

Primary Cesarean Section Audit

Patient Name: _____ MR#: _____
 Gestational Age: ___ wks ___ / 7ths days Date of C-section: _____ Time: _____ am / pm
 Gravida _____ Para _____

Baseline Clinical Information

Admission: Date: _____ Time: _____ am / pm

Patient status: Admitted in active labor
 Not in Labor: (Scheduled induction or Spontaneous rupture of membranes)
 Previously admitted antepartum

Membranes on Admission: Intact Ruptured

Cervical Ripening (check all that apply): None Misoprostol PG Gel/Ring Foley Balloon Cook (double) Balloon

Oxytocin (check one): None utilized Induction Augmentation at ___ cm

Cervical Examinations (please enter as much information as was documented):

Event	Dilation (cm)	Effacement (%)	Station	Cx Position	Cx Consistency	Bishop Score*
Arrival/First Admission						
Last Exam Before Delivery						

*Leave blank and will be calculated for you

In the next section please use the **primary indication** for this cesarean section and answer the appropriate questions:

- Non-reassuring FHR Pattern (Fetal Distress)**
 - Antepartum testing results which precluded trial of labor
 - Category III FHR tracing
 - Category II FHR tracing
 - Prolonged deceleration not responding to measures
 - Other: _____

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- Failed Induction (must have both criteria if cervix unfavorable, Bishop Score \leq 8 for nullips and $<$ 6 for multips)**
 - Cervical Ripening used for those starting with Bishop scores as noted above

AND

 - Unable to generate regular contractions (every 3 minutes) and cervical change after oxytocin administered for at least 12-18 hours after membrane rupture. Note: at least 24-hours of oxytocin administration after membrane rupture is preferable if maternal and fetal statuses permit
- Latent Phase Arrest (called labor dystocia/FTP at less than 6 cm)**
 - Moderate or strong contractions palpated for \geq 12 hours **OR**,
 - IUPC \geq 200 MVU for \geq 12 hours
- Labor Dystocia (greater than or equal to 6 cm Dilation) – Active Phase Arrest (must fulfill one of the two criteria)**
 - Membranes ruptured (if possible) then:
 - Adequate uterine contractions (e.g., \geq 200 MVU for \geq 4 hours) without improvement in dilation, effacement, station or position **OR**,
 - Inadequate uterine contractions (e.g., $<$ 200 MVU) for \geq 6 hours of oxytocin administration without improvement in dilation, effacement, station or position)
- Labor Dystocia in the Second Stage (10 cm reached) (must fulfill any one of four criteria)**
 - Nullipara with epidural in the second stage $>$ 4 hours inclusive of laboring down (if applicable) **OR**,
 - Nullipara without epidural in the second stage $>$ 3 hours inclusive of laboring down (if applicable) **OR**,
 - Multipara with epidural in the second stage $>$ 3 hours inclusive of laboring down (if applicable) **OR**,
 - Multipara without epidural in the second stage $>$ 2 hours inclusive of laboring down (if applicable)
- Primary Cesarean For Breech or Transverse:**
 - Breech diagnosed in antepartum period and did not undergo attempted breech version
 - Breech diagnosed in antepartum period and had failed breech version
 - Breech diagnosed after labor began or membranes ruptured

If none of the above indications were the reason please write in the diagnosis here with brief explanation:
