

PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA
AIM Reducing Primary Cesarean Section Snapshot



1. Your facility: _____
2. Date of Snapshot: _____
3. How many total deliveries did your facility perform in 2017? _____
4. Does your hospital have current labor guidelines policy/procedure (reviewed and updated in the last 2-3 years) that provides a unit standard approach for providing labor support, freedom of movement and management protocols for labor challenges?
 Yes
 No
5. Does your hospital have a multidisciplinary process in place that routinely reviews a random sample of NTSV Cesarean section deliveries each month?
 Yes
 No
6. Has your staff received education regarding ACOG/SMFM Criteria for labor dystocia in the last 2 years?
 Yes
 No
7. Has your hospital developed OB specific resources and protocols to support patients and family through an unexpected/traumatic Cesarean delivery?
 Yes
 No
8. Were some of the recommended tools for the Safe Reduction of Primary C/S bundle (i.e. order sets, tracking tools) integrated into your hospital's Electronic Health Record system?
 Yes
 No
9. Do Labor and Delivery nurses receive initial training or refresher training after hire in Labor Support methods?
 Yes
 No
10. Do Labor and Delivery nurses at your facility ever perform intermittent auscultation for specific patients in labor?
 Yes
 No

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11. Does your facility have 24/7 in-house obstetric coverage?

Yes

No

12. Does your hospital have dedicated obstetric anesthesia?

Yes

No

13. What percentage of women delivering at your facility receive childbirth education prior to delivery? _____

14. Does your hospital perform external cephalic version?

Yes

No

15. Does your hospital allow/utilize doulas?

Yes

No

16. Does your hospital have a standardized Pitocin administration policy?

Yes

No

17. Please review the last 10 NTSV CS deliveries at your facility to determine the reason indicated for the Cesarean section (entries should total 10):

_____ labor dystocia

_____ fetal indication

_____ other

Where labor dystocia was chosen, please indicate the dilation at delivery (total should equal labor dystocia number in previous question):

_____ Less than 6 cm dilation

_____ 6cm – 10cm dilation

_____ >10 cm dilation

Where fetal indication was chosen, please indicate category of fetal tracing (total should equal fetal tracing number in previous question)

_____ Category II

_____ Category III

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18. Please enter the NTSV rate for your hospital for the following months:

July 2018 _____

August 2018 _____

September 2018 _____