Explanation for PC-02: Cesarean Birth

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The Cesarean Birth measure (PC-02) is designed to measure the rates of cesarean births among a subset of the general obstetric population of women while also keeping the burden of data collection to a minimum. The measure focuses on mothers having their first birth who are at the highest risk of primary cesarean birth when compared to mothers who have experienced a previous vaginal birth. By setting aside twins, breech presentations, and premature births, this measure focuses on a more homogeneous group of women where the greatest improvement opportunity exists. Other typical cesarean birth measures report rates of either primary cesarean (a mix of first and subsequent births and therefore dependent on the proportion of first births in the facilities' population) or repeat cesarean (identifies a different set of issues focused on emergency support capabilities).

Because the measure focuses on nulliparous women with a term, singleton baby in a vertex position, the only exclusions to the denominator population are multiple gestations and presentations other than a vertex position, which are realized through the use of specific ICD-10-CM diagnosis codes found on Table 11.09 in Appendix A of the Specifications Manual for Joint Commission National Quality Core Measures. Extensive testing by The Joint Commission made it clear that there is no need to exclude for all known indications for performing cesareans, since these type of medical conditions are less common and would not significantly increase a hospital’s adjusted cesarean rates. Maternal age, race, and weight are known cesarean risk factors for individuals but commonly cancel each other when analyzing for hospital PC-02 rates. Thus, including a comprehensive set of maternal medical exclusions would add data collection burdens without commensurate benefit.

There are also no ideal target rates for this outcome measure. Instead, the measure is designed to be an accurate way for leaders to identify whether a hospital’s rate of cesarean births for women included in this select population is consistent with the rate of cesareans within this same population at another hospital. Hospitals whose Cesarean Birth measure rates are higher than rates at other hospitals are encouraged to explore and evaluate differences in the medical and nursing management of women in labor. Suggestions from hospitals that have successfully improved performance in this measure were shared in the November 2013 issue of Perspectives.

Additional resources:

- "CMQCC White Paper: Cesarean Deliveries, Outcomes and Opportunities for Change in California" from the California Maternal Quality Care Collaborative website available at: [http://www.cmqcc.org/white_paper](http://www.cmqcc.org/white_paper)


- AWHONN "Go the Full 40 Grand Rounds Slide Presentation" available at: [http://www.health4mom.org/nurses-resources/](http://www.health4mom.org/nurses-resources/)