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

July 2018 _____
August 2018 _____
September 2018 _____