SAFE REDUCTION OF PRIMARY CESAREAN BIRTH

FLORIDA PERINATAL QUALITY COLLABORATIVE

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Safe Reduction of Primary Cesarean Birth Data Collection Instructions

Data is key to driving quality improvement and will act as a compass, guiding and informing the Safe Reduction of Primary Cesarean Birth Initiative. Review the data collection tools carefully and follow the submission guidelines outlined below to ensure accurate and consistent reporting.

For the Cesarean initiative, your hospital will report 2 data types to FPQC:

1. Monthly abstracted patient-level data: up to 20 qualifying patients per month
2. Quarterly hospital-level measures: status update on clinician training and policy, guideline, and procedure implementation to support Safe Reduction of Primary Cesarean Birth

Getting Started

- Check your Data Use Agreement (DUA) status with your initiative lead. Many hospitals have already fully executed their DUAs. If yours is complete, begin submitting your baseline data. If it is still pending, follow up on any outstanding steps.
- **Begin abstracting and preparing your data now**, **even if your DUA is still pending**. The data collection forms are readily available. Be ready to submit as soon as your DUA is fully executed; delaying abstraction can create a backlog that is difficult to catch up on.
- Once your DUA is completed, FPQC will email your data and initiative leads with **two submission links**: one for **monthly patient-level data** and another for **quarterly hospital-level data**. Please **bookmark both links**, as you'll use them throughout the initiative.
    - Please begin submitting your baseline data once your DUA is complete – you do *not* need to wait until the due date.
- If you have any questions or face any challenges regarding your Safe Reduction of Primary Cesarean Birth data, please contact: alexamutchler@usf.edu; leomarwhite@usf.edu.

Monthly Abstracted Patient-Level Data

Abstracted using the patient-level data form.

Step 1: Select cases for abstraction and submit data

Each month, select up to **20 eligible** charts using the sampling instructions below.

Inclusion Criteria

- Cesarean births among patients: a) Nulliparous (parity 0); b) At term (≥ 37 weeks), c) Single gestation pregnancy, **and** d) Vertex (head down) fetal presentation.

Exclusion Criteria

- Exclude if newborn birthweight is ≥ 4,500 g in patients without diabetes or ≥ 4,000 g in patients with diabetes.
- Exclude records with a documented medical indication for cesarean that precludes vaginal delivery:
    1. Maternal or fetal hemorrhage.
    2. Hypertensive emergencies not responding to treatment.
    3. Placental or umbilical cord abnormalities that preclude vaginal delivery.
    4. Maternal or fetal anatomical conditions that mechanically obstruct vaginal delivery.
    5. Active genital HSV lesions or HIV viral load > 1,000 copies/mL.

6. Other maternal medical conditions, including cardiac, neurological, orthopedic, pulmonary conditions, malignancy, or previous uterine surgery that preclude vaginal delivery.

Identifying Cases

If your hospital is using an EHR report, please utilize the Joint Commission methodology for the PC-02 indicator to identify these cases. View the methodology here. ***Important:*** Please utilize the coding guidance from CMQCC on excluding patients with obstructed labor and Herpesviral infection.

Sampling Instructions

After applying inclusion and exclusion criteria, arrange eligible NTSV cesarean births chronologically by delivery date and select up to 20 records per month:

- **20 or fewer eligible births:** Submit all eligible records.
- **21–39 eligible births:** Submit the first 20 eligible records.
- **40 or more eligible births:** Divide the number of eligible births by 20 and round down to the nearest whole number to determine the sampling interval. Starting with the record at that interval, select every corresponding record until 20 records are selected. For example, 65 ÷ 20 = 3.25 → select records 3, 6, 9, and so on.

Step 2: Maintain a record of your selected cases

Please keep a log of the patients whose data you submit to FPQC. Include the patient's medical record number, the assigned study ID, and the return code given to you on the submission screen when submitting the patient's data to FPQC. This will allow for data confirmation and corrections. This log is intended for your hospital use only. **Please *never* send it to FPQC.**

Quarterly Hospital-Level Measures

Policies, procedures or guidelines to support the initiative and clinician training

Abstracted using the hospital-level data form.

Data Includes:

- Your hospital's progress on policies, procedures, or guidelines implemented to support the Safe Reduction of Primary Cesarean Birth initiative.
    - Status goes from "not started" to "fully implemented".
    - Definitions are listed on the hospital-level form.

- Your hospital's progress on percent of providers, midwives, and nurses who have received education and training on a variety of topics. See the Measurement Grid for more detailed information.

Note: Report the status of policies, procedures, and guidelines **as of the end of the reporting quarter**. Report training percentages **cumulatively through the end of that quarter**. All applicable clinicians should complete training on each required topic at least once during the 18-month initiative.

Data Submission Schedule

Baseline data

- Hospital-Level: Data from Q3 (July – September) 2026 – ***due November 15, 2026***
- Abstracted Patient-Level: Data from July – September 2026 – ***due December 15, 2026***
    - *Submit baseline data as you complete your DUA and receive links for data submission. You do not need to wait until December.*

Ongoing Data Collection Schedule

- ***Starts January 1, 2027***
- Abstracted Patient-Level Data: Collected ***monthly***, due the 15th of the following month
- Hospital-Level Data: Collected ***quarterly***, due the 25th of the month following the quarter

Patient-Level Data Submission Schedule:

Data period is based on patient discharge date

Data Period	Due Date
July 2026 (Baseline)	*December 15, 2027*
August 2026 (Baseline)	*December 15, 2027*
September 2026 (Baseline)	*December 15, 2027*
January 2027	February 15, 2027
February 2027	March 15, 2027
March 2027	April 15, 2027
April 2027	May 15, 2027
May 2027	June 15, 2027
June 2027	July 15, 2027
July 2027	August 15, 2027
August 2027	September 15, 2027
September 2027	October 15, 2027
October 2027	November 15, 2027
November 2027	December 15, 2027
December 2027	January 15, 2028
January 2028	February 15, 2028
February 2028	March 15, 2028

March 2028	April 15, 2028
April 2028	May 15, 2028
May 2028	June 15, 2028

Hospital-Level Data Submission Schedule:

Data Period	Due Date
Q3 (July – September) 2026 (Baseline)	*November 15, 2026*
Q1 (January – March) 2027	April 25, 2027
Q2 (April – June) 2027	July 25, 2027
Q3 (July – September) 2027	October 25, 2027
Q4 (October – December) 2027	January 25, 2028
Q1 (January – March) 2028	April 25, 2028
Q2 (April – May) 2028*	June 25, 2028*

**Shortened quarter and earlier due date*

Patient Log

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Complete for each patient whose data is submitted to the Safe Reduction of Primary Cesarean Birth data portal

Please keep it for your hospital's records only. ***Never submit the patient's medical record number to FPQC.***

Please assign a Study ID # to each case abstracted starting with 001 and continue sequentially across baseline and implementation through the end of the initiative. ***Do not restart numbering each month.*** If data need to be verified, we will send you the "Study ID #" for the case.

Once you submit your cases in the Cesarean portal, the system will provide a "Survey Return Code" which can be used to access and correct the data if needed. You will get one return code for each patient submitted.

Hospital Name: _____

Medical Record #	Study ID #	Survey Return Code	Data Lead Name

Medical Record #	Study ID #	Survey Return Code	Data Lead Name