C-Sections for Single Live Full-Term Head-First Births to First-Time Mothers (NTSV)
January 2018 - December 2018 WA Births at Non-Military Hospitals by Hospital Level of Care

Washington does not currently have a stated target for this measure.

C-Sections NTSV—C-Sections among Nulliparous Term Single live Vertex births, also described as single live full-term head-first births to first-time mothers. Hospital Level of Care: The Washington State Department of Health compiles Perinatal Level of Care Guidelines (available at http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf) which outline general functions, patient descriptors, and resources for basic (Level I), intermediate (Level II), intensive care (Level III, commonly referred to as Neonatal Intensive Care Unit or NICU), and Regional NICU (Level IV) obstetrical and neonatal services. Hospitals with Level III designation are distributed across the state to provide regionalized services with the appropriate level of care for pregnant women and newborns. The Critical Access Hospital [CAH] Program was created as a safety net device to assure Medicare beneficiaries access to health care services in rural areas. For specifications see https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth/RuralHealthSystems

Excludes cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, hospital births where intended place of birth was other than hospital, and hospitals with fewer than 20 single live full-term head-first births to first-time mothers.
Primary C-Sections Among Term Singleton Vertex (TSV) Deliveries
January 2018 - December 2018 WA Births at Non-Military Hospitals by Hospital Level of Care

Statewide Rate = 14.1%

Primary C-Sections TSV = C-Sections for Single Live Full-Term Head-First Births (TSV) to women with no prior C-sections.

Hospital Level of Care: The Washington State Department of Health compiles Perinatal Level of Care Guidelines (available at http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf) which outline general functions, patient descriptors, and resources for basic (Level I), intermediate (Level II), intensive care (Level III, commonly referred to as Neonatal Intensive Care Unit or NICU), and Regional NICU (Level IV) obstetrical and neonatal services. Hospitals with Level III designation are distributed across the state to provide regionalized services with the appropriate level of care for pregnant women and newborns. The Critical Access Hospital (CAH) Program was created as a safety net device to assure Medicare beneficiaries access to health care services in rural areas. For specifications see https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth/RuralHealthSystems. Excludes cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, hospital births where intended place of birth was other than hospital, and hospitals with fewer than 20 single live full-term head-first births to women with no prior C-section.
Vaginal Births After Single C-Section (VBAC) for Term Single Head-First Deliveries
January 2018 - December 2018 WA Births at Non-Military Hospitals by Perinatal Region

Washington does not currently have a stated target for this measure.

Vaginal Births after Single C-Section (VBAC) are vaginal births among live births to women with term single head-first deliveries after a single prior c-section. Number of prior c-sections is determined by Birth Certificate number stated and longitudinal linkage.

Number of vaginal births after single identified c-section is shown next to hospital name.

Excludes hospitals with fewer than 20 deliveries to women who are appropriate candidates for VBAC, and hospitals that do not offer planned vaginal birth delivery services after a prior cesarean section.

The Perinatal Regional Network is coordinated by the Department of Health and is a collaborative effort with the Health Care Authority/Medicaid. The program uses state and federal funds to contract with geographically strategic healthcare institutions to coordinate and implement state and regional quality improvement projects to decrease poor pregnancy outcomes for which Medicaid clients are at disproportionately increased risk.