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):

<table>
<thead>
<tr>
<th>Event</th>
<th>Dilation (cm)</th>
<th>Effacement (%)</th>
<th>Station</th>
<th>Cx Position</th>
<th>Cx Consistency</th>
<th>Bishop Score*</th>
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</thead>
<tbody>
<tr>
<td>Arrival/First Admission</td>
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<tr>
<td>Last Exam Before Delivery</td>
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*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 ≤ 8 for nullips and < 6 for multips)
  - Cervical Ripening used for those starting with Bishop scores as noted above
  - 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 statues permit

- **Latent Phase Arrest** (called labor dystocia/FTP at less than 6 cm)
  - Moderate or strong contractions palpated for ≥ 12 hours OR,
  - I UPC ≥ 200 MVU for ≥ 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., ≥ 200 MVU for ≥ 4 hours) without improvement in dilation, effacement, station or position OR,
    - Inadequate uterine contractions (e.g., < 200 MVU) for ≥ 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: