SAFE REDUCTION OF PRIMARY CESAREAN BIRTH

FLORIDA PERINATAL QUALITY COLLABORATIVE

Hospital-Level Data

** For the full wording of these measures, please click here to review the Measurement Grid. **

1 - Not Started
2 - Planning/Developing
3 - Started Implementing - Started implementing in the last 3 months
4 - Implemented - Less than 80% compliance after at least 3 months of implementation (not routine practice)
5 - Fully Implemented - At least 80% compliance after at least 3 months of implementation (routine practice)

To what extent has/does your hospital:	Not Started	Planning/ Developing	Started Implementing	Implemented	Fully Implemented
Implemented guidelines, policies, or procedures, reviewed and updated within the last 2 years as applicable, that address the following areas:					
Evidence-based labor admission criteria?	☐	☐	☐	☐	☐
Safe outpatient induction initiation?	☐	☐	☐	☐	☐
Evidence-based induction of labor processes?	☐	☐	☐	☐	☐
Labor pain management and support practices?	☐	☐	☐	☐	☐
Mobility in labor for all patients?	☐	☐	☐	☐	☐
Intermittent auscultation for low-risk laboring patients?	☐	☐	☐	☐	☐
Evidence-based identification and management of indeterminate and abnormal fetal heart rate patterns?	☐	☐	☐	☐	☐
Labor progress huddles?	☐	☐	☐	☐	☐
Developed a strategy to provide early labor support options for patients in latent labor?	☐	☐	☐	☐	☐
Implemented a standardized process to identify NTSV patients and make this status visually available to the care team?	☐	☐	☐	☐	☐
Incorporated or completed birth-preference worksheets with patients and their support networks, including doulas as requested?	☐	☐	☐	☐	☐
Used understandable, patient-facing tools to communicate the risks and benefits of interventions and procedures that may affect the need for a cesarean birth?	☐	☐	☐	☐	☐
Established or updated policies or procedures and workflows to integrate doulas into labor and delivery care teams?	☐	☐	☐	☐	☐
Have OB-specific resources and protocols to support patients, families, and staff after an unexpected or traumatic birth?	☐	☐	☐	☐	☐
Engaged a Patient Advisor on the QI team?	☐	☐	☐	☐	☐

Interdisciplinary NTSV Review Committee	
Did your hospital's interdisciplinary NTSV Cesarean QI team *meet during this reporting quarter* to review a random sample of NTSV cesarean charts, initiative data and progress, provider-specific NTSV cesarean rates*, and goals for next quarter's bundle implementation?	□ Yes □ No

FHR Tracing Reviews
***During this reporting period*, how frequently did your unit conduct interdisciplinary fetal heart rate tracing reviews, including participation from nurses and physicians/midwives, to support shared learning and consistent interpretation of fetal heart rate patterns?**
□ Daily □ Weekly □ Every other week □ Monthly □ Quarterly □ Not conducted this reporting period

Staff Education and Training

Please add the cumulative percentage of nurses, physicians & midwives that have been educated on the topics below.

Since January 1st, 2026, what percentage of your staff has received education on…	Nurses	Physicians & Midwives
Respectful Care and commitment to Respectful Care practices?	_____ %	_____ %
Fetal monitoring assessment?	_____ %	_____ %
Accurate assessment of labor progress, including differentiation between latent and active labor?	_____ %	_____ %
ACOG/SMFM labor management guidance, safe reduction of primary cesarean bundle content, and unit-standard protocols?	_____ %	_____ %
Hands-on training on nonpharmacologic labor support techniques and management of labor malposition?	_____ %	

Questions? Please contact FPQC@usf.edu