Bundle Process Measures: Case Review of Primary Cesarean Births
Inclusions: >=37wk, vertex, singleton, and no prior CS

Patient ID: ___________ Delivery Date: ___________ Physician ID: ___________
Parity: ___________ (prior to delivery) Gestational Age: ___________ (at delivery)
Maximum Cervical Dilation ________cm (prior to delivery) Newborn Birth weight: ________ gm

Y/N □ Planned/Scheduled C-Section Without labor
□ Y/N Non-Medically Indicated Planned/Scheduled C-Section without labor (see list on p.2 for Non-Medically Indicated)
STOP here if C-Section was Planned/Scheduled

□ 1 Delay Admission to Unit to >= 4cm for Spontaneous Labor and/or Spontaneous Rupture of Membranes prior to admission

Y/N/Unk Cervical dilation >=4cm
Y/N If admitted at <4cm dilation or cervical dilation “Unknown”, at least one of the following conditions applied:
□ Concern for maternal or fetal status □ Ruptured membranes □ Inadequate pain control

Complete ONE of the Bundles below – Selection Dependent on: Spontaneous Labor vs. Induction, Maximum cervical dilation achieved AND Indication for C-Section

□ II. Spontaneous labor - 1st Stage FTP/Labor Dystocia

□ Y/N In the active phase of labor (Dilation >=6cm-ACOG) ______(HRS/ MINUTES) Total time in Active Phase (time achieved 6cm to time of C-section decision)***
□ Y/N SROM or AROM (before the arrest time started)
□ Y/N No or minimal cervical change with >= 4hrs with Adequate Uterine Activity***
□ OR
□ Y/N No or minimal cervical change with >= 6hr with Inadequate Uterine Activity And Oxytocin administration***
If above 3 criteria not met, was there concern for Fetal and/or Maternal Status? (see # V. below)
Informational: Y/N / UNK Was Partogram used to help guide total time allowed in Active Phase?

□ III. Induction of labor – 1st Stage FTP/Labor Dystocia

□ A. Cesarean at < 6cm:
□ Y/N Was Bishop Score documented? Bishop Score prior to cervical ripening:_________ (unless cervical exam/Bishop score deferred due to ruptured membranes or bleeding)
□ Y/N Cervical ripening used? (if cervix unfavorable)
□ Y/N Oxytocin administered for >= 12 hrs after membrane rupture? (if maternal and fetal status allow, ACOG)
If above 4 criteria not met, was there concern for Fetal and/or Maternal Status? (see # V. below)
□ OR

□ B. Cesarean at >= 6cm:
□ ______(HRS/ MINUTES) Total time in Active Phase (time achieved 6cm to time of C-section decision)***
□ Y/N SROM or AROM (before the arrest time started)
□ Y/N No or minimal cervical change with >= 4hrs with Adequate Uterine Activity***
□ OR
□ Y/N No or minimal cervical change with >= 6hr with Inadequate Uterine Activity And Oxytocin administration***
If above 3 criteria not met, was there concern for Fetal and/or Maternal Status? (see # V. below)
Informational: Y/N / UNK Was Partogram used to help guide total time allowed in Active Phase?

□ IV. Cesarean birth in 2nd Stage of labor
□ ______(HRS/ MINUTES) Total time in 2nd Stage (time reached 10cm to time of delivery)
□ Y/N For Multip; >= 2 hours in 2nd stage
□ OR
□ Y/N For Nullip; >= 3 hours in 2nd stage
(ACOG: Longer durations may be appropriate on an individualized basis (e.g. with epidural or malposition) as long as progress is being documented and fetal condition allows)
If above criteria not met, was there concern for Fetal and/or Maternal Status? (see # V. below)

□ V. Cesarean birth for concern for Fetal or Maternal Status during labor
□ Y/N Fetal Status Concern OR FHR Tracing Concern Y/N Maternal Status Concern

***Clinical judgment is needed to determine safe upper limit of total time allowed in active phase >=6cm to < 10cm. “Minimal cervical change” would be substantially less than clinical norm, for example less than or equal to 1 cm change in 4-6 hours. Per the Zhang et al partogram at 6cm the 95th %ile for a normal active labor phase curve and normal outcomes is approximately 8hrs total time

CMQCC with WSHA modifications v23: December 2015 Based on ACOG/SMFM: Safe Prevention of the Primary Cesarean Delivery (Obstet Gynecol March 2014)
Bundled Process Measures: Case Review of Full Term Inductions of Labor

Non-Medically Indicated

Inclusions Population: Non-Medically Indicated, Inductions of All Full Term Singleton Vertex (39-<41 wks gestation)

Delivery Date: ____________
Patient ID: ________________
Physician ID: ________________
Parity: ______________________ (prior to delivery)   Gestational Age: ____________ (at delivery)

☐ VI. Non-Medically Indicated induction of labor bundle - Gestational Ages 39 to 40 6/7 weeks

Bishop score prior to cervical ripening ______

Y/N  Favorable Bishop score (>= 9 in Nulliparous OR >=6 in Multiparous women)

☐ Additional Comments/Notes (cont):

The Following Indications are Considered Non-Medically Indicated Inductions and Planned C-sections without Labor

- History of fast labor
- Distance from hospital
- Suspected macrosomia (without history of shoulder dystocia) < 5000g without diabetes or < 4500g with diabetes
- Psychosocial (e.g. partner’s deployment date, family or significant relation availability, adoption, etc.)
- Maternal discomfort (e.g. hemorrhoids, reflux, sciatic nerve pain, fatigue, etc.)
- Advanced cervical dilation, GBS negative
- Patient request