SAFE REDUCTION OF PRIMARY CESAREAN BIRTH

FLORIDA PERINATAL QUALITY COLLABORATIVE

Patient-Level Data Form

Each month, complete this form for 20 systematically sampled **nulliparous, term, singleton, vertex (NTSV)** cesarean births. See sampling instructions on page 3.

Delivery Month: _____ Delivery Year: _____ **Study ID # _____**			
Insurance: *(check all that apply)* ☐ Medicaid/Public ☐ Private ☐ Tricare ☐ Uninsured/self-pay ☐ Unknown		Race: *(check all that apply)*: ☐ Asian ☐ Black ☐ White ☐ Other: _____ ☐ Declined ☐ Unknown	Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Unknown ☐ Declined
Delivery GA: _____ **whole weeks only*	Newborn weight: _____ grams	Managed by: ☐ CNM ☐ OB hospitalist ☐ Private physician	
Maternal age: _____	Delivery BMI: _____		

ON ADMISSION

Patient status at admission: ☐ Admitted already in labor ☐ Augmented labor ☐ Not in labor: induced ☐ Not in labor: scheduled cesarean ☐ Not in labor: spontaneous rupture of membranes ☐ Previously admitted antepartum

Membranes on admission: ☐ Intact ☐ Ruptured	**Outpatient** cervical ripening: ☐ Yes ☐ No
Bishop score at admission: _____ ☐ Not documented Score type: ☐ Traditional ☐ Simplified	Cervical dilation at admission: _____ cm ☐ Not Documented

LABOR MANAGEMENT

Cervical dilation (at time of cesarean decision): _____ cm ☐ Not documented	Was oxytocin used to induce or augment labor? ☐ Induction ☐ Augmentation at _____ cm ☐ No
Time from first documented cervical dilation ≥6 cm to delivery: _____ Hours _____ Minutes ☐ Did not reach ≥6 cm	
Did the patient receive any intermittent auscultation during labor?	☐ Yes ☐ No ☐ Not eligible
Was a cesarean decision checklist using ACOG/SMFM labor guidelines completed?	☐ Yes ☐ No
Was a pre-cesarean decision huddle (with nurse **and** doctor) completed? **Huddle must include review of ACOG/SMFM labor guidelines and the cesarean decision checklist.*	☐ Yes ☐ No
Was there documentation of patient engagement in shared decision-making regarding the delivery decision?	☐ Yes ☐ No
Timing of early postpartum encounter scheduled prior to discharge?	☐ ≤ 7 days ☐ 8-14 days ☐ 15-21 days ☐ Not scheduled ☐ Patient transferred to higher level of care

PRIMARY CESAREAN INDICATION

Chart-documented **primary** cesarean indication:

☐ Cesarean after induction ☐ Labor dystocia/Failure to progress ☐ Fetal heart rate concerns

☐ Suspected Macrosomia → EFW: _____ ☐ Maternal request

↳ Based on the primary cesarean indication, complete the appropriate section on the next page.

Cesarean After Induction

Reason for induction:
□ Elective
□ Hypertensive disorder
□ Post term/post dates
□ Other maternal indication
□ Fetal indication
□ Other: _____

Time from start of induction to delivery:
_____ Hours _____ Mins

Bishop score at the start of induction _____
□ Not documented
Score type: ☐ Traditional ☐ Simplified

If Bishop score ≤8 (traditional) or ≤5 (simplified) at start of induction, was cervical ripening used?
□ Yes, mechanical method □ Yes, dual agents
□ Yes, pharmacologic methods □ No

Cervix Dilation at the Time of Cesarean Decision:

If <6 cm: Was oxytocin administered for at least 12–18 hours after membrane rupture before failed induction was diagnosed?	□ Yes □ No
If ≥6 cm: Was there at least 4 hours with adequate uterine activity OR at least 6 hours with inadequate uterine activity and with oxytocin?	□ Yes □ No
If fully dilated at the time of cesarean decision: Were there 3 hours or more of pushing?	□ Yes □ No

Cesarean After Labor Dystocia or Failure to Progress

Cervix Dilation at the Time of Cesarean Decision:

If ≥6 cm: Check the *one* reason for cesarean that applies:	□ 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 for 6 hours with Inadequate Uterine activity (e.g., < 200 MVU) □ None of the above
If fully dilated at the time of cesarean decision: Were there 3 hours or more of pushing?	□ Yes □ No

Cesarean After Fetal Heart Rate Concerns

What was the FHR concern/indication?
- ☐ Antepartum testing results which precluded trial of labor
- ☐ Category III FHR tracing
- ☐ Category II FHR tracing:
  - ☐ Recurrent significant decelerations with moderate variability
  - ☐ Minimal/absent FHR variability without significant decelerations
- ☐ Other concern: _____

Corrective and evaluative measures used (select all that apply)
- ☐ Basic resuscitation: maternal position change or maternal fluid bolus
- ☐ Reduced/stopped oxytocin or uterine stimulants
- ☐ Amnioinfusion with recurrent variable decelerations after other measures failed
- ☐ Elicited stimulation (scalp, vibroacoustic, abdominal wall) with minimal/absent FHR variability
- ☐ None

Uterine tachysystole? □ No □ Yes →	If yes: Corrected uterine tachysystole (decrease/discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin and/or other)? □ Yes □ No

Maternal Request

When was maternal request first documented?	☐ Prior to admission (scheduled) ☐ During latent labor ☐ During active labor
Documented reason for the request *(check all that apply)*	☐ Fear/anxiety related to labor or birth ☐ Previous trauma or adverse birth experience ☐ Concern about maternal or infant safety ☐ Desire for predictability/control ☐ No reason documented ☐ Maternal exhaustion ☐ Concern about labor pain ☐ Pelvic floor concerns ☐ Other: _____
Counseling/shared decision-making documented *(check all that apply)*	☐ Benefits and risks of vaginal and cesarean birth discussed ☐ Vaginal birth recommended as safe and appropriate ☐ Labor analgesia options discussed ☐ Patient reaffirmed request after counseling ☐ None documented

Inclusion Criteria

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

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.

Definitions

Primary indication for cesarean: If the cesarean delivery had fetal heart rate concerns requiring delivery, then choose "FHR Concerns." If not, but the patient had an induction, then choose "Induction." If neither of these, but the patient had labor dystocia, then choose "Labor Dystocia."

Significant decelerations include: Prolonged decelerations; late decelerations of any depth; and variable decelerations lasting more than 60 seconds with either a decrease of more than 60 bpm below baseline or a nadir below 60 bpm, regardless of baseline. Apply clinical judgment and refer to your hospital's Category II fetal heart rate management algorithm.

Adapted from Clark et al. (2013), Shields et al. (2018), and AWHONN Fetal Heart Monitoring (2024).

Managed by: Select the provider who managed the patient's labor for the longest period. If a resident managed the labor, select the supervising physician's role (OB hospitalist or private physician).

EFW: Estimated fetal weight

Classifying Labor

Induction of labor - The use of pharmacological or mechanical methods to initiate labor. These medications and/or interventions are given **BEFORE** labor begins.

Augmentation of labor - The stimulation of uterine contractions using pharmacologic methods or artificial rupture of membranes to increase their frequency or strength **AFTER** the onset of spontaneous labor or contractions following spontaneous rupture of membranes.

Clarification for the abstractors: Classify labor according to how it began. Stimulation after spontaneous labor begins is augmentation. If labor was initiated using an induction method, subsequent stimulation remains part of the induced labor.

Bishop score – Traditional

Select one option per row. Unknown = 0 points.

Exam	0 points	1 point	2 points	3 points	Unknown	Total
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		□	_____

Total Bishop score (0–13): _____

Bishop score – Simplified

Exam	0 points	1 point	2 points	3 points	Unknown	Total
Dilation	□ Closed	□ 1–2 cm	□ 3–4 cm	□ ≥ 5 cm	□	____
Effacement	□ 0–30%	□ 40–50%	□ 60–70%	□ ≥ 80%	□	____
Station	□ −3	□ −2	□ −1, 0	□ +1, +2	□	____

Total Simplified Bishop score (0–9): _____

Consistency with ACOG and SMFM guidelines

Primary indication	Chart review criteria	Reference
Induction	Look for Yes answers: • If <6 cm: at least 12–18 hours of oxytocin after rupture of membranes before failed induction diagnosed AND longer latent phase allowed (up to 24 hours or longer). • If 6–10 cm: at least 4h adequate uterine activity OR 6h inadequate uterine activity with oxytocin. • If completely dilated: ≥3h active pushing.	ACOG/SMFM criteria (Ob Gyn 2014; 123:693–711) CMQCC
Labor dystocia or failure to progress	Look for Yes answers: • If <6 cm: automatic fallout. • If 6–10 cm: at least 4h adequate uterine activity OR 6h inadequate uterine activity with oxytocin. • If completely dilated: ≥3h active pushing.	ACOG/SMFM criteria (Ob Gyn 2014; 123:693–711) CMQCC

Fetal heart rate concern	• Antepartum testing precluding labor: no techniques required. • Category II and III: use some techniques under any intrauterine resuscitation efforts. • Category II additional techniques: reduce/stop oxytocin if receiving it; possibly amnioinfusion for clinically significant variable decelerations (not required); elicit stimulation for minimal/absent variability without significant decelerations; correct tachysystole with any listed combination.	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