SAFE REDUCTION OF PRIMARY CESAREAN BIRTH INITIATIVE

FLORIDA PERINATAL QUALITY COLLABORATIVE

Measurement Grid

This initiative supports hospitals and care teams in implementing evidence-based, patient-centered labor and birth practices that promote vaginal birth and safely reduce unindicated cesarean births.

To track implementation of the initiative bundle, hospitals will report:

1. **Quarterly Hospital-level measures**
   Policies, procedures, guidelines, workflows, staff education, and team-based processes that increase the hospital's capacity to implement the initiative and support evidence-based practice.

   Monthly Abstracted Patient-level measures
   Abstract data from up to 20 eligible **nulliparous, term, singleton, vertex (NTSV) cesarean birth records per month** to assess implementation of key labor management and support practices. Refer to the SRPCB Data Collection Instructions for eligibility criteria and sampling.

2. **Outcome and balancing measures**
   FPQC will calculate selected outcome and balancing measures for participating hospitals using available data sources, including birth certificate data and hospital discharge data when applicable (e.g. NTSV cesarean birth rate, 5 minute-Apgar scores).

The measures listed in this document will be calculated and reported to participating hospitals in quality improvement data reports so that facilities can track their progress over time. These measures are subject to change during the process of finalizing data collection and reporting tools and may be revised during the initiative with prior approval.

PATIENT-LEVEL MEASURES

Hospitals will submit monthly reports via REDCap survey to share updates on their progress with patient-level measures.

Outcome Measures

#	Measure	Calculation	Frequency/Source
1	**NTSV cesarean birth rate**	**Numerator:** cesarean births among the NTSV denominator. **Denominator:** live births to nulliparous patients at >=37 weeks with singleton, vertex presentation.	FPQC will calculate this for hospitals monthly Source: Birth Certificate Data *Disaggregated by race and ethnicity, payor*
2	**NTSV cesarean birth rate after labor induction**	**Numerator:** cesarean births among induced NTSV births. **Denominator:** live births to nulliparous patients at >=37 weeks with singleton, vertex presentation and labor induction.	FPQC will calculate this for hospitals monthly Source: Birth Certificate Data *Disaggregated by race and ethnicity, payor*

Process Measures

#	Process Measure	Calculation	Frequency/Source
1	Cesareans not meeting ACOG/SMFM Guidelines due to **labor dystocia/failure to progress** **see criteria on page 7*	**Numerator:** Among the denominator, those who did not meet ACOG/SMFM criteria **Denominator:** All NTSV women in labor with a cesarean birth for Dystocia or Failure to Progress	Monthly chart audit
2	Cesareans not meeting ACOG/SMFM Guidelines after **induction** **see criteria on page 7*	**Numerator:** Among the denominator, those who did not meet ACOG/SMFM Criteria **Denominator:** All NTSV women whose labor was induced (including cervical ripening)	Monthly chart audit
3	Cesareans not meeting criteria after **Fetal Heart Rate Concerns** **see criteria on page 7*	**Numerator:** Among the denominator, those who did not meet recommended criteria per Category II/III algorithm **Denominator:** NTSV women who had a cesarean birth during labor for Fetal Heart Rate Concern	Monthly chart audit
4	Cesareans due to suspected macrosomia	**Numerator:** Among the denominator, those whose primary indication for cesarean was suspected macrosomia **Denominator:** All eligible NTSV cesarean cases	Monthly chart audit
5	Cesareans due to maternal request	**Numerator:** Among the denominator, those whose primary indication for cesarean was maternal request **Denominator:** All eligible NTSV cesarean cases	Monthly chart audit

#	Process Measure	Calculation	Frequency/Source
6	Appropriate counseling for maternal request	**Numerator:** Among the denominator, those who received appropriate counseling (i.e., benefits and risks of vaginal and cesarean births were discussed, vaginal birth was recommended as safe and appropriate, and/or labor analgesia options were discussed). **Denominator:** NTSV women who had a cesarean birth due to maternal request	Monthly chart audit
7	Labor support strategies documented	**Numerator:** Among the denominator, those with documented use/offering of labor support strategies **Denominator:** Eligible laboring NTSV cesarean cases	Monthly chart audit
8	Pre-cesarean checklist/huddle form	**Numerator:** Among the denominator, those with a completed pre-cesarean checklist/huddle form (with documented physician and nurse participation*) **Denominator:** Women with NTSV cesareans without STAT indication for cesarean **Documentation of the checklist/huddle form may be kept outside of the EHR.*	Monthly chart audit
9	Decision huddle	**Numerator:** Among the denominator, those whose medical team (nurse **and** physician) completed a pre-cesarean decision huddle **Denominator:** All eligible NTSV cesarean cases	Monthly chart audit
10	Shared decision-making	**Numerator:** Among the denominator, those who had documentation of patient engagement in shared decision-making regarding the delivery decision **Denominator:** All eligible NTSV cesarean cases	Monthly chart audit
11	Bishop score & ripening agent	**Numerator:** Among the denominator, those where a cervical ripening agent was used when the Bishop score was ≤ 8 **Denominator:** NTSV women who had a cesarean birth after induction	Monthly chart audit
12	Admission in active phase	**Numerator:** Among the denominator, those with a cervical dilation of ≥ 6cm at the time of admission **Denominator:** NTSV women who had a cesarean birth	Monthly chart audit
13	Scheduled early postpartum encounter within 14 days post-discharge	**Numerator:** Among the denominator, those who had a documented scheduled encounter within 14 days post-discharge **Denominator:** All eligible NTSV cesarean cases	Monthly chart audit

Balancing Measures

#	Measure	Calculation	Frequency/Source
1	**5-minute Apgar <=5 among NTSV vaginal births**	**Numerator:** Among the denominator, those with 5-minute Apgar score <=5 **Denominator:** NTSV vaginal births	Monthly reporting Source: birth certificate data
2	**Severe unexpected newborn complications among NTSV vaginal births**	**Numerator:** Severe unexpected newborn complications among NTSV vaginal births **Denominator:** NTSV vaginal births	Updates as data are available Source: linked birth certificate and hospital discharge data –> lag of 18 months

HOSPITAL-LEVEL MEASURES

Hospitals will report both structural and process measures at the unit level, such as protocols, guidelines, processes, and staff education. Hospitals will submit quarterly reports via REDCap survey to share updates on their progress.

Structural Measures

Hospitals need to implement and/or reinforce key processes, guidelines, policies, and resources to support the initiative. Hospitals will report structural measures until they have them fully implemented. Quarterly updates are required. Report as follows:

- **Not Started**
- **Planning**
- **Started Implementing** - started implementation in the last 3 months
- **Implemented** - less than 80% compliance after at least 3 months of implementation (not routine practice)
- **Fully Implemented** - at least 80% compliance after at least 3 months of implementation (routine practice)

#	Measure	What is Assessed
1-8	Labor Admission, Management, and Support Guidelines, Policies or Procedures	**Unit has guidelines, policies or procedures, reviewed and updated within the last 2 years as applicable, that address the following areas:**

#	Measure	What is Assessed
		1. **Evidence-based labor admission criteria** that incorporate cervical dilation (e.g., prioritizing active labor thresholds such as ~6 cm), clinical presentation, hospital capacity, and individual patient needs. 2. **Safe outpatient induction initiation**, including strategies to support cervical ripening. 3. **Evidence-based induction of labor processes**, including assessment of cervical readiness, use of cervical ripening strategies when indicated, and early amniotomy when feasible. 4. **Labor pain management and support practices**, including patient-centered education, clinician training, and access to evidence-based nonpharmacologic and pharmacologic pain management options. 5. **Mobility in labor for all patients**, including those with elevated BMI, by ensuring access to appropriate equipment and staff training for safe implementation. 6. **Intermittent auscultation** for low-risk laboring patients. 7. **Evidence-based identification and management of indeterminate and abnormal fetal heart rate patterns**, with materials easily accessible to all relevant clinical staff. 8. **Labor progress huddles** that include the patient, support person(s), nurse, and physician/midwife to support shared understanding, decision-making, and labor support planning.
9	Early Labor Support	Unit has a strategy to provide early labor support options for patients in latent labor, such as clinical practice guidelines, patient education tools, or other supportive resources.
10	Visual NTSV Patient Identification	Unit has a standardized process to identify NTSV patients and make this status visually available to the care team in the EHR and/or on the labor unit.
11	Birth-Preference Worksheet Use	Unit incorporates or completes birth-preference worksheets with patients and their support networks, including doulas as requested. Birth-preference worksheets may include decisions patients may need to make during labor and birth, along with education about available options.
12	Patient-Facing Risk/Benefit Tools	Unit uses understandable, patient-facing tools to communicate the risks and benefits of interventions and procedures that may affect the need for a cesarean birth. **Note:** Tools may include patient-centered examples or decision aids related to induction, elective cesarean consent, and other labor or birth decisions.
13	Doula Integration	Hospital has established or updated policies or procedures **and** workflows to integrate doulas into labor and delivery care teams.

#	Measure	What is Assessed
		Note: Workflows should address communication, access, roles, and collaboration with the clinical care team.
14	Patient, Family, and Staff Support	Unit has OB-specific resources and protocols to support patients, families, and staff after an unexpected or traumatic birth.
15	Patient Advisor Engagement on the QI Team	Unit has identified, engaged, and onboarded a family advisor on their QI team. *Note:* A family advisor should not be employed in the same unit they advise (for example, an advisor for the OB team should not work in the OB department).
16	Interdisciplinary NTSV Review Committee	Hospital interdisciplinary NTSV Cesarean QI team met during the 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. *Hospitals should assess whether individual provider rates or grouped practice/team rates best reflect care delivery, especially when hospitalists, midwives, family practice providers, or other team-based models are involved. When feasible, hospitals may consider attribution to the labor provider rather than only the delivery provider. CMQCC guidance[1].
17	Staff Education - Physicians and Midwives	Since January 1, 2026, the cumulative proportion of OB physicians and midwives that have received education on 1. fetal monitoring assessment; 2. accurate assessment of labor progress, including differentiation between latent and active labor; and 3. ACOG/SMFM labor management guidance, safe reduction of primary cesarean bundle content, and unit-standard protocols.
18	Staff Education - Nurses	Since January 1, 2026, the cumulative proportion of OB nurses that have received education on: 1. fetal monitoring assessment; 2. hands-on training on nonpharmacologic labor support techniques and management of labor malposition; 3. accurate assessment of labor progress, including differentiation between latent and active labor, and 4. ACOG/SMFM labor management guidance, safe reduction of primary cesarean bundle content, and unit-standard protocols.
19	FHR Tracing Reviews	Unit conducts 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. Response options: Daily; Weekly; Every other week; Monthly; Quarterly; Not conducted during the reporting period.

Guidance References

1. CMQCC Toolkit to Support Vaginal Birth and Reduce Primary Cesareans

• Smith H, Peterson N, Lagrew D, Main E, eds. Toolkit to Support Vaginal Birth and Reduce Primary Cesareans: A Quality Improvement Toolkit. California Maternal Quality Care Collaborative; 2016.

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