatal care record under:</p> <ul style="list-style-type: none"> - 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 <p>2nd Labor and delivery nursing admission triage form under:</p> <ul style="list-style-type: none"> - Patient data <p>3rd Admission history and physical-H&P</p>

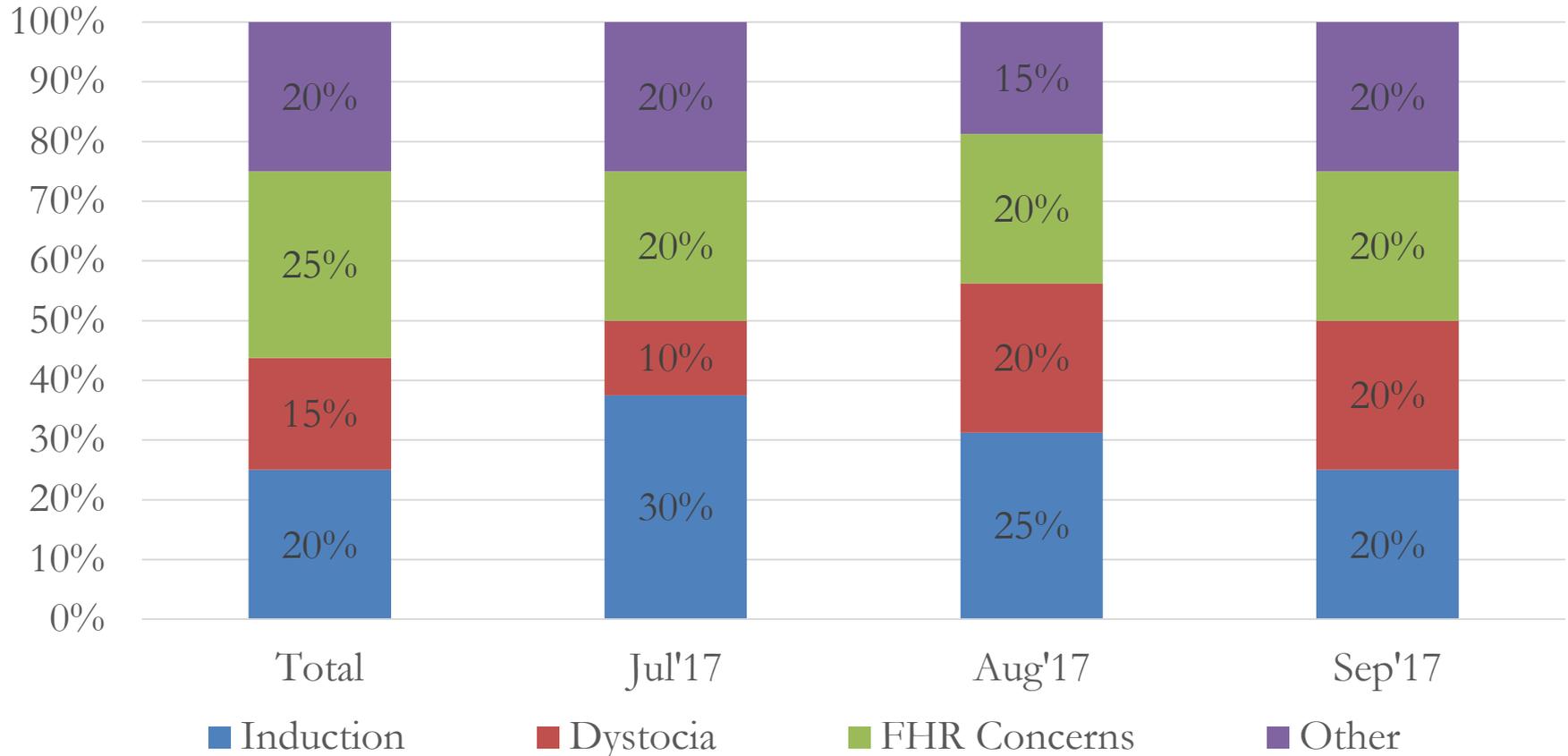




Partnering to Improve Health Care Quality
for Mothers and Babies

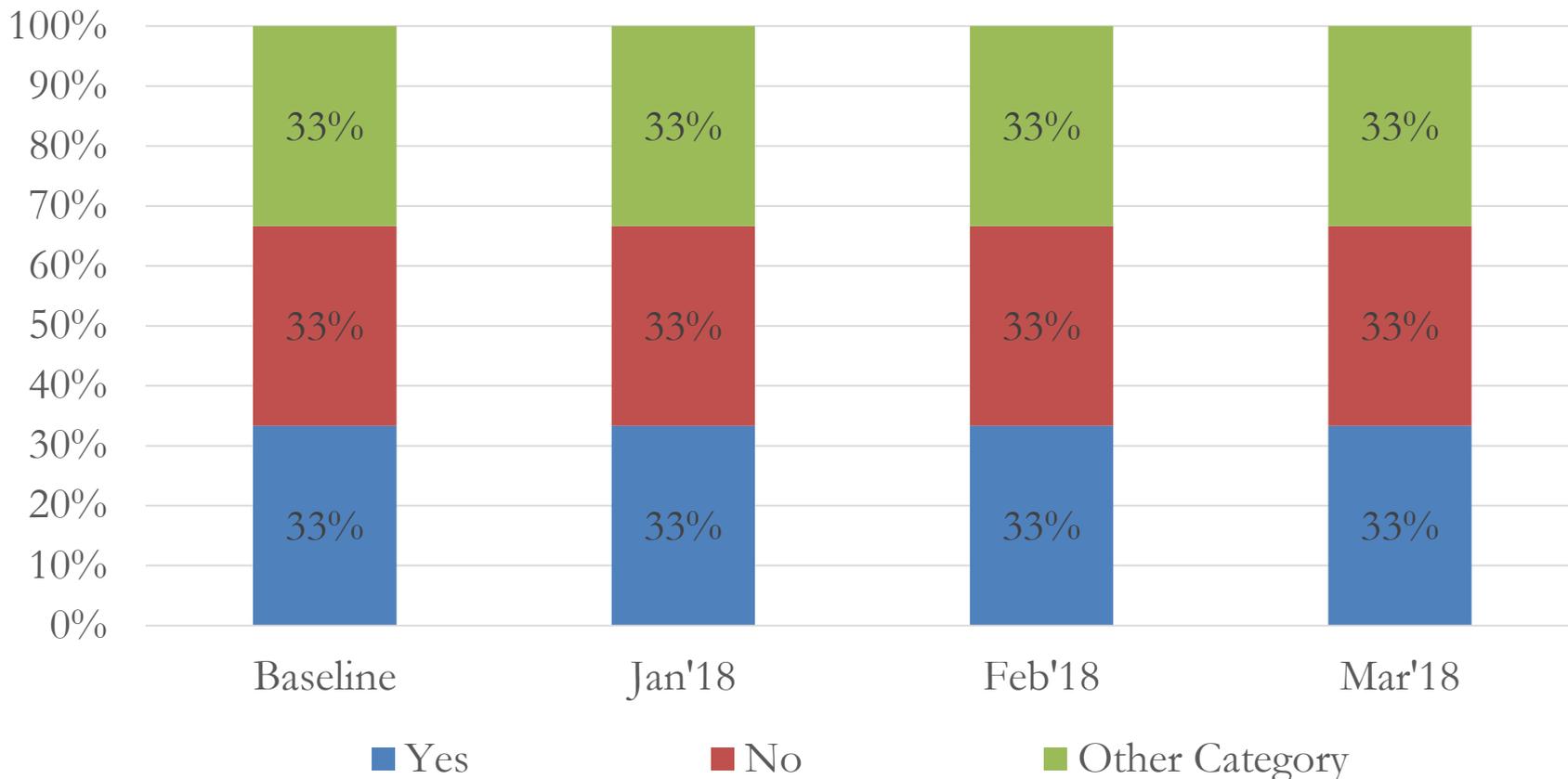
Sample Data Report

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



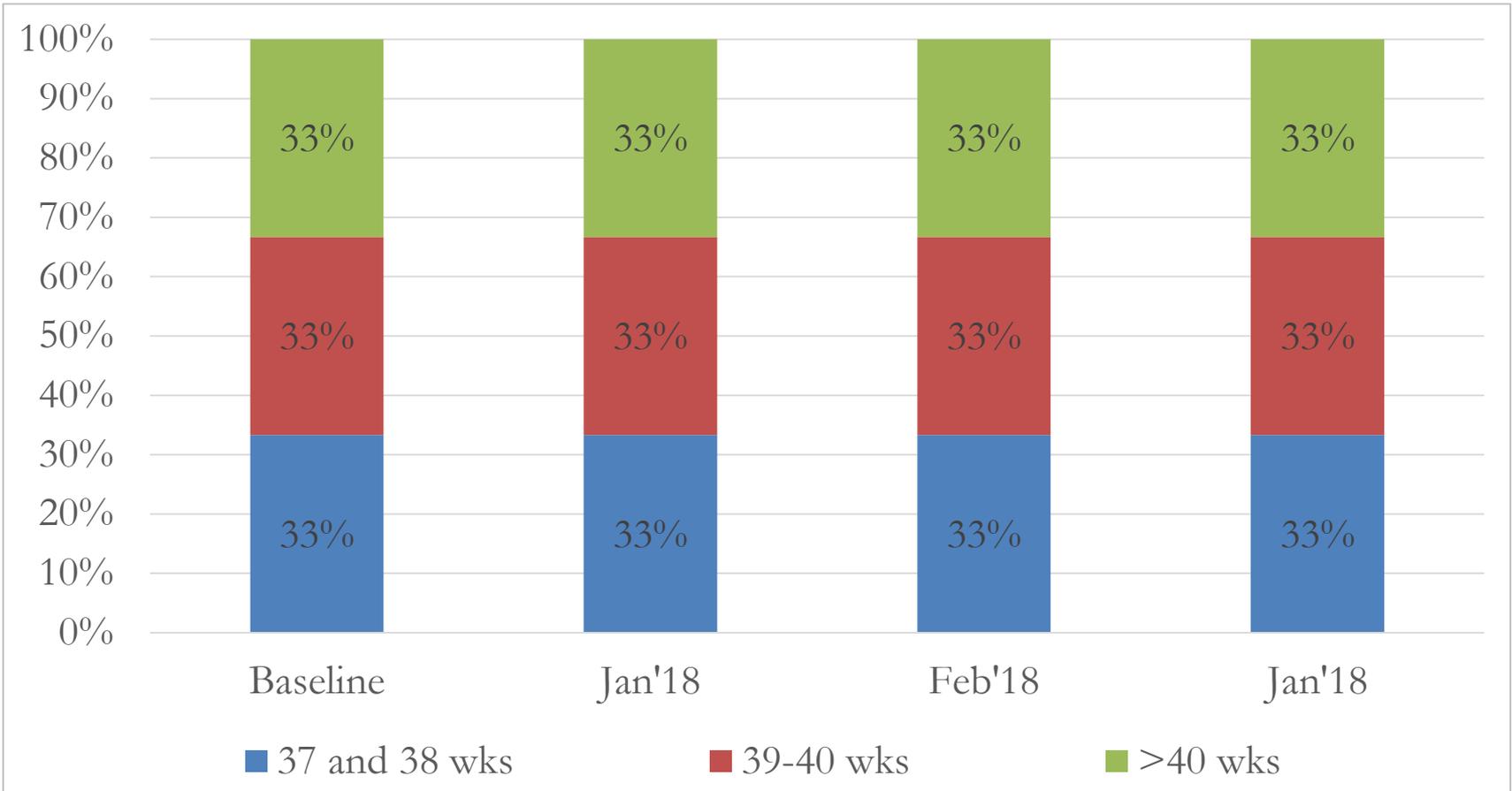
Data Source: Chart Audits



Partnering to Improve Health Care Quality
for Mothers and Babies

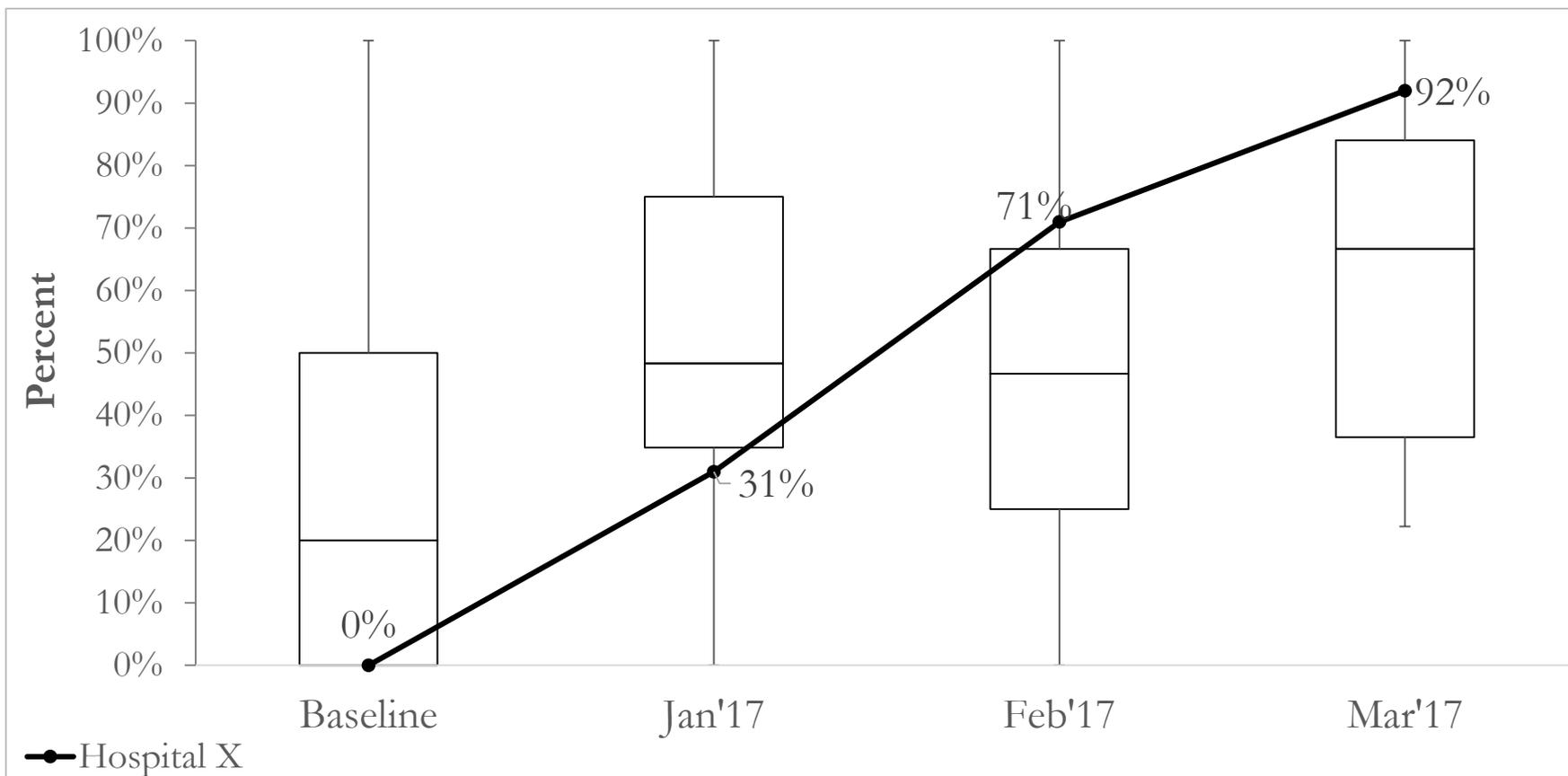
INDUCTION CASE AUDIT

I-1: Percent of NTSV Cesarean Deliveries with Induction by Gestational Age



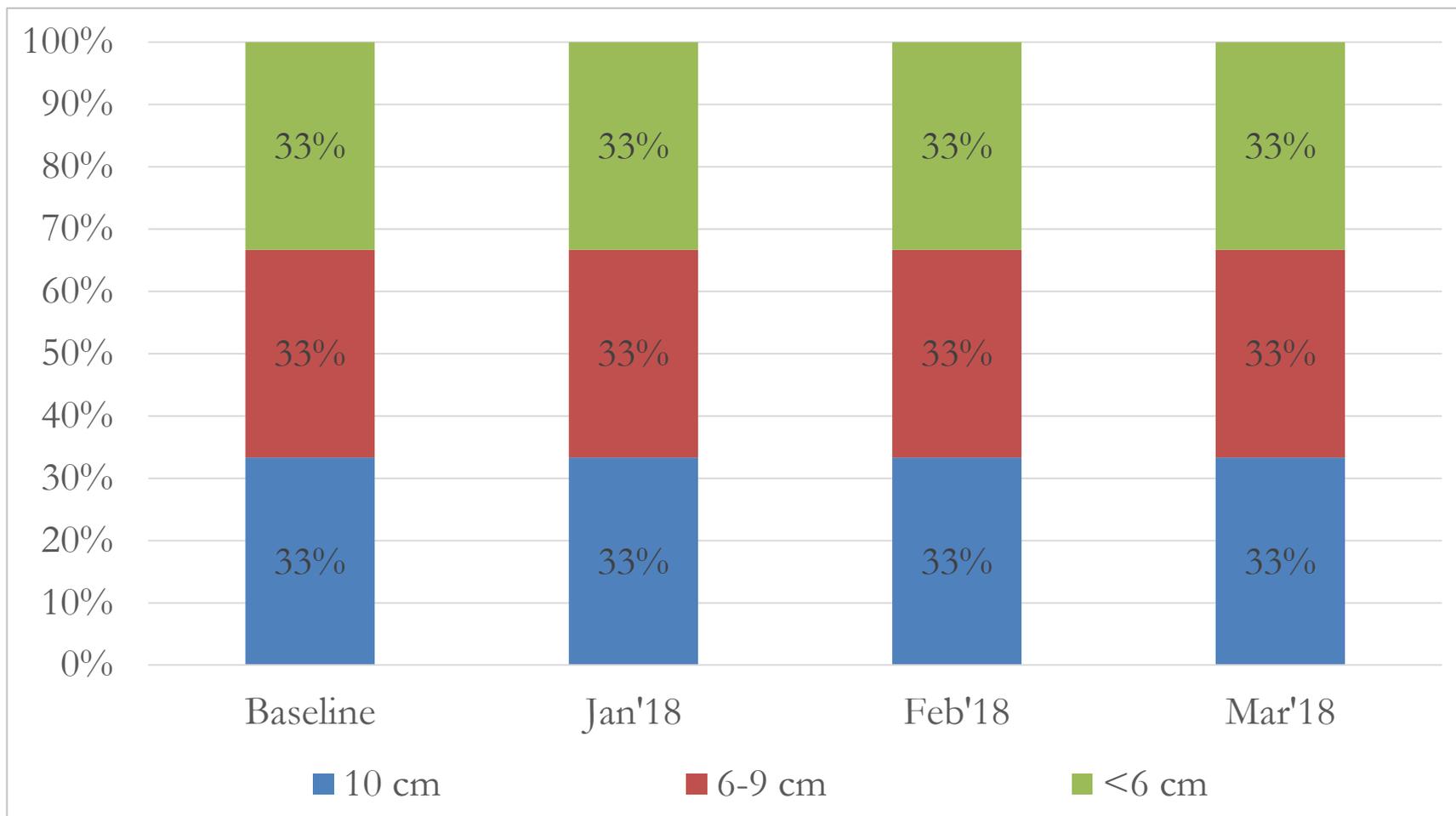
Data Source: Chart Audits

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



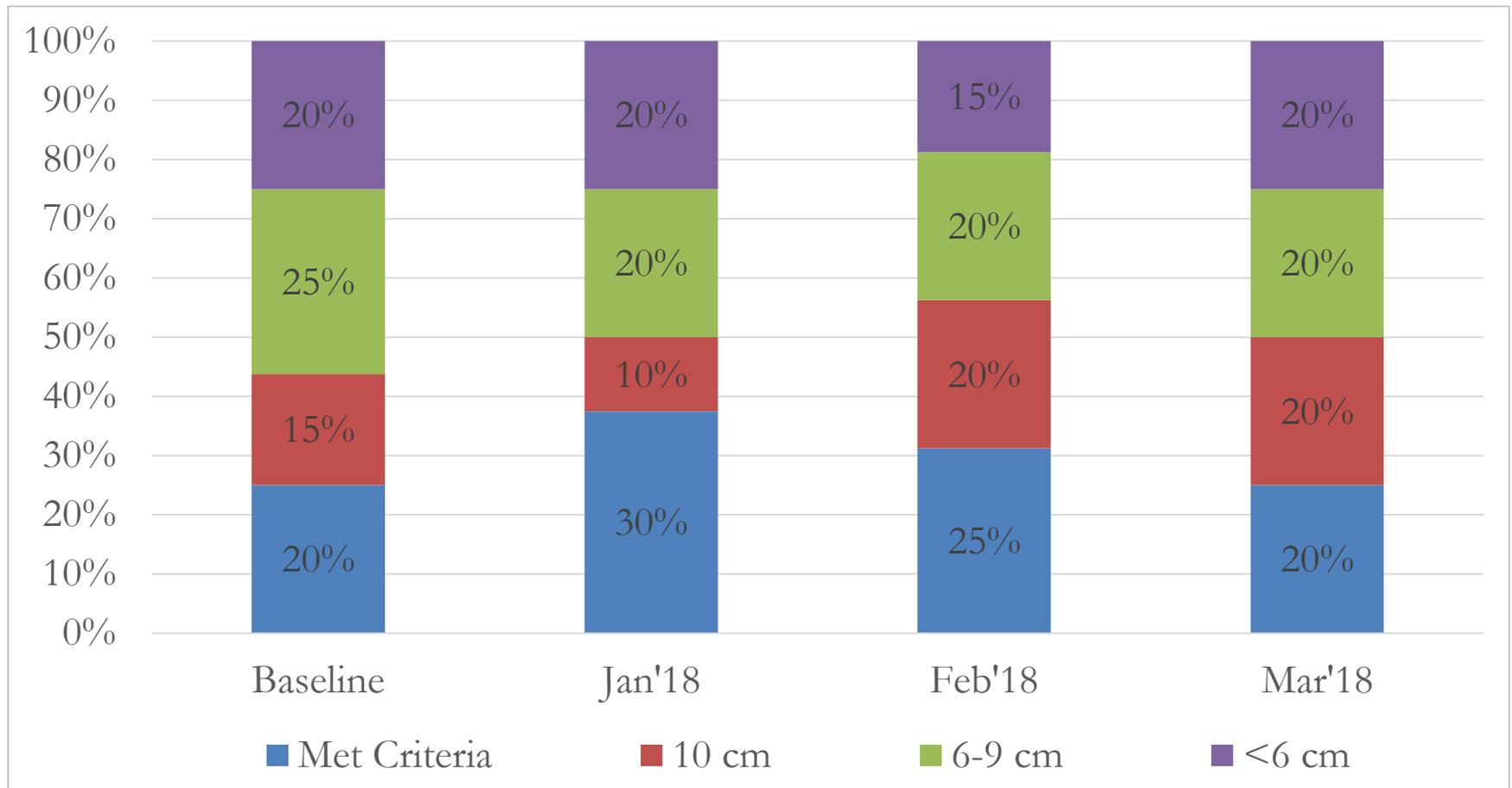
Data Source: Chart Audits

I-3. Percent of NTSV Cesarean Deliveries with Induction by Cervix Dilation at Delivery



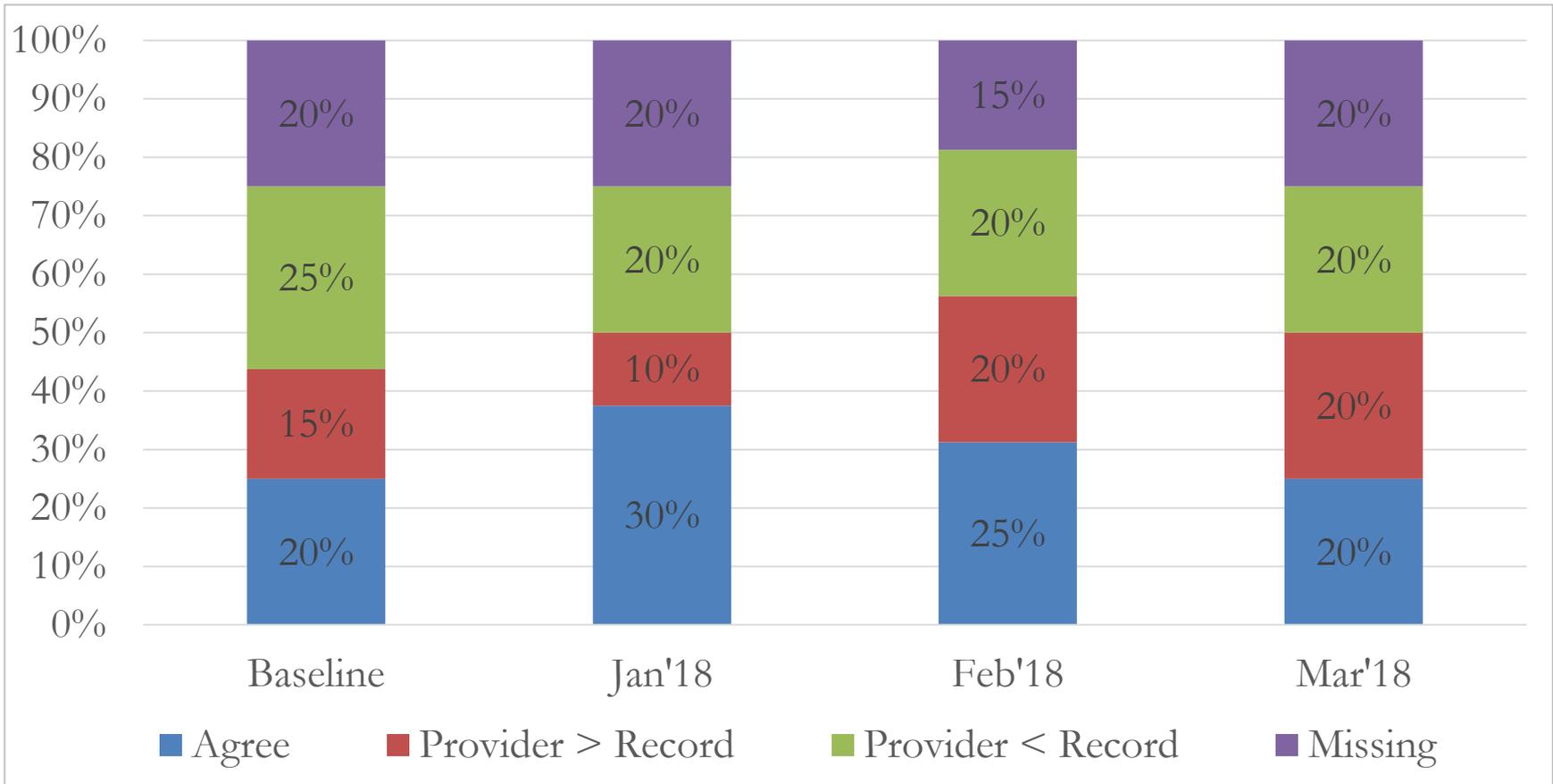
Data Source: Chart Audits

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



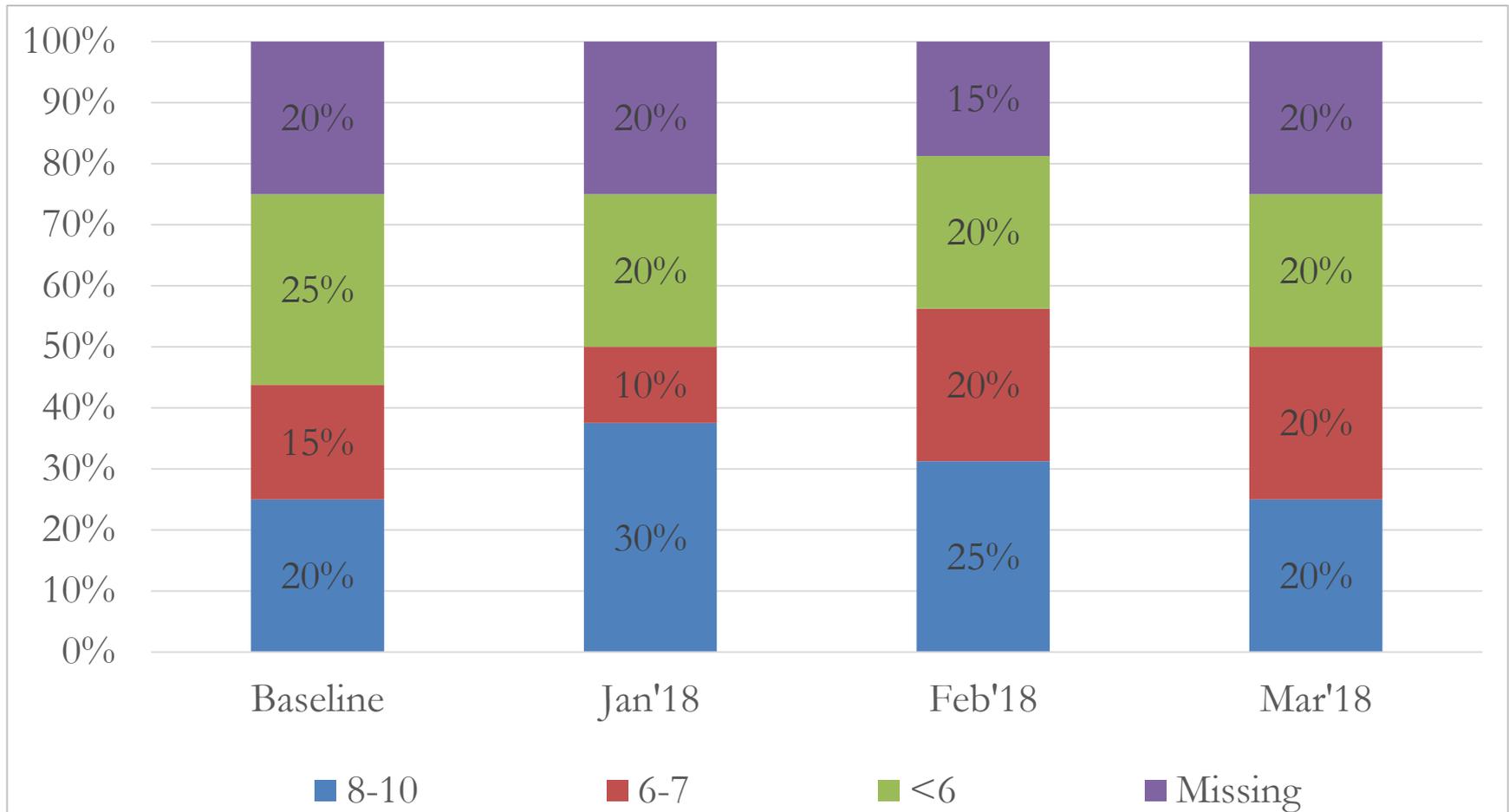
Data Source: Chart Audits

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



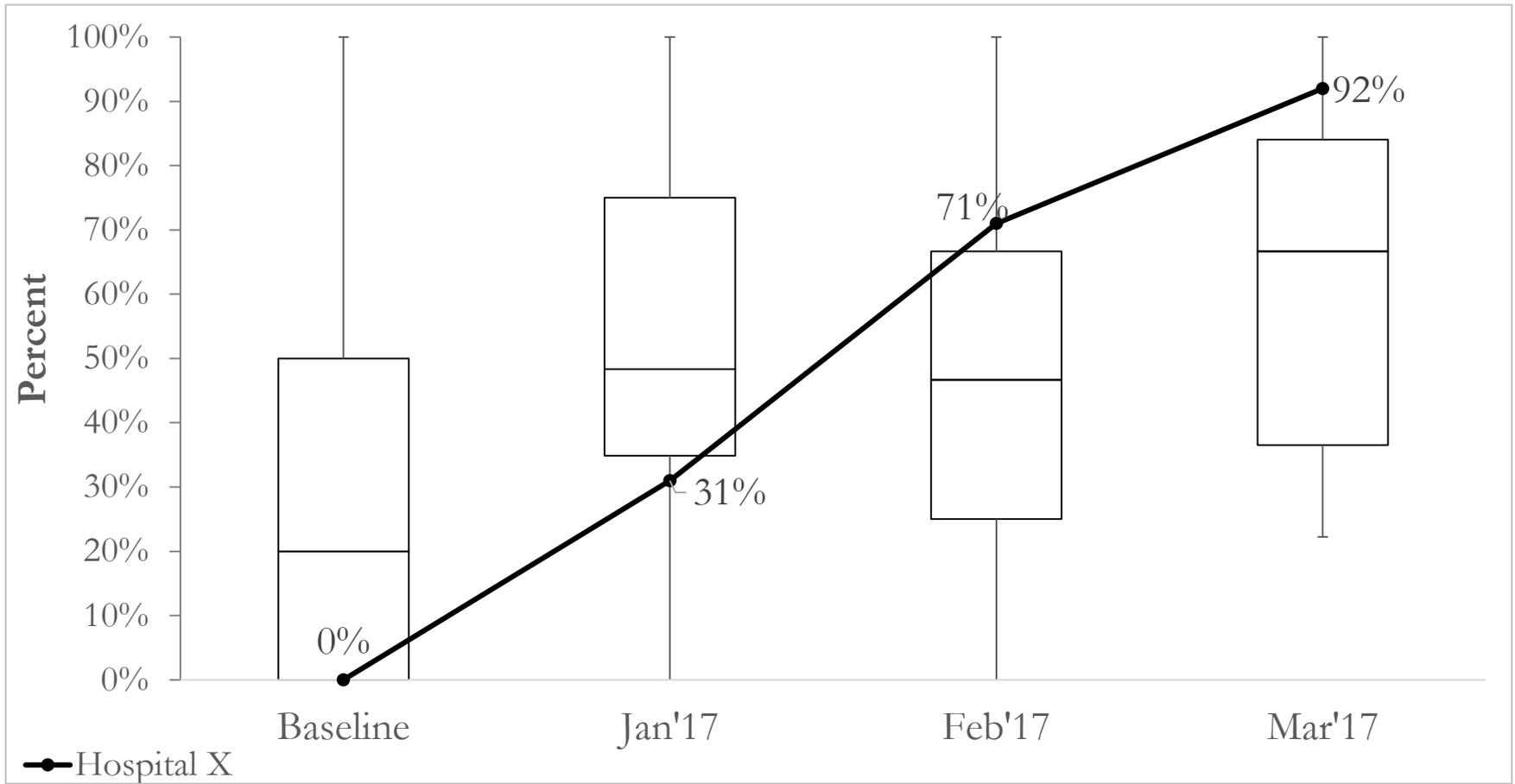
Data Source: Chart Audits

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



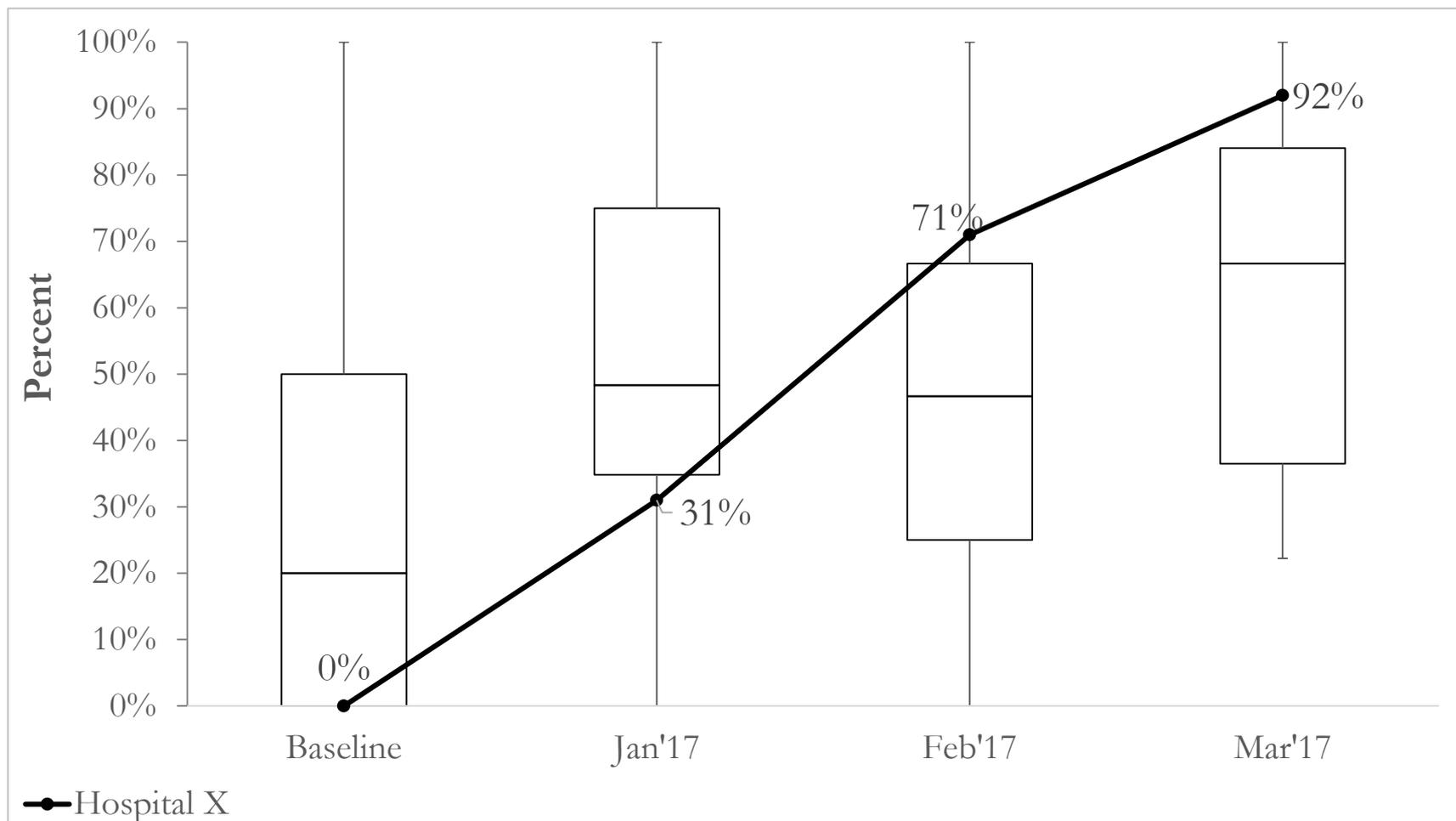
Data Source: Chart Audits



Partnering to Improve Health Care Quality
for Mothers and Babies

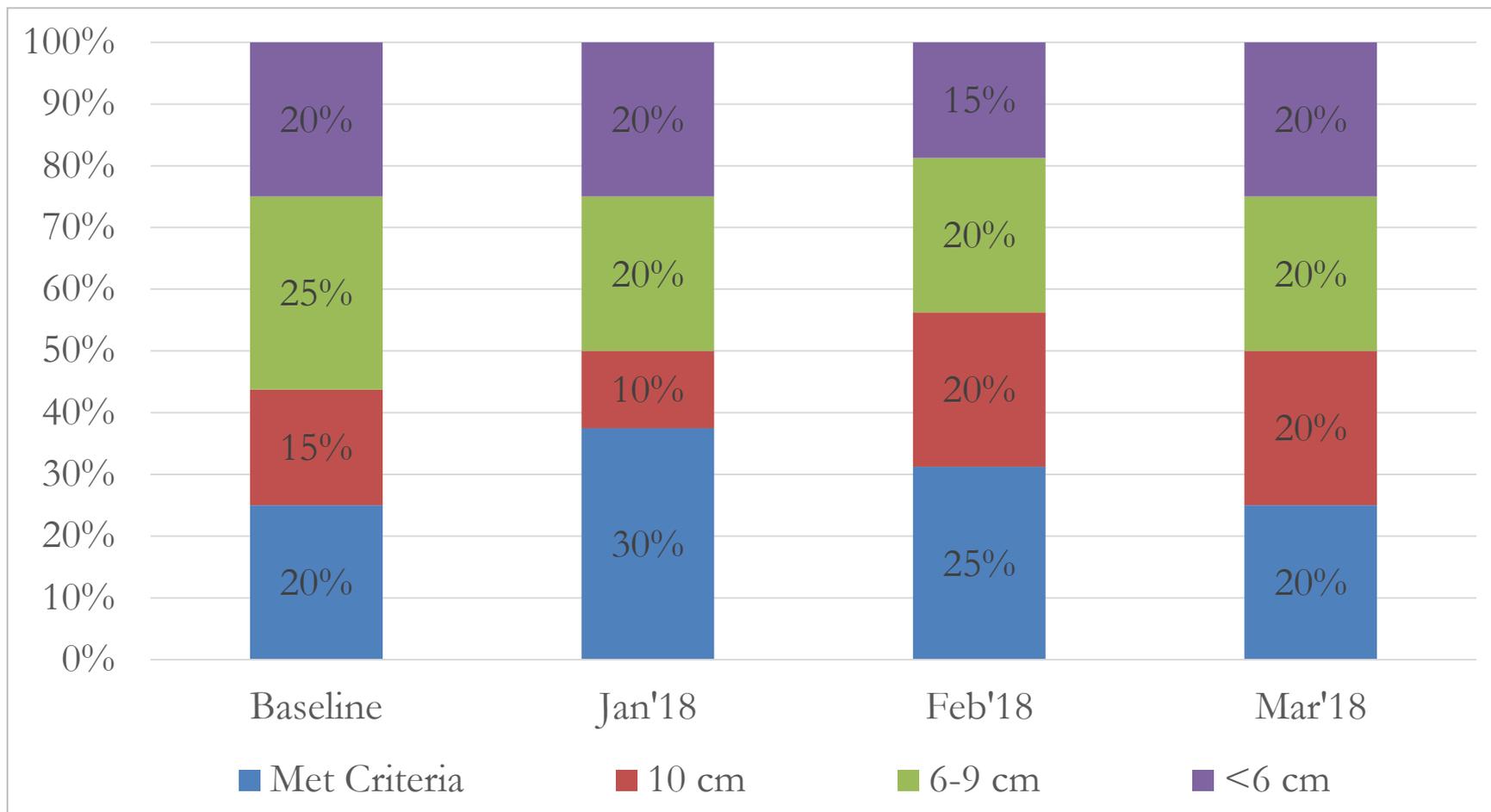
LABOR DYSTOCIA/FAILURE TO PROGRESS AUDIT

D-1: Percent of NTSV Cesarean Deliveries with Dystocia that Met ACOG/SMFM Criteria



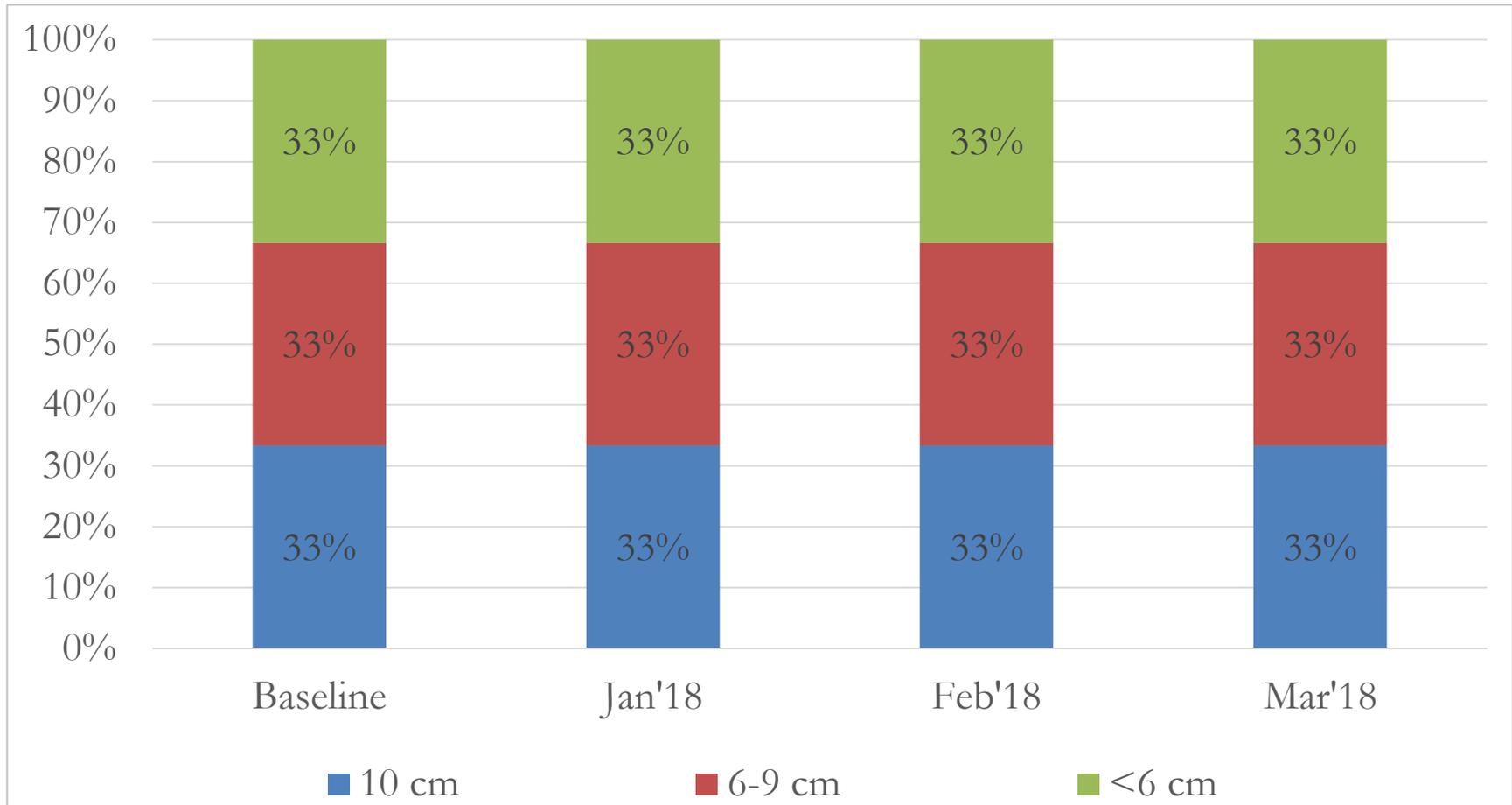
Data Source: Chart Audits

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



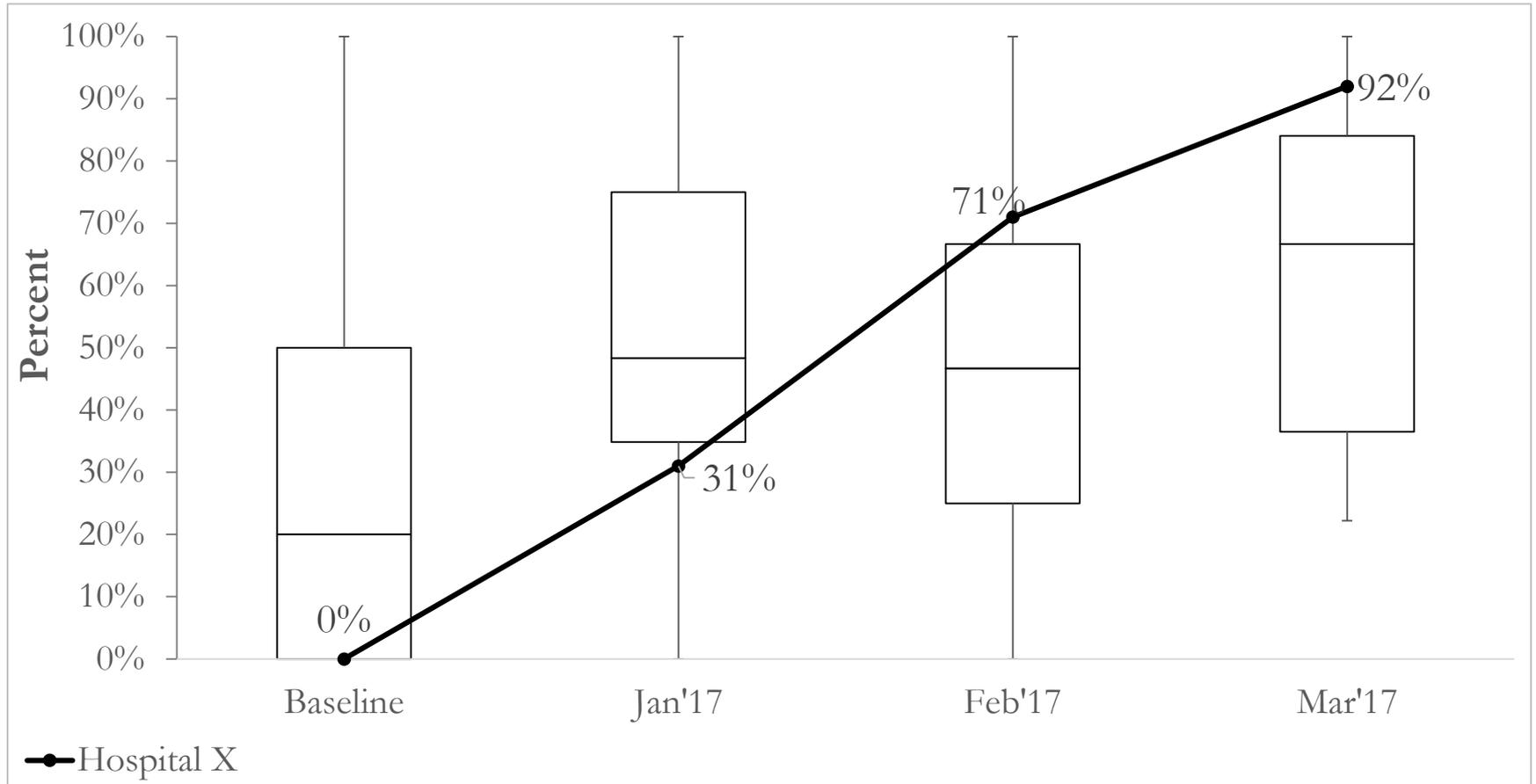
Data Source: Chart Audits



Partnering to Improve Health Care Quality
for Mothers and Babies

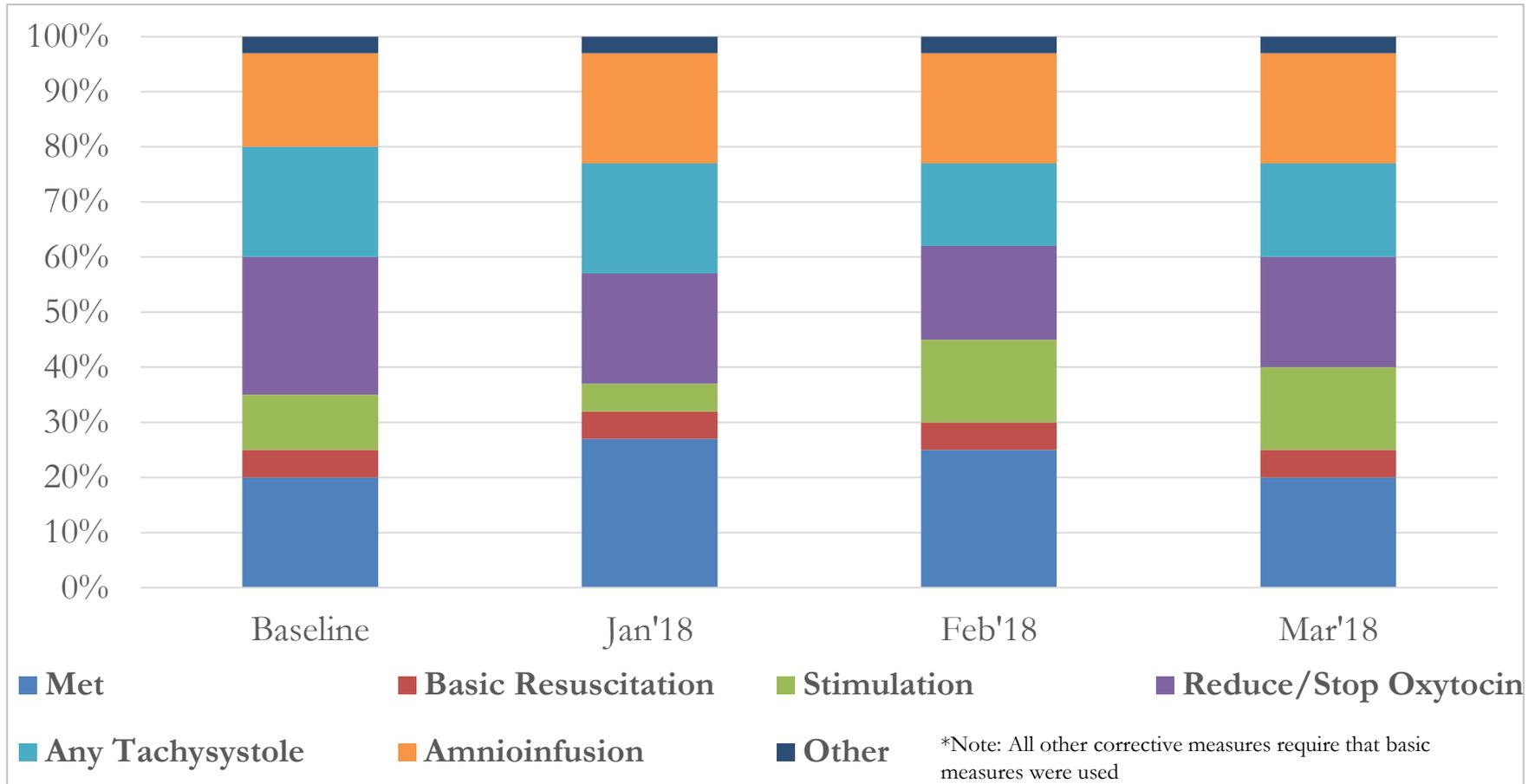
FETAL HEART RATE CONCERN AUDIT

FHR-1: Percent of NTSV Cesarean Deliveries with Fetal Heart Rate Concerns that Met FPQC Criteria for Corrective Measures



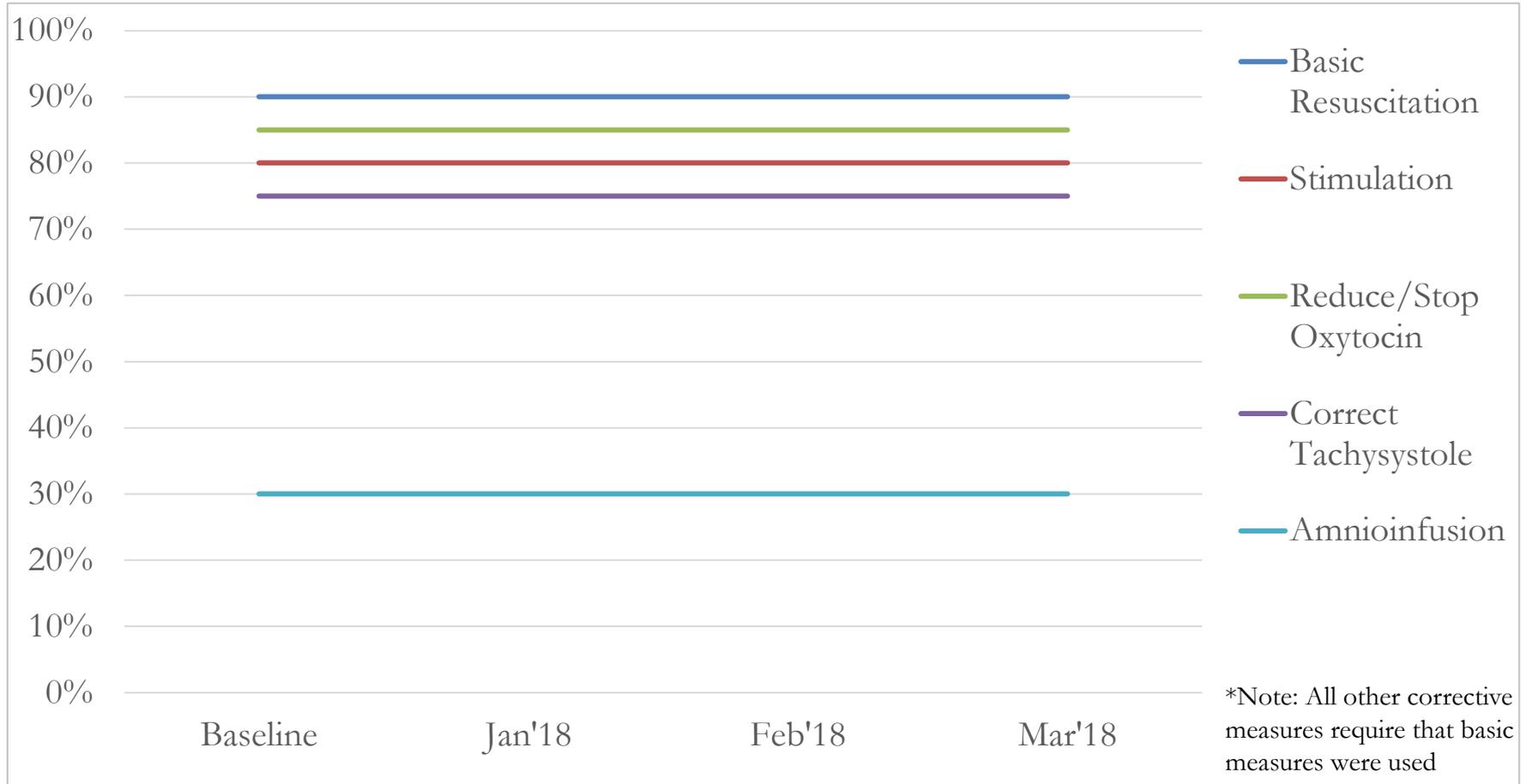
Data Source: Chart Audits

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



Data Source: Chart Audits

FHR-3: Percent of Cesareans with Category 2 Fetal Heart Rate Concerns that Met FPQC Criteria by Corrective Measure



Data Source: Chart Audits



Partnering to Improve Health Care Quality
for Mothers and Babies

QUESTIONS?



Partnering to Improve Health Care Quality
for Mothers and Babies

WRAP UP