Confidentiality Notice

WSHA CQIP Peer Review and Quality Improvement Information.
Protected from disclosure or discovery under RCW 43.70.510.
Labor Management Process Measures

Safe Deliveries Roadmap

Advancing Safety for Mothers and Babies
A Roadmap from Pre-pregnancy to Postpartum
SDR Measures

• **Outcome:**
  • NTSV Cesarean Section (Nulliparous, Term, Singleton, Vertex)
  • TSV Primary Cesarean Section (Term, Singleton, Vertex)
  • Induced Cesarean Section (Nulliparous and Multiparous)
  • Maternal admission to Intensive Care Unit
  • Maternal blood transfusions
  • Extended maternal length of stay
  • Operative vaginal delivery
  • Unexpected Newborn Complications measure (UNC)

• **Process:**
  • Labor induction practices
  • First stage labor practices
  • Second stage labor practices
## Data Collection Options

<table>
<thead>
<tr>
<th>outcomes</th>
<th>process</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WSHA-MDC</strong></td>
<td><strong>OB COAP</strong></td>
</tr>
<tr>
<td>Periodic user group meetings</td>
<td>Training completed for LEAPT hospital On-going support</td>
</tr>
<tr>
<td><strong>WSHA</strong></td>
<td><strong>WSHA</strong></td>
</tr>
</tbody>
</table>
| Training completed. One-on-one support on-going. | • Informational webcast on pilot February 18th  
• Pilot starting March |

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Case Review-Bundled Process Measures

Bundled Process Measures: Case Review of Primary Cesarean Births
(draft v10)

Inclusions: >=37wks, vertex, singleton, and no prior CS

Patient ID:

Parity (prior to delivery): ______ Physician ID: ______ Delivery Date: ______

(In full form on reverse side; fill out and skip duplicate information in this Core data section)

Maximum cervical dilation at birth: ______ cm Newborn Birth weight: ______ gm

Was cesarean birth planned without labor? Y/N

If "Yes", Reason for planned cesarean: ______

If "No", Planned cesarean after labor? Y/N

Was the cervical dilation >= 6cm? Y/N

If "No", and admitted at <6cm dilation was there:

Clinical concern for maternal or fetal status? Y/N. Ruptured membranes? Y/N. Inadequate pain control? Y/N

If patient failed, complete one of the 4 bundle categories below which represents the Primary Indication for the Cesarean Birth for laboring patient:

☐ 2. Cesarean birth for labor dystocia/FTP in 3rd Stage of Spontaneous labor (abor or spontaneous) disorder

1. Was she in the active phase of labor? Y/N (ACOG active phase of labor: Dilation 8cm)

2. Had SROM occurred or did she have artificially ruptured membranes (before the arrest time started)? Y/N (ACOG)

3. With adequate uterine activity, did the arrest of cervical dilation last >= 6hrs? Y/N OR With inadequate uterine activity and oxytocin administration, did the arrest of cervical dilation last >= 6hrs? Y/N (ACOG)

☐ 3. Cesarean birth for labor dystocia/FTP in 3rd Stage of Induction of labor

A. Cesarean at 5-6cm

1. What was the Bishop score? ______

2. Was cervical ripening scored? (if cervical unfavorable) Y/N (ACOG)

3. Was oxytocin administered for >= 12 hrs after membrane rupture? Y/N (if maternal and fetal status allow, ACOG)

OR

B. Cesarean at 5-6cm

1. Had SROM occurred or did she have artificially ruptured membranes (before the arrest time started)? Y/N (ACOG)

2. With adequate uterine activity, did the arrest of cervical dilation last >= 6hrs? Y/N OR With inadequate uterine activity despite oxytocin administration, did the arrest of cervical dilation last >= 6hrs? Y/N (ACOG)

☐ 4. Cesarean birth in 2nd Stage of labor

1. What was total time of 2nd Stage (time reached 70cm to time of delivery)? ______

2. For Hofmeyer was there >= 2 hours in 2nd stage? Y/N (ACOG)

For Phillips Was there >= 5 hours in 2nd stage? Y/N (ACOG)

ACOG Longer duration maybe appropriate on an individualized basis (e.g. epidural or malposition) as long as progress is being documented and fetal conditions allows.

☐ 5. Cesarean birth for concern for fetal or Maternal Status during labor

1. Was there concern for fetal status / fetal heart rate tracings? Y/N and/or maternal status? Y/N

Comments:

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Case Review

Jane Hitti, MD
UW Medicine /UWMC

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
36 y.o., G1, gHTN, 40 1/7 wks, presented in clinic with elevated BP (152/92). Denied headache, vision changes or R upper quadrant pain. Reported good fetal movement.

Time 0 hr: Admitted to L&D for induction. Cervical dilation on admission 1cm/ 0% effaced. Bishop score 2-3. Cook catheter placed.

Time 12 hrs: Cook Catheter removed. Cervical dilation 2cm. Received misoprostol

Time 19 hrs: Had received 2 doses misoprostol. Cervical dilation 4cm/70% effaced/-1 station. Oxytocin started and titrated per protocol.

Time 29 hrs: Cervix 5cm/100% effaced/-1 station. AROM

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Time 34 hrs: Cervix 5cm/100% effaced/-1 station. Oxytocin @ 6.

Contractions q1-6,
IUPC placed. 80-150 Montevideo units

Time 43 hrs: Cervix 6cm, 100% effaced/ 0 station. Fetal monitoring:
Cat II with some response to repositioning, adjustment of oxytocin @ 7 turned down to 4.

Interventions: “turn down oxytocin, notify provider, provider and RN review strip, continue to evaluate”

Contractions q3-7 min, moderate intensity
80-120 Montevideo units; “inadequate” per provider documentation

Possible C/S discussed with patient and partner. Patient wanted to continue to try for vaginal delivery.
Time 47.5 hrs: Cervix 6cm, 100% effaced, 0 station, No cervical change, oxytocin gradually turned up from 6 to 10 over 2 hours. Contraction frequency 3.5-5.5 per 10 minutes. Montevideo units 80. Recurrent decels (early, variable), Category II, ongoing strip review.

Time 49 hrs: Prolonged decel with oxytocin @ 8. Oxytocin turned off. O2 given.
Cervix remaining at 6cm, 100% effaced, 0 station
No progression/cervical change over 6 hours with inadequate contractions. Unable to titrate up oxytocin 2/2 fetal intolerance.

60-minute Cesarean recommended and patient/partner agree.
Time 47.5 Hours: Oxytocin 6
Time 48 hrs 10 min; Oxytocin 8
Time 48.5 hrs; Oxytocin 10
Oxytocin 8

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Bundled Process
Measure Table Exercise
Bundle #3B: Cesarean birth for Labor Dystocia/FTP in 1st Stage \( \geq 6 \text{cm} \) with Induction of Labor?

AND/OR

Bundle #5 Concern for fetal status / fetal heart rate tracings?
#3B Criteria Review and Results:

☐ 1. Had SROM occurred or did she have artificially ruptured membranes (before the arrest time started)? Y/N  YES

☐ 2.a. With adequate uterine activity, did the arrest of cervical dilation last >=4 hrs? Y/N  N/A

OR

☐ 2.b With *inadequate* uterine activity and oxytocin administration, did the arrest of cervical dilation last >= 6 hrs? Y/N  YES

Bundle Result: Met both criteria in #3B bundle but could also be placed in #5 bundle:

☐ 1. Concern for fetal status / fetal heart rate tracings? Y/N  YES
Discussion / Questions