

Primary Cesarean Section Audit

Patient Name:			MR#:				
Gestational Age:	wks/	7 ^{ths} days Date of	f C-section:		 _ Time:	 _ am / pm	
Gravida		-				-	
Baseline Clinical	Information						
Admission: Date: Time:am / pm							
Patient status:	Patient status: Admitted in active labor						
1	Not in Labor: (□ Scheduled induction or □ Spontaneous rupture of membranes)						
1	☐ Previously admitted antepartum						
Membranes on Admission: ☐ Intact ☐ Ruptured							
Cervical Ripening (check all that apply): □ None □ Misoprostol □ PG Gel/Ring □ Foley Balloon □ Cook (double) Balloon							
Overtosin /shock	ono\. □ Nono util	lizad - Industion	□ Augmontation	at cm			
Oxytocin (check	one): 🗆 None util	lized □ Induction	⊔ Augmentation	ı at cm			
Corvical Evamin	ations (nlease en	ter as much infor	mation as was d	locumented):			
Event	Dilation (cm)	Effacement	Station	Cx Position	Cx Consistency	Pichon	
7/4 1/4							
		(%)	Station	CX POSITION	CX Consistency	Bishop Score*	
			Station	CAPOSITION	CX Consistency		
Arrival/First Admission			Station	CX FOSITION	CX Consistency		
Arrival/First Admission			Station	CA POSICION	CX Consistency		
Arrival/First Admission Last Exam			Station	CA POSICION	CX Consistency		
Arrival/First Admission Last Exam Before			Station	CA POSICION	CX Consistency		
Arrival/First Admission Last Exam Before Delivery				CA POSICION	CX Consistency		
Arrival/First Admission Last Exam Before Delivery		(%)		CA POSICION	CX Consistency		
Arrival/First Admission Last Exam Before Delivery *Lea	ive blank and will	(%) I be calculated for	- you		on and answer th	Score*	
Arrival/First Admission Last Exam Before Delivery *Lea	ive blank and will tion please use	(%) I be calculated for	- you			Score*	
Arrival/First Admission Last Exam Before Delivery *Lea	ive blank and will tion please use	(%) I be calculated for	- you			Score*	
Arrival/First Admission Last Exam Before Delivery *Lea In the next sect appropriate qu	ive blank and will tion please use	(%) I be calculated for the primary ind	- you			Score*	
Arrival/First Admission Last Exam Before Delivery *Lea In the next sect appropriate qu	ive blank and will tion please use t estions: ing FHR Pattern	(%) I be calculated for the primary ind	ryou ication for this			Score*	
Arrival/First Admission Last Exam Before Delivery *Lea In the next sect appropriate qu Non-reassur Ante	ive blank and will tion please use t estions: ing FHR Pattern	(%) I be calculated for the primary ind (Fetal Distress) Sults which preclude	ryou ication for this			Score*	
Arrival/First Admission Last Exam Before Delivery *Lea In the next sect appropriate qu Non-reassur Ante Cate	ive blank and will cion please use the estions: fing FHR Pattern partum testing res gory III FHR tracing	(%) I be calculated for the primary ind (Fetal Distress) Jults which precludes	ryou ication for this ed trial of labor			Score*	
Arrival/First Admission Last Exam Before Delivery *Lea In the next sect appropriate qui Non-reassur Ante Cate Prolo	ive blank and will cion please use festions: ing FHR Pattern partum testing researcy III FHR tracing gory II FHR tracing onged deceleration	(%) I be calculated for the primary ind (Fetal Distress) Jults which precludes to a not responding to	you ication for this ed trial of labor measures			Score*	
Arrival/First Admission Last Exam Before Delivery *Lea In the next sect appropriate qui Non-reassur Ante Cate Prolo	ive blank and will cion please use the estions: ing FHR Pattern partum testing resure gory III FHR tracing gory II FHR tracing tonged deceleration resure.	(%) I be calculated for the primary ind (Fetal Distress) Jults which precludes	you ication for this ed trial of labor measures			Score*	

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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
AND
Unable to generate regular contractions (every 3 minutes) and cervical change after oxytocin administered to 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 ≥ 12 hours OR, Moderate or strong contractions palpated for ≥ 12 hours
□ IUPC ≥ 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 ,
\Box 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:

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