



AIM RPC Process Measures Data Dictionary

The purpose of the AIMRPC Data Dictionary is to develop consistency in data entry. The Data Dictionary refers to all elements on the AIMRPC Data Collection Forms.

Inclusion criteria: all nulliparous, singleton, vertex patients delivering a live fetus at greater than or equal to 37 0/7 weeks gestation.

Process Measure Data Collection

- 1) **What cumulative percent of OB physicians and midwives have completed an education program (within the last 2 years) on the ACOG/SMFM labor management guidelines that includes teaching on the Safe Reduction of Primary C/S: Support for Intended Vaginal Birth bundle and the unit standard protocol? Report estimate in 10% increments (round up) _____ %:** Education provided to OB physicians and midwives must have been completed in the prior two years and include a review of the Safe Reduction of Primary Cesarean section safety bundle and the unit standard protocol for labor management. If no unit standard protocol is in place, cumulative percentage is 0. Report estimates in 10% increments (round up)

- 2) **What cumulative percent of OB nurses have completed an education program (within the last 2 years) on the ACOG/SMFM labor management guidelines that includes teaching on the Safe Reduction of Primary C/S: Support for Intended Vaginal Birth bundle and standard unit processes? Report estimate in 10% increments (round up) _____ %:** Education provided to OB nurses must have been completed in the prior two years and include a review of the Safe Reduction of Primary Cesarean section safety bundle and the unit standard protocol for labor management. If no unit standard protocol is in place, cumulative percentage is 0. Report estimates in 10% increments (round up)

- 3) **Maternal Safety Bundle Compliance:**
 - a. **Labor Dystocia/Failure to Progress:**
 - 6-10 cm dilated
 - membranes ruptured
 - no cervical changes after at least 4 hours with adequate uterine activity (> 200 MVU) or at least 6 hours with inadequate uterine activity (< 200 MVU) with oxytocin

b. Induction

- Less than 6 cm dilation (if ≥ 6 cm use dystocia criteria)
- Bishop score of ≥ 6 before the start of elective induction
- Oxytocin administered for at least 12 hours after membrane rupture without achieving cervical change and regular contractions

c. Fetal Concern

- **Category II tracing:** Category II FHR tracings includes all FHR tracings not categorized as Category I or Category III. Category II tracings may represent an appreciable fraction of those encountered in clinical care. Examples of Category II FHR tracings include any of the following:

1. Baseline rate

Bradycardia not accompanied by absent baseline variability

Tachycardia

2. Baseline FHR variability

Minimal baseline variability

Absent baseline variability with no recurrent decelerations

Marked baseline variability

3. Accelerations

Absence of induced accelerations after fetal stimulation

4. Periodic or episodic decelerations

Recurrent variable decelerations accompanied by minimal or moderate baseline variability

Prolonged deceleration more than 2 minutes but less than 10 minutes

Recurrent late decelerations with moderate baseline variability

Variable decelerations with other characteristics such as slow return to baseline, overshoots, or “shoulders”

- **Category III tracing:** Category III FHR tracings include either:
 1. Absent baseline FHR variability and any of the following:
 - Recurrent late decelerations
 - Recurrent variable decelerations
 - Bradycardia
 2. Sinusoidal pattern