

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.

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

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- 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