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ON MATERNAL HEALTH



Safe Reduction of Primary Cesarean Birth Patient Safety Bundle

Core Data Collection Plan
Version 1.1 January 2024



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Outcome Measures

Metric	Name	Description	Notes
ALL O1*	Severe Maternal Morbidity (excluding transfusion codes alone)	<p>Report N/D Disaggregate by race and ethnicity, payor</p> <p>Denominator: All qualifying pregnant and postpartum people during their birth admission</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	
CS O1	Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	<p>Report N/D Disaggregate by race and ethnicity, payor</p> <p>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</p> <p>Numerator: Among the denominator, those who had a Cesarean birth</p>	
CS O2	Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate After Induction of Labor	<p>Report N/D Disaggregate by race and ethnicity, payor</p> <p>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 and a labor induction</p> <p>Numerator: Among the denominator, those who had a Cesarean birth</p>	Hospital teams may also consider reviewing their NTSV Cesarean birth rates after induction of labor at 39 weeks

* This measure appears in other patient safety bundle data collection plans and are also referred to as multi-bundle measures. For the purposes of collecting data and reporting to the AIM Data Center, please collect and report this measure once per reporting period, regardless of the number of times they appear across data collection plans.

Process Measures

Metric	Name	Description	Notes
ALL P1 – Version 1*	Provider Education on Respectful and Equitable Care	<p>Report estimate in 10% increments (Round up)</p> <p>At the end of this reporting period, what cumulative proportion of OB physicians and other advanced practice clinicians[†] at your institution has received in the last 2 years an education program on respectful and equitable care?</p>	<p>[†]The overarching intention of this measure is to capture all physicians and advanced practice clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, or Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, OB/GYNs and subspecialists, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.</p>
ALL P2*	Nursing Education on Respectful and Equitable Care	<p>Report estimate in 10% increments (Round up)</p> <p>At the end of this reporting period, what cumulative proportion of OB nurses[†] has received in the last 2 years an education program on respectful and equitable care?</p>	<p>[†]The overarching intention of this measure is to capture all nurses who work in a primarily inpatient OB service line or on an L&D, Antepartum, or Postpartum unit.</p>

* This measure appears in other patient safety bundle data collection plans and are also referred to as multi-bundle measures. For the purposes of collecting data and reporting to the AIM Data Center, please collect and report this measure once per reporting period, regardless of the number of times they appear across data collection plans.

Metric	Name	Description	Notes
CS P1	<p>Cesarean Bundle Adherence Rate</p> <p><i>Select one or more of these submeasures for ongoing monitoring and review of indications for Cesarean births.</i></p> <p><i>This measure is accompanied by CS S5: Multidisciplinary Case Reviews for C/S Bundle.</i></p>	<p>Sample patient charts or report for all patients; report N/D</p> <p>CS P1A: Dystocia/Arrest of Labor in the Active Phase</p> <p>Denominator: All NTSV Cesarean births for dystocia or arrest of labor in the active phase</p> <p>Numerator: Among the denominator, those who met criteria (see notes)</p>	<p>For sampling guidance, please refer to the AIM Sampling Workbook</p> <p>For CS P1A, the following criteria should be present to be included in the numerator:</p> <ul style="list-style-type: none"> • Cervix 6 cm or greater at time of Cesarean • Membranes ruptured and no cervical change X 4 hours with adequate uterine activity (or 6 hours with oxytocin)
		<p>Sample patient charts or report for all patients; report N/D</p> <p>CS P1B: Failed Induction of Labor</p> <p>Denominator: All NTSV Cesarean births with an induction of labor, inclusive of cervical ripening, for dystocia or arrest of labor before 6 cm dilation</p> <p>Numerator: Among the denominator, those who met criteria (see notes)</p>	<p>For sampling guidance, please refer to the AIM Sampling Workbook</p> <p>For CS P1B, the following criteria should be present to be included in the numerator:</p> <ul style="list-style-type: none"> • Oxytocin used for a minimum of 12-18 hours after ruptured membranes before declaring arrest
		<p>Sample patient charts or report for all patients; report N/D</p> <p>CS P1C: Abnormal or Indeterminate Fetal Heart Rate Pattern</p> <p>Denominator: All NTSV Cesarean births for an abnormal or indeterminate fetal heart rate pattern</p> <p>Numerator: Among the denominator, those who met established unit-standard criteria[§]</p>	<p>For sampling guidance, please refer to the AIM Sampling Workbook</p> <p>[§]For CS P1C, facilities should use their unit-standard criteria for managing Category II FHR tracings to determine numerator inclusion.</p> <p>For facilities who do not yet have unit standard criteria, they may refer to these resources:</p> <ul style="list-style-type: none"> • Spong et al. (2012) • Clark et al. (2013) • Shields et al.(2018)

Metric	Name	Description	Notes
CS P2	Provider Education on Safe Support of Labor and Vaginal Births	<p>Report estimate in 10% increments (Round up)</p> <p>At the end of this reporting period, what cumulative proportion of OB physicians and other advanced practice clinicians[†] at your institution has received in the last 2 years an education program on safe support of labor and vaginal births?</p>	<p>Education may include the guidelines and best practices on labor management and/ or participating in trainings or workshops that support labor progression and physiological birth.</p> <p>[†]The overarching intention of this measure is to capture all physicians and advanced practice clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, or Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, OB/GYNs and subspecialists, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.</p>
CS P3	Nursing Education on Safe Support of Labor and Vaginal Births	<p>Report estimate in 10% increments (Round up)</p> <p>At the end of this reporting period, what cumulative proportion of OB nurses[‡] has received in the last 2 years an education program on safe support of labor and vaginal births?[‡]</p>	<p>[‡]Education may include guidelines and best practices on labor management and/ or participating in trainings or workshops that support labor progression and physiological birth.</p> <p>[‡]The overarching intention of this measure is to capture all nurses who work in a primarily inpatient OB service line or on an L&D, Antepartum, or Postpartum unit.</p>

Structure Measures

Metric	Name	Description	Notes
CS S1	Patient and Support Network Communication and Support Following a Cesarean Birth	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>CS S1A: Patient and Support Network Review of Cesarean Birth Has your department established a standard process to review with patients and their support network why they had a Cesarean birth?</p> <p>CS 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*?</p>	*An unexpected or traumatic Cesarean birth may differ for patients and their support networks but may include crash or emergency Cesarean births.
CS S2	Labor Management Huddles	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Has your department established huddles for communicating progression and support of labor that are inclusive of patients, their support network, and the clinical team?</p>	

Metric	Name	Description	Notes
CS S3	Unit Policies and Procedures for Labor Support	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Does your hospital have labor guidelines, policies, and procedures (reviewed and updated within the last 2 years) that provide a unit-standard approach for providing labor support, freedom of movement, and addressing labor challenges?</p>	
CS S4	Unit Policies and Procedures for Prioritizing Scheduled Inductions of Labor	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Does your hospital have a prioritization policy, rubric and/or procedure for determining priority of scheduled inductions of labor and Cesarean births?</p>	
CS S5	Multidisciplinary Case Reviews for C/S Bundle	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>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 indications of Cesarean birth and alignment with unit policies and procedures?</p>	<p>For sampling guidance, please refer to the AIM Sampling Workbook</p> <p>This is a complementary measure for CS P1: C/S Bundle Adherence Rate.</p>

Optional Measures

Metric	Name	Description	Notes
CS OP1	Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Births Among Inductions at 39 Weeks	<p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: All qualifying pregnant and postpartum people with live births who had their first birth induced at 39 weeks and have a singleton in vertex (Cephalic) position</p> <p>Numerator: Among the denominator, those who had a Cesarean birth</p>	

This document was developed with support by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award, UC4MC49476, totaling \$3,000,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

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