ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

AIM Safe Reduction of Primary Cesarean Birth
Data Transition Instructions & Summary of Revisions

Introduction

The purpose of this document is to aid in the data collection transition from the original Safe Reduction of Primary Cesarean Birth patient safety bundle (CS PSB) to the 2023 revised CS PSB. It will be useful to state and jurisdiction teams who are currently implementing AIM's original CS PSB or are planning to implement AIM's 2023 revised CS PSB.

This document contains details regarding **AIM Data Center Instruction and Logistics** for transitioning from the original to the revised Cesarean Birth PSB Data Collection Plan; **frequently asked questions (FAQs)** to support the data transition; as well as a **summary of changes** made to AIM's CS PSB data collection plan to aid in decision making. State and jurisdiction teams may refer to the **revised Safe Reduction of Primary Cesarean Birth Patient Safety Bundle** as they review this document.

AIM Data Center Instructions and Logistics

Determine which of the scenarios below most closely reflects your state or jurisdiction team's bundle implementation and data collection progress and use the corresponding instructions to inform transition planning.

My state or jurisdiction team has collected data using AIM's original Safe Reduction of Primary Cesarean Birth Data Collection Plan.

1. Review the **Summary of Changes** table.
2. Prepare to transition to the revised metrics which will go live in the AIM Data Center on October 1, 2023. All dashboards in the AIM Data Center will be transitioned to the revised metrics at this time.
3. It is not necessary to collect data for all newly added metrics, but it is encouraged if feasible. If facility teams report data using the AIM Data Center, state and jurisdiction teams should determine which metrics their facility teams should continue to report data and communicate forthcoming AIM Data Center updates and instructions for data collection and reporting. Note that facility teams will be unable to report data on discontinued metrics for the reporting period beginning October 1, 2023.
4. Your historical data will continue to be available in the AIM Data Center.
    a. No data for the original data collection plan will be accepted for the period beginning October 1, 2023. All dashboards in the AIM Data Center will be transitioned to the 2023 revised Cesarean Birth Data Collection Plan on October 1, 2023.
    b. If you have data collected using the original data collection plan for the period prior to October 1, 2023, you will continue to enter into the AIM Data Center.

My state or jurisdiction team has never collected data using AIM's original Safe Reduction of Primary Cesarean Birth Data Collection Plan.

1. If your state or jurisdiction team has never collected data using the original Cesarean Birth Data Collection Plan, please use the **revised Safe Reduction of Primary Cesarean Birth Data Collection Plan** for project planning. If using the AIM Data Center for facility team data collection and reporting, metrics for the revised Cesarean Birth Data Collection Plan will be available for the reporting period beginning October 1, 2023.
2. If your state team or PQC would like to begin collecting data sooner than the reporting period beginning October 1, 2023, and you have your own data collection system (e.g., REDCap), then AIM recommends using the revised metrics.

FAQs

When can facilities report their first period of data for revised Safe Reduction of Primary Cesarean Birth metrics in the AIM Data Center?

Facilities can report their first period of data for revised Safe Reduction of Primary Cesarean Birth metrics for the reporting period beginning October 1, 2023.

My state or jurisdiction team collected data based on AIM's original Safe Reduction of Primary Cesarean Birth Data Collection Plan but never submitted this data to the AIM Data Center. How should I follow AIM's transition instructions?

Please follow the transition instructions identified for **"My state team or PQC has collected data using AIM's original Cesarean Birth Data Collection Plan"** above.

My state or jurisdiction team wants to collect data for both the original and revised Safe Reduction of Cesarean Birth Data Collection Plans. Is this possible?

Only the revised data collection plan and associated metrics will be available for direct hospital reporting to the AIM Data Center and for file uploads with data representing reporting periods of October 1, 2023, or later. You may enter data collected using the original data collection plan for periods before October 2023 into the AIM Data Center at any time. You will need to track any original measures outside of the AIM Data Center for the reporting periods or October 1, 2023, or later unless they are retained in the revised data collection plan.

Optional Safe Reduction of Primary Cesarean Birth metrics that can be added to revised Cesarean Birth dashboards include a process measure for nulliparous, term, singleton, vertex (NTSV) cesarean births among inductions at 39 weeks.

Please find these cross-referenced metrics outlined in more detail in the table **below**.

Summary of Changes

Safe Reduction of Primary Cesarean Birth Bundle Version 1 (OLD)	Safe Reduction of Primary Cesarean Birth Bundle Version 2 (NEW)	Rationale
OUTCOME MEASURES		
Severe Maternal Morbidity (O1)	**Removed**	SMM with transfusions was removed from the formal SMM algorithm, as coding for transfusions has data quality issues that affect reliability and validity. AIM updated its data collection plan to align with the SMM algorithm.
Severe Maternal Morbidity (excluding transfusion codes) (O2)	**Retained** **O1: Severe Maternal Morbidity (excluding transfusion codes alone)** **Denominator:** All qualifying pregnant and postpartum people during their birth admission **Numerator:** Among the denominator, those who experienced a severe maternal morbidity, excluding those who experienced transfusion alone	**Originally O2**
O3: C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population **Denominator:** Women with live births who are having their first birth ≥37 weeks and have a singleton in vertex (Cephalic) position. **Numerator:** Among the denominator, all cases with a cesarean birth	**Revised** **O2: Cesarean Birth Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population** **Denominator:** All qualifying pregnant and postpartum people with live births who are having their first birth ≥37 weeks gestation and have a singleton in vertex (Cephalic) position. **Numerator:** Among the denominator, those who had a Cesarean birth	**Originally O3** Reworded, intent remains unchanged

Safe Reduction of Primary Cesarean Birth Bundle Version 1 (OLD)	Safe Reduction of Primary Cesarean Birth Bundle Version 2 (NEW)	Rationale
O4: C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population after Labor Induction **Denominator:** Women with live births who are having their first birth ≥37 weeks and have a singleton in vertex (Cephalic) position AND with a labor induction **Numerator:** Among the denominator, all cases with a Cesarean birth	Revised **O3: Cesarean Birth Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population after Labor Induction** **Denominator:** All qualifying pregnant and postpartum people with live births who are having their first birth ≥37 gestation weeks and have a singleton in vertex (Cephalic) position AND with a labor induction **Numerator:** Among the denominator, those who had a Cesarean birth	**Originally O4** Language updated to more accurately reflect AIM's ICD-10 codes list used to subset the SMM denominator.

Safe Reduction of Primary Cesarean Birth Bundle Version 1 (OLD)	Safe Reduction of Primary Cesarean Birth Bundle Version 2 (NEW)	Rationale
Process Measures		
Cesarean Bundle Compliance Rate	**Revised** **P1: Cesarean Bundle Adherence Rate** **P1A: Dystocia/Arrest of Labor in the Active Phase** **Denominator:** All NTSV Cesarean births for dystocia or arrest of labor in the active phase **Numerator:** Among the denominator, those who met ACOG/SMFM Criteria (Ob Gyn 2014;123:693–711) **P1B: Arrest of Labor in the Latent Phase** **Denominator:** All NTSV Cesarean births with an induction of labor, inclusive of cervical ripening, for dystocia or arrest of labor before 6 cm dilation **Numerator:** Among the denominator, those who met ACOG/SMFM Criteria (Ob Gyn 2014;123:693–711) **P1C: Abnormal or Indeterminate Fetal Heart Rate Pattern** **Denominator:** All NTSV Cesarean births for an abnormal or indeterminate fetal heart rate pattern **Numerator:** Among the denominator, those who met established unit-standard criteria	**Originally P3** The sub-measures will be reported separately. Teams may select one or more of these submeasures for ongoing monitoring and review of indications for Cesarean births. Submeasures language were reworded, but intent remains unchanged.

Safe Reduction of Primary Cesarean Birth Bundle Version 1 (OLD)	Safe Reduction of Primary Cesarean Birth Bundle Version 2 (NEW)	Rationale
Provider Education At the end of this reporting period, what cumulative proportion of OB physicians and midwives has completed (within the last 2 years) an education program on the ACOG/SMFM labor management guidelines that includes teaching on the Safe Reduction of Primary C/S : Support for Intended Vaginal Births) bundle and the unit-standard protocol?	Revised **P2A: Provider education on safe support of labor and vaginal births** At the end of this reporting period, what cumulative proportion of OB physicians and midwives has received within the last 2 years an education program on **safe support of labor and vaginal births?*** **P2B: Provider education on respectful and equitable care** At the end of this reporting period, what cumulative proportion of delivering physicians and midwives has received within the last 2 years an education program on **respectful and equitable care?**	**Originally P1** Addition of respectful and equitable care (P2B).
Nursing Education At the end of this reporting period, what cumulative proportion of OB nurses has completed (within the last 2 years) an education program on the ACOG/SMFM labor management guidelines that includes teaching on the Safe Reduction of Primary C/S: Support for Intended Vaginal Births bundle and the unit-standard protocol?	Revised **P3A: Nursing education on safe support of labor and vaginal births** At the end of this reporting period, what cumulative proportion of OB nursing staff (including L&D and Postpartum) has received within the last 2 years an education program on **safe support of labor and vaginal births?*** **P3B: Nursing education on respectful and equitable care** At the end of this reporting period, what cumulative proportion of OB nursing staff (including L&D and Postpartum) has received within the last 2 years an education program on **respectful and equitable care?**	**Originally P2** Addition of respectful and equitable care (P2B).

Safe Reduction of Primary Cesarean Birth Bundle Version 1 (OLD)	Safe Reduction of Primary Cesarean Birth Bundle Version 2 (NEW)	Rationale
Structure Mesures		
S1A: Patient, Family & Staff Support Has your hospital developed OB specific resources and protocols to support patients, and family through an unexpected/ traumatic Cesarean? **S1B: Patient, Family & Staff Support (Shared Decision Making)** Has your hospital introduced Principles of shared decision making?	Revised **Patient and their support network** **S1A: Patient and Support Network Review of Cesarean Birth** Has your department established a standard process to review with patients and their support network on why they had a Cesarean birth? **S1B: Patient and Support Network Support After an Unexpected or Traumatic Cesarean Birth** Has your hospital developed OB-specific resources and protocols to support patients and their support network through an unexpected or traumatic Cesarean birth*?	This measure is revised to focus on patients and their support network.
N/A	Added **S2: Labor Management Huddles** Has your department established huddles for communicating progression and support of labor that are inclusive of patients, their support networks, and the clinical team?	
S2: Unit Policy and Procedure Does your hospital have an up-to-date new labor guidelines policy and 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?	Revised **S3: Unit Policies and Procedures for Labor Support** Does your hospital have an up-to-date labor guidelines, policies, and procedures (reviewed and updated in the last 2 years) that provide a unit-standard approach for providing labor support, freedom of movement, and addressing labor challenges?	**Originally S2** Reworded, intent remained unchanged.

Safe Reduction of Primary Cesarean Birth Bundle Version 1 (OLD)	Safe Reduction of Primary Cesarean Birth Bundle Version 2 (NEW)	Rationale
N/A	**Added** **S4: Unit Policies and Procedures for Prioritizing Scheduled Inductions of Labor** Does your hospital have a prioritization policy, rubric and/or procedure for determining priority of scheduled inductions of labor and Cesarean births?	
S3: EHR Integration	**Removed**	No specific mention of EHR in bundle language. Also, non-specific, and difficult to assess on the aggregate level in a meaningful way.
S4: Multidisciplinary Case Reviews for C/S Bundle *(Alternate Measure for P3: C/S Bundle Compliance Rate)* Has your hospital established a process to perform multidisciplinary bundle reviews on a random sample of 10-20 charts/monthly (depending on hospital size) for NTSV C-SECTION?	**Revised** **S5: Multidisciplinary Case Reviews for C/S Bundle** *(Alternate Measure for P3: C/S Bundle Adherence Rate)*	**Originally S4** Reworded, intent remain unchanged.

Additional question? Contact AIM Data Team at **aimdatasupport@acog.org**.