

**SECTION 6**  
**BIRTH OUTCOMES INITIATIVE**

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## SECTION 6 BIRTH OUTCOMES INITIATIVE

### BIRTH OUTCOMES INITIATIVE (BOI)

South Carolina Birth Outcomes Initiative (BOI) is an effort by the South Carolina Department of Health and Human Services (SCDHHS) and its partners to improve the health of newborns in the Medicaid program. Launched in July 2011, the Birth Outcomes Initiative is focused on achieving five key goals:

1. Ending elective inductions for non-medically indicated deliveries prior to 39 weeks. This should also help us address reducing the number of cesarean-sections as well as NICU admissions.
2. Reducing the average length of stay in neonatal intensive care units and pediatric intensive care units.
3. Reducing health disparities among newborns.
4. Making 17P, a compound that helps prevent pre-term births, available to all at-risk pregnant women with no “hassle factor.”
5. Implementing a universal screening and referral tool for physicians. This tool will screen pregnant women for tobacco use, substance abuse, depression, and domestic violence.

Key partners in the Birth Outcomes Initiative include: the SC Hospital Association, the SC Department of Health and Environmental Control, the SC Department of Drug and Other Alcohol Abuse Services, the SC Department of Mental Health, the SC Office of Research and Statistics, the University of South Carolina’s Institute on Families in Society, and the SC March of Dimes.

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**SECTION 6 BIRTH OUTCOMES INITIATIVE**  
**BIRTH OUTCOME INITIATIVE (BOI)**

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**SECTION 6 BIRTH OUTCOMES INITIATIVE****ACOG DELIVERY GUIDELINES**

The following conditions are generally accepted as exceptions to the guideline recommendation for planned delivery or induction no earlier than 39 weeks. Delivery < 39 weeks for these conditions may represent a benefit for the mother, the fetus or both. This list is not meant to be exclusive and each category may require a separate guideline to outline evidence-based practices regarding timing or delivery.

- Pre-eclampsia, mild or severe
- Uncontrollable chronic hypertension or gestational hypertension
- Poorly controlled diabetes mellitus
- Intra-uterine growth restriction (IUGR)
- Non-reassuring fetal status
- Oligohydramnios
- Fetal Gastroschisis
- Other congenital anomalies requiring early delivery (*i.e.*, Vein of Galen malformation)
- Fetal iso-immunization
- Allo-immune thrombocytopenia (NAIT)
- Placenta previa / accreta / percreta
- Vasa previa
- Preterm premature rupture of the membranes (PPROM)
- Premature rupture of the membranes (PROM)
- Placental abruption
- Severe maternal hemorrhage
- Chorioamnionitis
- Worsening maternal medical condition (renal failure, respiratory distress syndrome, acidosis, etc.)
- Maternal death (peri-mortem delivery)
- HIV
- Maternal malignancy
- Prior classical cesarean delivery (prior incisions into the muscular uterus)
- Prior myomectomy, uterine rupture or significant scarring
- Multiple gestation
- Cholestasis of pregnancy
- Herpes gestationis
- Impetigo herpetiformis

1. Spong C, Mercer B, D'Alton M, Kilpatrick S, Blackwell S, Saade G Timing of Indicated Late-Preterm and Early-Term Birth *Obstetrics/Gynecology* 118(2) Aug 2011 323-333
2. Adapted from the Society for Maternal-Fetal Medicine and the American Congress of Obstetricians and Gynecologists.

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**ACOG DELIVERY GUIDELINES**

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**SECTION 6 BIRTH OUTCOMES INITIATIVE**

**FLOW OF MEDICAID MODIFIER ASSIGNMENT FOR DELIVERIES**

Acronym List

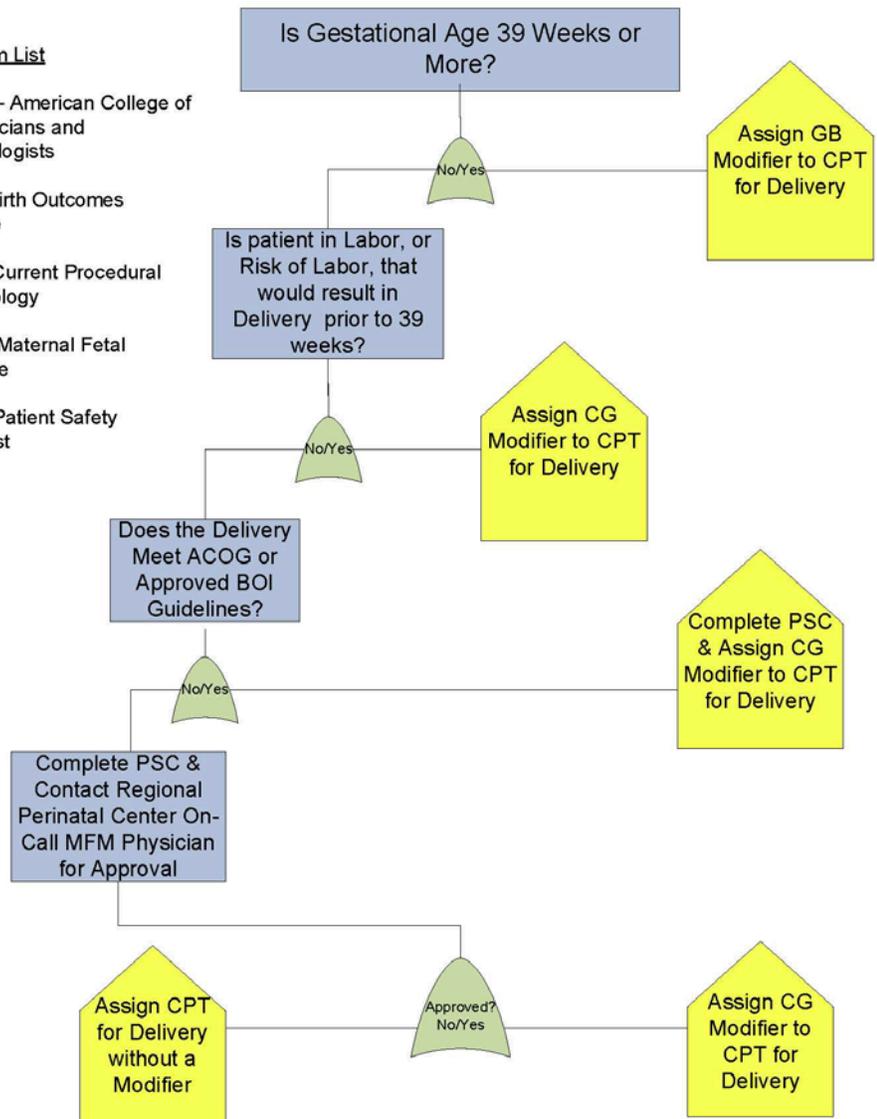
ACOG – American College of Obstetricians and Gynecologists

BOI – Birth Outcomes Initiative

CPT – Current Procedural Terminology

MFM – Maternal Fetal Medicine

PSC – Patient Safety Checklist



2 July 12  
Office of Reporting, Research and Special Projects

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## SECTION 6 BIRTH OUTCOMES INITIATIVE

### BOI APPROVED DELIVERY GUIDELINES

*Excluded populations: ICD-9-CM principal diagnosis code or ICD-9-CM other diagnosis codes for conditions possibly justifying elective delivery prior to 39 weeks gestation*

CODE	ICD_9_CM_DESCRIPTION	SHORTENED DESCRIPTION
73.01	INDUCTION OF LABOR BY ARTIFICIAL RUPTURE OF MEMBRANES	INDUCT LABOR-RUPT MEMB
73.1	OTHER SURGICAL INDUCTION OF LABOR	SURG INDUCT LABOR NEC
73.4	MEDICAL INDUCTION OF LABOR	MEDICAL INDUCTION LABOR
74.0	CLASSICAL CESAREAN SECTION	CLASSICAL C-SECTION
74.1	LOW CERVICAL CESAREAN SECTION	LOW CERVICAL C-SECTION
74.2	EXTRAPERITONEAL CESAREAN SECTION	EXTRAPERITONEAL C-SECTION
74.4	CESAREAN SECTION OF OTHER SPECIFIED TYPE	CESAREAN SECTION NEC
74.99	OTHER CESAREAN SECTION OF UNSPECIFIED TYPE	CESAREAN SECTION NOS
658.21	DELAYED DELIVERY AFTER SPONTANEOUS OR UNSPECIFIED RUPTURE OF MEMBRANES, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	PROLONG RUPT MEMB-DELIV
042	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	HUMAN IMMUNO VIRUS DIS
641.01	PLACENTA PREVIA W/O HEMORRHAGE, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	PLACENTA PREVIA-DELIVER
641.11	HEMORRHAGE FROM PLACENTA PREVIA, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	PLACENTA PREV HEM-DELIV
641.21	PREMATURE SEPARATION OF PLACENTA, DELIVERED, W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	PREM SEPAR PLACEN-DELIV
641.31	ANTEPARTUM HEMORRHAGE ASSOCIATED W/COAGULATION DEFECTS, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	COAG DEF HEMORR-DELIVER
641.81	OTHER ANTEPARTUM HEMORRHAGE, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	ANTEPARTUM HEM NEC-DELIV
641.91	UNSPECIFIED ANTEPARTUM HEMORRHAGE, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	ANTEPARTUM HEM NOS-DELIV
642.01	BENIGN ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH, & PUERPERIUM, DELIVERED W/OR W/OUT MENTION OF ANTEPARTUM CONDITION	ESSEN HYPERTEN-DELIVERED
642.02	BENIGN ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH, & PUERPERIUM, DELIVERED W/MENTION OF	ESSEN HYPERTEN-DEL W P/P

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### BOI APPROVED DELIVERY GUIDELINES

CODE	ICD_9_CM_DESCRIPTION	SHORTENED DESCRIPTION
	POSTPARTUM COMPLICATION	
642.11	HYPERTENSION SECONDARY TO RENAL DISEASE, COMPLICATING PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	RENAL HYPERTEN PG-DELIV
642.12	HYPERTENSION SECONDARY TO RENAL DISEASE, COMPLICATING PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	RENAL HYPERTEN-DEL P/P
642.21	OTHER PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH & PUERPERIUM, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	OLD HYPERTEN NEC-DELIVER
642.22	OTHER PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH & PUERPERIUM, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	OLD HYPERTEN-DELIV W P/P
642.31	TRANSIENT HYPERTENSION OF PREGNANCY, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	TRANS HYPERTEN-DELIVERED
642.32	TRANSIENT HYPERTENSION OF PREGNANCY, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	TRANS HYPERTEN-DEL W P/P
642.41	MILD OR UNSPECIFIED PRE-ECLAMPSIA, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	MILD/NOS PREECLAMP-DELIV
642.42	MILD OR UNSPECIFIED PRE-ECLAMPSIA, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	MILD PREECLAMP-DEL W P/P
642.51	SEVERE PRE-ECLAMPSIA, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	SEVERE PREECLAMP-DELIVER
642.52	SEVERE PRE-ECLAMPSIA, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	SEV PREECLAMP-DEL W P/P
642.61	ECLAMPSIA, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	ECLAMPSIA-DELIVERED
642.62	ECLAMPSIA, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	ECLAMPSIA-DELIV W P/P
642.71	PRE-ECLAMPSIA OR ECLAMPSIA SUPERIMPOSED ON PRE-EXISTING HYPERTENSION, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	TOX W OLD HYPERTEN-DELIV
642.72	PRE-ECLAMPSIA OR ECLAMPSIA SUPERIMPOSED ON PRE-EXISTING HYPERTENSION, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	TOX W OLD HYP-DEL W P/P
642.91	UNSPECIFIED HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	HYPERTENS NOS-DELIVERED

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### BOI APPROVED DELIVERY GUIDELINES

CODE	ICD_9_CM_DESCRIPTION	SHORTENED DESCRIPTION
642.92	UNSPECIFIED HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	HYPERTENS NOS-DEL W P/P
645.11	POST TERM PREGNANCY, DELIVERED, W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	POST TERM PREG-DEL
646.21	UNSPECIFIED RENAL DISEASE IN PREGNANCY, W/OUT MENTION OF HYPERTENSION, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	RENAL DIS NOS-DELIVERED
646.22	UNSPECIFIED RENAL DISEASE IN PREGNANCY, W/OUT MENTION OF HYPERTENSION, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	RENAL DIS NOS-DEL W P/P
646.71	LIVER DISORDERS IN PREGNANCY, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	LIVER DISORDER-DELIVERED
648.51	CONGENITAL CARDIOVASCULAR DISORDERS, DELIVERED W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	CONGEN CV DIS-DELIVERED
648.52	CONGENITAL CARDIOVASCULAR DISORDERS, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	CONGEN CV DIS-DEL W P/P
648.61	OTHER CARDIOVASCULAR DISEASES, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	CV DIS NEC PREG-DELIVER
648.62	OTHER CARDIOVASCULAR DISEASES, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	CV DIS NEC-DELIVER W P/P
648.81	ABNORMAL GLUCOSE TOLERANCE, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	ABN GLUCOSE TOLER-DELIV
648.82	ABNORMAL GLUCOSE TOLERANCE, DELIVERED W/MENTION OF POSTPARTUM COMPLICATION	ABN GLUCOSE-DELIV W P/P
649.31	COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	COAGULATION DEF-DELIV
649.32	COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION	COAGULATN DEF-DEL W P/P
651.01	MULTIPLE GESTATION, TWIN PREGNANCY, DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	TWIN PREGNANCY-DELIVERED
651.11	MULTIPLE GESTATION, TRIPLET PREGNANCY, DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	TRIPLET PREGNANCY-DELIV
651.21	MULTIPLE GESTATION, QUADRUPLET PREGNANCY, DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	QUADRUPLET PREG-DELIVER

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### BOI APPROVED DELIVERY GUIDELINES

CODE	ICD_9_CM_DESCRIPTION	SHORTENED DESCRIPTION
651.31	MULTIPLE GESTATION, TWIN PREGNANCY W/FETAL LOSS AND RETENTION OF 1 FETUS, DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	TWINS W FETAL LOSS-DEL
651.41	MULTIPLE GESTATION, TRIPLET PREGNANCY, W/FETAL LOSS AND RETENTION OF ONE OR MORE FETUS (ES), DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	TRIPLETS W FET LOSS-DEL
651.51	MULTIPLE GESTATION, QUADRUPLET PREGNANCY, W/FETAL LOSS AND RETENTION OF 1 OR MORE FETUS(ES), DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	QUADS W FETAL LOSS-DEL
651.61	MULTIPLE GESTATION, OTHER MULTIPLE PREGNANCY, W/FETAL LOSS AND RETENTION OF 1 OR MORE FETUS(ES), DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	MULT GES W FET LOSS-DEL
651.71	MULTIPLE GESTATION FOLLOWING (ELECTIVE) FETAL REDUCTION, DELIVERED WITHOUT MENTION OF ANTEPARTUM CONDITION	MULT GEST-FET REDUCT DEL
651.81	MULTIPLE GESTATION, OTHER SPECIFIED MULTIPLE GESTATION, DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	MULTI GESTAT NEC-DELIVER
651.91	MULTIPLE GESTATION, UNSPECIFIED MULTIPLE GESTATION, DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	MULT GESTATION NOS-DELIV
652.01	UNSTABLE LIE, DELIVERED, W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	UNSTABLE LIE-DELIVERED
652.61	MULTIPLE GESTATION W/MALPRESENTATION OF 1 FETUS OR MORE, DELIVERED, W/ OR W/OUT MENTION OF ANTEPARTUM CONDITION	MULT GEST MALPRES-DELIV
655.01	CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, DELIVERED, W/ OR W/O MENTION OF ANTEPARTUM CONDITION	FETAL CNS MALFORM-DELIV
655.11	CHROMOSOMAL ABNORMALITY IN FETUS, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	FETAL CHROMOSO ABN-DELIV
655.31	SUSPECTED DAMAGE TO FETUS FROM VIRAL DISEASE IN THE MOTHER, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	FET DAMG D/T VIRUS-DELIV
655.41	SUSPECTED DAMAGE TO FETUS FROM OTHER DISEASE IN THE MOTHER, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	FET DAMG D/T DIS-DELIVER
655.51	SUSPECTED DAMAGE TO FETUS FROM DRUGS, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	FET DAMAG D/T DRUG-DELIV
655.61	SUSPECTED DAMAGE TO FETUS FROM RADIATION, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	RADIAT FETAL DAMAG-DELIV
656.01	FETAL-MATERNAL HEMORRHAGE, DELIVERED, W/ OR W/O MENTION OF ANTEPARTUM CONDITION	FETAL-MATERNAL HEM-DELIV

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### BOI APPROVED DELIVERY GUIDELINES

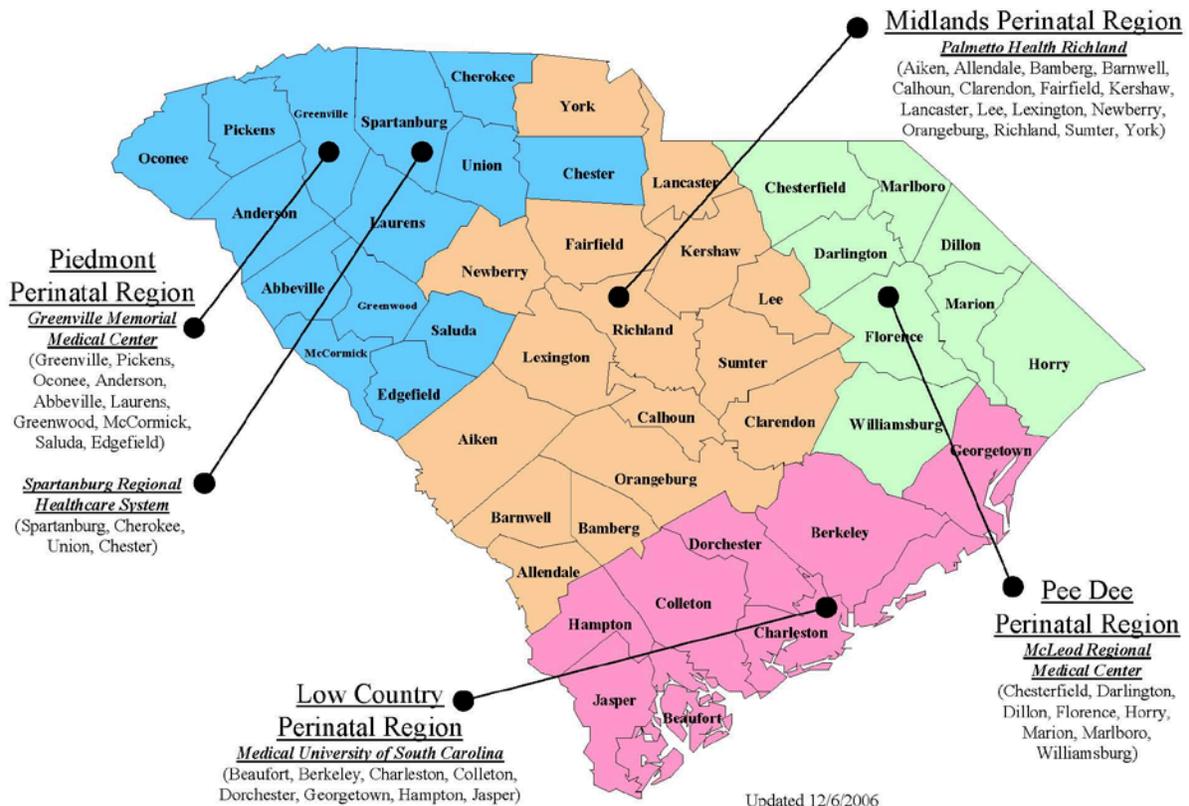
CODE	ICD_9_CM_DESCRIPTION	SHORTENED DESCRIPTION
656.11	RHESUS ISOIMMUNIZATION, DELIVERED, W/ OR W/O MENTION OF ANTEPARTUM CONDITION	RH ISOIMMUNIZAT-DELIVER
656.21	ISOIMMUNIZATION FROM OTHER AND UNSPECIFIED BLOOD-GROUP INCOMPATIBILITY, DELIVERED, W/ OR W/O MENTION OF ANTEPARTUM CONDITION	ABO ISOIMMUNIZAT-DELIVER
656.31	FETAL DISTRESS, DELIVERED, W/ OR W/O MENTION OF ANTEPARTUM CONDITION	FETAL DISTRESS-DELIVERED
656.41	INTRAUTERINE DEATH, DELIVERED, W/ OR W/O MENTION OF ANTEPARTUM CONDITION	INTRAUTER DEATH-DELIVER
656.51	POOR FETAL GROWTH, DELIVERED, W/ OR W/O MENTION OF ANTEPARTUM CONDITION	POOR FETAL GROWTH-DELIV
657.01	POLYHYDRAMNIOS, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	POLYHYDRAMNIOS-DELIVERED
658.01	OLIGOHYDRAMNIOS, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	OLIGOHYDRAMNIOS-DELIVER
658.11	PREMATURE RUPTURE OF MEMBRANES, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	PREM RUPT MEMBRAN-DELIV
658.21	DELAYED DELIVERY AFTER SPONTANEOUS OR UNSPECIFIED RUPTURE OF MEMBRANES, DELIVERED W/ OR W/O MENTION OF ANTEPARTUM CONDITION	PROLONG RUPT MEMB-DELIV
659.71	ABNORMALITY IN FETAL HEART RATE OR RHYTHM, DELIVERED, W/ OR W/O MENTION OF ANTEPARTUM CONDITION	ABN FTL HRT RATE/RHY-DEL
V08	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS [HIV] INFECTION VIRUS	ASYMP HIV INFECTN STATUS
V23.5	PREGNANCY WITH OTHER POOR OBSTETRIC HISTORY; PREGNANCY WITH HISTORY OF STILLBIRTH OR NEONATAL DEATH	PREG W POOR REPRODUCT HX
V27.1	SINGLE STILLBORN	DELIVER-SINGLE STILLBORN

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**BOI APPROVED DELIVERY GUIDELINES**

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**SECTION 6 BIRTH OUTCOMES INITIATIVE**

**SOUTH CAROLINA PERINATAL REGIONS**



## SECTION 6 BIRTH OUTCOMES INITIATIVE

### SOUTH CAROLINA PERINATAL REGIONS

<i>South Carolina Perinatal Regionalization Care System</i>					
Regional Center	Counties	Regional System Developer	Outreach Education	Transport	
<b><u>LOW COUNTRY REGION</u></b> MUSC Medical Center 165 Ashley Avenue MSC 917 Charleston, SC 29425 Phone: (843) 792-5179 Fax: (843) 792-8801	Beaufort Berkeley Charleston Colleton	Derchester Hampton Jasper Georgetown	<b><i>Kathy Ray, RN, MSN</i></b> MUSC/Dept. of Pediatrics Division of Neonatology 165 Ashley Avenue MSC 917 Charleston, SC 29425 Phone: (843) 792-2602 Fax: (843) 792-8801 Beeper: (843) 792-0590 ID#12413 E-mail: rayk@musc.edu	<b><i>Mary Ernst, RNC - OB</i></b> Phone: (843) 792-6395 Fax: (843) 762-3490 Beeper: (843) 792-0590 ID#13010 E-mail: ernstm@musc.edu  <b><i>Ron'a Cushman, MS, APRN, NNP - Neo</i></b> Phone: (843) 792-7784 Fax: (843) 792-8801 Beeper: (843) 792-0590 ID#12530 E-mail: cushman@musc.edu	<b><i>MEDUCARE (Neonatal):</i></b> 1-800-423-1330 Local: (843) 792-3311  <b><i>Meduline (Maternal):</i></b> 1-800-922-5250
<b><u>MIDLANDS REGION</u></b> Palmetto Health Richland 5 Medical Park Columbia, SC 29203 NICU: (803) 434-7151 Fax: (803) 434-6401 L&D: (803) 434-6333 Fax: (803) 434-6334	Aiken Allendale Bamberg Barnwell Calhoun Clarendon Fairfield Kershaw	Lancaster Lee Lexington Newberry Orangeburg Richland Sumter York	<b><i>Amy Nienhuis, LISW-CP, MSW</i></b> 3 Medical Park, Suite 400 Columbia, SC 29203 Phone: (803) 434-6961 Fax: (803) 434-4309 Cell: (803) 397-8828 Beeper: (803) 352-0363 E-mail: <a href="mailto:Amy.Nienhuis@palmettohealth.org">Amy.Nienhuis@palmettohealth.org</a>	<b><i>Michelle Flanagan, RN, BSN - OB</i></b> 3 Medical Park, Suite 400 Phone: (803) 434-7243 Fax: (803) 434-4309 Beeper: (803) 352-1997 E-mail: <a href="mailto:Michelle.Flanagan@palmettohealth.org">Michelle.Flanagan@palmettohealth.org</a>  <b><i>Chaka Davis, MSN, MPH - Neo</i></b> 3 Medical Park, Suite 400 Phone: (803) 434-2913 Fax: (803) 434-4309 Beeper: (803) 352-0362 E-mail: <a href="mailto:Chaka.Davis@palmettohealth.org">Chaka.Davis@palmettohealth.org</a>	To arrange <i>Maternal Transport</i> : Call L&D: (803) 434-6333 or MFM pager: 888-527-0174  To arrange <i>Neonatal Transport</i> : call: NICU @ (803) 434-7151
<b><u>PEE DEE REGION</u></b> McLeod Regional Med Center 555 East Cheves Street Florence, SC 29506-2617 PO Box 100551 Florence, SC 29502-0551 NICU: (843) 777-8379 Fax: (843) 777-8345 L&D: (843) 777-8450 Fax: (843) 777-2499	Chesterfield Darlington Dillon Florence	Harry Marion Marlboro Williamsburg	<b><i>Jeannie Thompson, RNC, BSN</i></b> McLeod Regional Medical Center PO Box 100551 Florence, SC 29502-0551 Phone: (843) 777-5059 Fax: (843) 777-8172 E-mail: <a href="mailto:jthompson@mcleodhealth.org">jthompson@mcleodhealth.org</a>	<b><i>Helen Hokanson, RN - OB</i></b> Phone: (843) 777-8461 Fax: (843) 777-8474 E-mail: <a href="mailto:hhokanson@mcleodhealth.org">hhokanson@mcleodhealth.org</a>  <b><i>Heather Heape, RN - Neo</i></b> Phone: (843) 777-5027 Fax: (843) 777-8474 E-mail: <a href="mailto:hheape@mcleodhealth.org">hheape@mcleodhealth.org</a>	<b><i>Neonatal Transport:</i></b> Call: NICU @ (843) 777-8380  <b><i>Maternal Transport:</i></b> Call: Hotline @ 1-866-678-3889

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### SOUTH CAROLINA PERINATAL REGIONS

<i>South Carolina Perinatal Regionalization Care System</i>				
Regional Center	Counties	Regional System Developer	Outreach Education	Transport
<p><b><u>PIEDMONT REGION</u></b> Greenville Hospital System 701 Grove Road Greenville, SC 29605 NICU: (864) 455-7165 L&amp;D: (864) 455-7164 Fax: (864) 455-8434</p>	<p>Abbeville Oconee Anderson Pickens Greenville Laurens Edgefield McCormick Greenwood Saluda</p>	<p><b><i>Meg Jewell, MA</i></b> Dept. of Perinatal Development 701 Grove Rd., Attn: 6th Floor Greenville, SC 29605 Phone: (864) 455-8441 Fax: (864) 455-5075 Beeper: (864) 996-4898 E-mail: mjewell@ghs.org</p>	<p><b><i>Danny Dearybury, RNC, BHS - OB</i></b> Phone: (864) 455-3063 Fax: (864) 455-5075 Beeper: (864) 996-0738 E-mail: ddearybury@ghs.org</p> <p><b><i>Bridget Allen, RNC, MS - Neo</i></b> Phone: (864) 455-7059 Fax: (864) 455-8368 Beeper: (864) 996-4912 E-mail: ballen@ghs.org</p>	<p><b><i>Neonatal Transport:</i></b> <b><i>Jennifer Griffin, RN</i></b> Phone: (864) 455-7165 Beeper: (864) 455-7000 NICU: (864) 455-7165</p> <p><b><i>Maternal Transport:</i></b> Phone: (864) 455-1640 cr (864) 455-7164</p>
<p><b><u>PIEDMONT REGION</u></b> Spartanburg Regional Health Care System 101 East Wood Street Spartanburg, SC 29303 Phone: (864) 560-6000 Fax: (864) 560-6010</p>	<p>Cherokee Spartanburg Chester Union</p>	<p><b><i>Meg Jewell, MA</i></b> Dept. of Perinatal Development 701 Grove Rd., Attn: 6th Floor Greenville, SC 29605 Phone: (864) 455-8441 Fax: (864) 455-5075 Beeper: (864) 996-4898 E-mail: mjewell@ghs.org</p>	<p><b><i>Ann Clayton, RNC, BSN - OB</i></b> Voice Mail: (864) 560-2243 Cell Phone: (864) 809-1003 Fax: (864) 560-2295 E-mail: vclayton@srhs.com</p> <p><b><i>Alicia Whiteside, RNC, BSN - Neo</i></b> Phone: (864) 560-6516 Cell: (864) 809-7016 Fax: (864) 560-6010 E-mail: awhiteside@srhs.com</p>	<p><b><i>Arrange Neonatal Transport:</i></b> (864) 560-6297</p> <p><b><i>Arrange Maternal Transport:</i></b> L&amp;D Triage: (864) 560-2275 MFM: (864) 560-1618 Dr. Scardo pager: (864) 253-7889 Dr. Vermillon pager: (864) 253-2458 OB Resident on call pager: (864) 620-6460</p>
<p><b><u>SC DHEC CENTRAL OFFICE</u></b> <b><i>Kathy Swanson, MSPH</i></b> Director Division of Perinatal Systems 1751 Calhoun Street Columbia, SC 29201</p>		<p>Phone: (803) 898-0734 Fax: (803) 898-2065 E-mail: swansckm@dhec.sc.gov</p>	<p>Revised: July 7, 2008</p>	

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**SOUTH CAROLINA PERINATAL REGIONS**

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## SECTION 6 BIRTH OUTCOMES INITIATIVE

# ACOG PATIENT SAFETY CHECKLIST FOR SCHEDULING INDUCTION OF LABOR

The American College of  
Obstetricians and Gynecologists  
Women's Health Care Physicians



*Patient Safety Checklist* ✓

Number 5 • December 2011

(Replaces Patient Safety Checklist No. 1, November 2011)

### SCHEDULING INDUCTION OF LABOR

Date \_\_\_\_\_ Patient \_\_\_\_\_ Date of birth \_\_\_\_\_ MR # \_\_\_\_\_  
 Physician or certified nurse–midwife \_\_\_\_\_ Last menstrual period \_\_\_\_\_  
 Gravidity/Parity \_\_\_\_\_

Estimated date of delivery \_\_\_\_\_ Best estimated gestational age at delivery \_\_\_\_\_

Proposed induction date \_\_\_\_\_ Proposed admission time \_\_\_\_\_

- Gestational age of 39 0/7 weeks or older confirmed by either of the following criteria (1):
- Ultrasound measurement at less than 20 weeks of gestation supports gestational age of 39 weeks or greater
  - Fetal heart tones have been documented as present for 30 weeks of gestation by Doppler ultrasonography

Indication for induction: (choose one)

- Medical complication or condition (1): Diagnosis: \_\_\_\_\_
- Nonmedically indicated (1–3): Circumstances: \_\_\_\_\_

Patient counseled about risks, benefits, and alternatives to induction of labor (1)

- Consent form signed as required by institution

Bishop Score (see below) (1): \_\_\_\_\_

#### Bishop Scoring System

Score	Factor				
	Dilation (cm)	Position of Cervix	Effacement (%)	Station*	Cervical Consistency
0	Closed	Posterior	0–30	-3	Firm
1	1–2	Midposition	40–50	-2	Medium
2	3–4	Anterior	60–70	-1, 0	Soft
3	5–6	—	80	+1, +2	—

\*Station reflects a –3 to +3 scale.

Modified from Bishop EH. Pelvic scoring for elective induction. *Obstet Gynecol* 1964;24:266–8.

- Pertinent prenatal laboratory test results (eg, group B streptococci or hematocrit) available (4, 5)
- Special concerns (eg, allergies, medical problems, and special needs): \_\_\_\_\_

#### To be completed by reviewer:

- Approved induction after 39 0/7 weeks of gestation by aforementioned dating criteria
- Approved induction before 39 0/7 weeks of gestation (medical indication)
- HARD STOP** – gestational age, indication, consent, or other issues prevent initiating induction without further information or consultation with department chair

**SECTION 6 BIRTH OUTCOMES INITIATIVE**

**ACOG PATIENT SAFETY CHECKLIST FOR SCHEDULING INDUCTION OF LABOR**

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## SECTION 6 BIRTH OUTCOMES INITIATIVE

# ACOG PATIENT SAFETY CHECKLIST FOR PLANNED CESAREAN DELIVERY

The American College of  
Obstetricians and Gynecologists  
*Women's Health Care Physicians*



### *Patient Safety Checklist* ✓

Number 3 • December 2011

#### SCHEDULING PLANNED CESAREAN DELIVERY

Date \_\_\_\_\_ Patient \_\_\_\_\_ Date of birth \_\_\_\_\_ MR # \_\_\_\_\_  
 Physician or certified nurse-midwife \_\_\_\_\_ Last menstrual period \_\_\_\_\_  
 Gravidity/Parity \_\_\_\_\_  
 Estimated date of delivery \_\_\_\_\_ Best estimated gestational age (at admission) \_\_\_\_\_  
 Proposed cesarean delivery date \_\_\_\_\_

##### Indication (choose one):

- Medically indicated: Diagnosis: \_\_\_\_\_
- Repeat cesarean delivery (choose one) (1, 2):
  - Trial of labor not appropriate: Reason: \_\_\_\_\_
  - Trial of labor offered
    - Yes
    - No: Reason: \_\_\_\_\_
  - Patient counseled about risks and benefits of cesarean delivery versus trial of labor and vaginal delivery (1, 3)
    - Consent form signed as required by the institution
  - Repeat cesarean delivery for logistical reasons: Circumstances: \_\_\_\_\_
- Elective primary cesarean delivery at maternal request (4):
  - Patient counseled about risks and benefits of cesarean delivery versus vaginal delivery (1, 3)
    - Consent form signed as requested by institution
- Gestational age of 39 0/7 weeks or greater confirmed by either of the following criteria (5):
  - Ultrasound measurement at less than 20 weeks of gestation supports gestational age of 39 weeks or greater
  - Fetal heart tones have been documented as present for 30 weeks of gestation by Doppler ultrasonography

If this is an elective cesarean delivery and gestational age is 39 0/7 weeks or less, reason for variance: \_\_\_\_\_

Results of amniocentesis (if performed): \_\_\_\_\_

- Preoperative and pertinent prenatal laboratory test results (eg, group B streptococci or hematocrit) available (2)
- Special concerns (eg, allergies, medical problems, and special needs) \_\_\_\_\_
- Pertinent comorbid risk factors (maternal and fetal) \_\_\_\_\_

##### To be completed by reviewer:

- Approved cesarean delivery for gestational age equal to or greater than 39 0/7 weeks by the aforementioned dating criteria
- Approved cesarean delivery before 39 0/7 weeks of gestation (medical indication)
- HARD STOP** – gestational age, indication, consent, or other issues prevent initiating planned cesarean delivery without further information or consultation with department chair

## SECTION 6 BIRTH OUTCOMES INITIATIVE

### ACOG PATIENT SAFETY CHECKLIST FOR PLANNED CESAREAN DELIVERY

#### References

1. Vaginal birth after cesarean delivery. Practice Bulletin No. 115. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2010;116:786–90.
2. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Intrapartum and postpartum care. In: *Guidelines for perinatal care*. 6th ed. Elk Grove Village (IL): AAP; Washington, DC: ACOG; 2007. p. 139–74.
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4. Cesarean delivery on maternal request. ACOG Committee Opinion No. 394. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2007;110:1501.
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*Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The American College of Obstetricians and Gynecologists has developed a series of patient safety checklists to help facilitate the standardization process. This checklist reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular checklist may be adapted to local resources, standardization of checklists within an institution is strongly encouraged.*

#### How to Use This Checklist

The Patient Safety Checklist on Scheduling Planned Cesarean Delivery should be completed by the health care provider and submitted to the respective hospital to schedule a planned cesarean delivery. The hospital should establish procedures to review the appropriateness of the scheduling based on the information contained in the checklist. A hard stop should be called if there are questions that arise that require further information or consultation with the department chair.

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