

# PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA

## Reduction of Primary Cesarean Section Bundle Compliance/Chart Audit Process Measures



AIM RPC Maternal Safety Bundle Compliance: Audit charts of patients who were NTSV and delivered via CS. Minimum number of charts is 15 and target number of charts is 20% of the NTSV deliveries in a quarter.

- 1) Chart number: \_\_\_\_\_
- 2) Choose one of the following indications for the NTSV cesarean delivery:
  - a. Labor dystocia or Failure to Progress
  - b. Failed Induction (including cervical ripening)
  - c. Fetal Concern
  - d. No labor

(Questions cascade based on indication for delivery that is chosen)

- 3) If Labor Dystocia or Failure to Progress, please indicate which criteria were present (choose all that apply):
  - a. Cervix 6 cm or greater at time of delivery
  - b. Membranes rupture
  - c. No cervical changes x 4 hours with adequate uterine activity (or 6 hours with oxytocin)
- 4) If Failed Induction, please indicate which criteria were present (choose all that apply):
  - a. Less than 6 cm dilation (if greater than or equal to 6cm dilation include under labor dystocia or failure to progress)
  - b. Bishop score greater than or equal to 6 before elective induction
  - c. Oxytocin use for a minimum of 12 hours after membrane rupture
- 5) If Fetal Concern, please indicate the following (choose all that apply):
  - a. Category II tracing with clinically significant variable decelerations and/or minimally absent fetal hear rate variability without significant decelerations
  - b. Category III tracing
  - c. Maternal position change
  - d. Maternal fluid bolus
  - e. Administration of oxygen
  - f. Reduced or stopped oxytocin or uterine stimulant
  - g. Amnioinfusion with significant variable decelerations after other measures failed
  - h. Stimulation (scalp, vibroacoustic or abdominal wall) with minimal or absent fetal heart rate variability

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### Process Measures



- 6) If No labor, please indicate reason for cesarean delivery (choose one option):
- a. Suspected macrosomia
  - b. Previous myomectomy/uterine scar
  - c. Third trimester bleeding
  - d. Active HSV infection
  - e. Maternal request
  - f. Other (free text)
- 7) If No labor, was documentation appropriate for indicated reason for cesarean delivery?
- Yes
  - No
- 8) Did the patient receive education regarding normal healthy labor and birth?
- Yes
  - No
- 9) Ethnicity
- White
  - Asian American
  - Black or African American
  - Hispanic or Latino
  - Native Hawaiian and Other Pacific Islander
  - American Indian or Alaska Native
  - Multiracial
  - Refused