

Sampling strategy for hospitals participating in the Support for Birth initiative

Each hospital will submit up to 40 cases per month among nulliparous, term, singleton, vertex (NTSV) patients who are NOT admitted for scheduled c-section and who are admitted with a live fetus. Hospitals with fewer than 40 NTSV patients each month (not including those admitted for scheduled c-section or with fetal demise at admission) will submit all of these cases to PQCNC. Hospitals with greater than 40 cases will use the following sampling strategy:

1. All hospitals must collect data for a minimum of seven consecutive days each month.
2. In October 2010, all hospitals will begin collecting data effective October 1. Hospitals that reach 40 NTSV cases may stop, provided that they have collected data for a period of at least seven consecutive days.
3. Hospitals should begin by collecting data on the first eligible NTSV case of the month and continue with each eligible case until they have reached 40 cases. Hospitals should not skip any eligible cases under any circumstances.
4. In November 2010, hospitals that reached 40 cases in ≤ 14 days in October will begin collecting data on the 15th day of the month and will collect data until they reach 40 cases, provided that they have collected data for a period of at least seven consecutive days.
5. Prework data collection ends on November 30.
6. Once formal data collection restarts on February 1, 2011, high-volume hospitals will follow the same pattern, beginning data collection alternately on the first or the fifteenth of the month. Data collection will begin February 1, March 15, April 1, May 15, etc.

This strategy allows for an adequate sample size to capture improvement in the rate of vaginal birth as well as data about practices related to higher vaginal birth and c-section rates, while trying to minimize the data collection and data entry burden at each hospital. By not collecting the first 40 cases of the month, this method discourages practitioners at large centers from being “on their best behavior” (by implementing changes) for the first several days of the month and then reverting to previous practices during the later part of the month which would not be captured in data collection. This strategy will also result in data being collected over holidays, when different practices may be used.