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.

Date Admitted: ______________

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
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