CBE ID

0471

Title

PC-02 Cesarean Birth

Endorsement Status

Endorsement Removed

E&M Committee Rationale/Justification

Steward no longer pursuing endorsement

Is Under Review

No

Previous Endorsement Cycle

Spring 2020

Removal Date

Wed, 04/16/2025 - 12:48

Initial Endorsement

Thu, 10/23/2008 - 20:00

Steward

The Joint Commission

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

This measure assesses the rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. This measure is part of a set of four nationally implemented measures that address perinatal care (PC-01: Elective Delivery, ePC-01: Elective Delivery; PC-02: Cesarean Birth, ePC-02: Cesarean Birth will be added as an eCQM 1/1/2020; PC-05: Exclusive Breast Milk Feeding, ePC-05: Exclusive Breast Milk Feeding; PC-06 Unexpected Complications in Term Newborns was added 1/1/2019).
PC-02: Cesarean Birth is one of three measures in this set that have been re-engineered as eCQMs

(ePC-01 Elective Delivery, ePC-02 Cesarean Birth and ePC-05 Exclusive Breast Milk Feeding).

A reduction in the number of nulliparous patients with live term singleton newborns in vertex position (NTSV) delivering by cesarean birth will result in increased patient safety, a substantial decrease in maternal and neonatal morbidity and substantial savings in health care costs, Main et al. (2011). Successful quality improvement efforts incorporate audit and feedback strategies combined with provider and nurse education, guidelines and peer review.

The measure will assist health care organizations (HCOs) to track nulliparous patients with live term singleton newborns in vertex position delivering by cesarean birth to reduce the occurrence. Nulliparous women have 4-6 times the cesarean birth rate than multiparous women; thus, the NTSV population is the largest driver of primary cesarean birth rate. Furthermore, nulliparity varies greatly among hospitals (20% to 60%) making it the most important risk factor for stratification or adjustment, Main et al. (2006). NTSV has the large variation among facilities, thus identifying an important population on which to focus quality improvement efforts.

In addition, a reduction in primary cesarean births will reduce the number of women having repeat cesarean births (currently >90% of mothers who have a primary cesarean birth will have a Cesarean for all her subsequent births). Thus, improvement in the rates of cesarean birth for the first birth will reduce the morbidity of all future births and avoid all the controversies with trial of labor after cesarean/elective repeat cesareans.

Main, E.K., Moore, D., Farrell, B., Schimmel, L.D., Altman, R.J., Abrahams, C., et al., (2006). Is there a useful cesarean birth measure? Assessment of the nulliparous term singleton vertex cesarean birth rate as a tool for obstetric quality improvement. Am J Obstet Gynecol. 194:1644-51.
Main, E.K., Morton, C.H., Hopkins, D., Giuliani, G., Melsop, K. and Gould, J.B. (2011). Cesarean Deliveries, Outcomes, and Opportunities for Change in California: Toward a Public Agenda for Maternity Care Safety and Quality. Palo Alto, CA: CMQCC.

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility, Other

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

Patients with cesarean births with ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for cesarean birth as defined in Appendix A, Table 11.06.

1.15 Denominator

The outcome target population being measured is: Nulliparous patients with an ICD-10-CM Principal or Other Diagnosis Code for outcome of delivery as defined in Appendix A, Table 11.08

and with a delivery of a newborn with 37 weeks or more gestation completed or with an ICD-10-PCS Principal or Other Procedure Codes for delivery as defined in Appendix A, Tables 11.01.1.

1.20 Types of Data Sources

Paper Patient Medical Records, Other

6.1.2 Current or Planned Use(s)

Public Reporting, Regulatory and Accreditation Programs

6.1.3 Current Use(s)

Public Reporting, Regulatory and Accreditation Programs

Exclusions

• ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for multiple gestations and other presentations as defined in Appendix A, Table 11.09
• Less than 8 years of age
• Greater than or equal to 65 years of age
• Length of Stay >120 days
• Gestational Age < 37 weeks or UTD

Planned Use

Public Reporting

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Women

Use In Federal Program

Medicaid

The measure developer is different from the measure steward

No

Steward Organization

The Joint Commission

Steward POC email

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