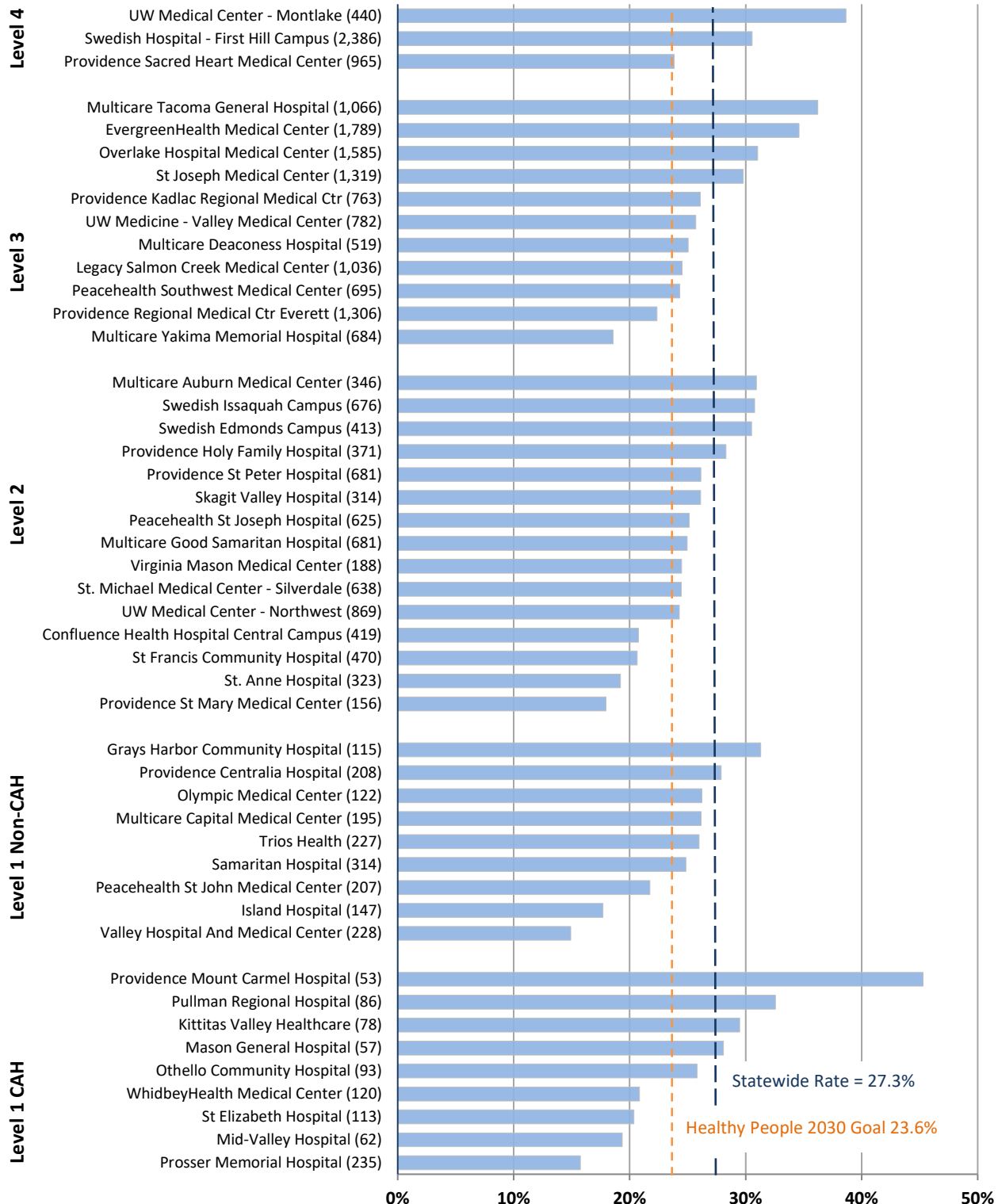


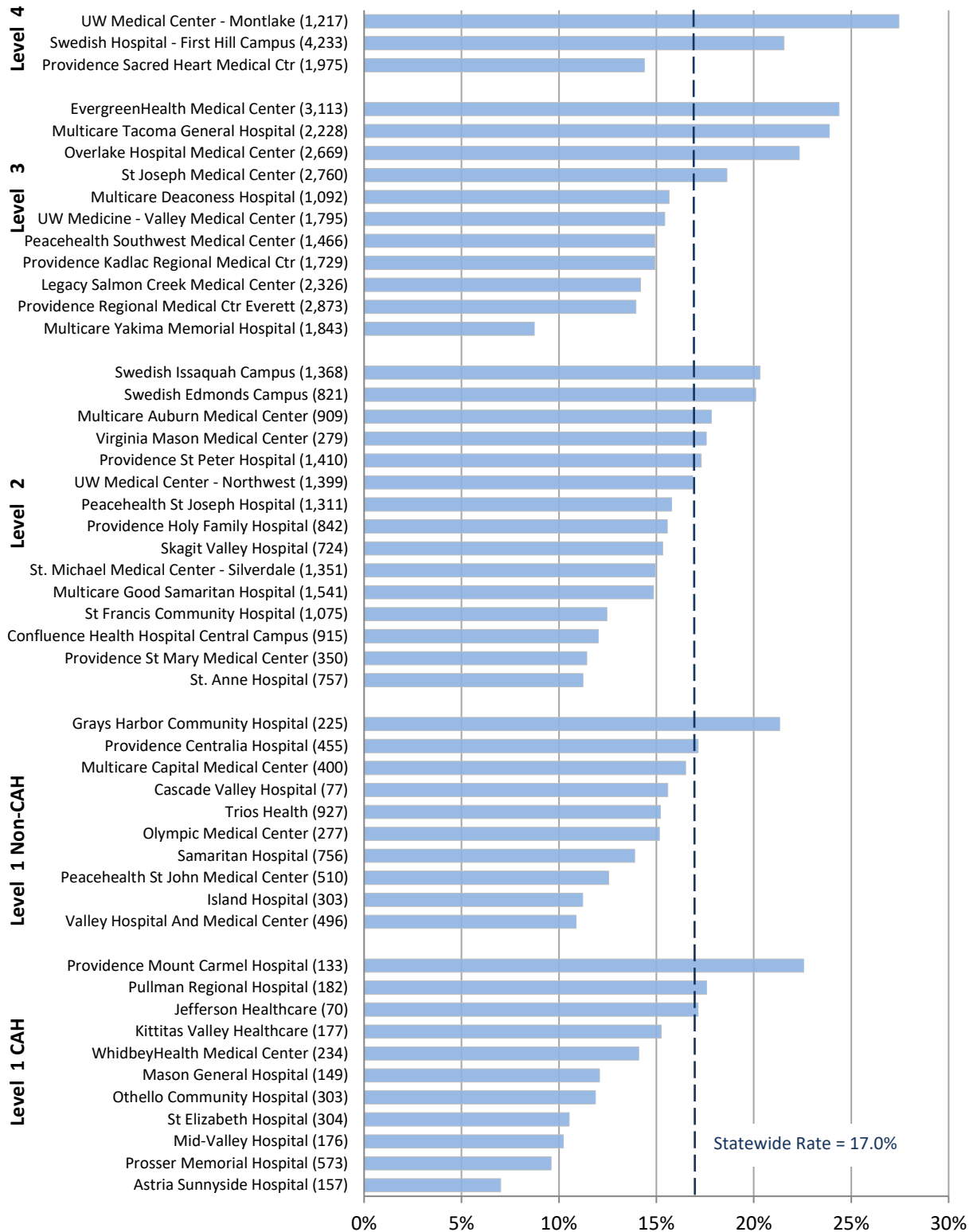
**C-Sections for Single Live Full-Term Head-First Births to First-Time Parents (NTSV)**  
**January - December 2024 WA Births (preliminary) at Non-Military Hospitals by Hospital Perinatal Level of Care**  
 (Rate Denominator Displayed in Parentheses)



2024 vital records data are preliminary. **C-Sections NTSV** = Cesarean Sections among Nulliparous Term Single live Vertex births, also described as single, live, full-term, head-first births to first-time parents. NTSV denominator is shown in parentheses. Washington does not currently have a stated target for this measure, however lower rates are better. **Excludes** cases where the individual giving birth 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 parents and/or fewer than 11 NTSV c-sections.

The Washington State Department of Health compiles **Hospital 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 individuals and newborns. The **Critical Access Hospital (CAH)** Program was created as a safety net to ensure Medicare beneficiaries access to health care services in rural areas. For specifications see <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth/RuralHealthSystems>

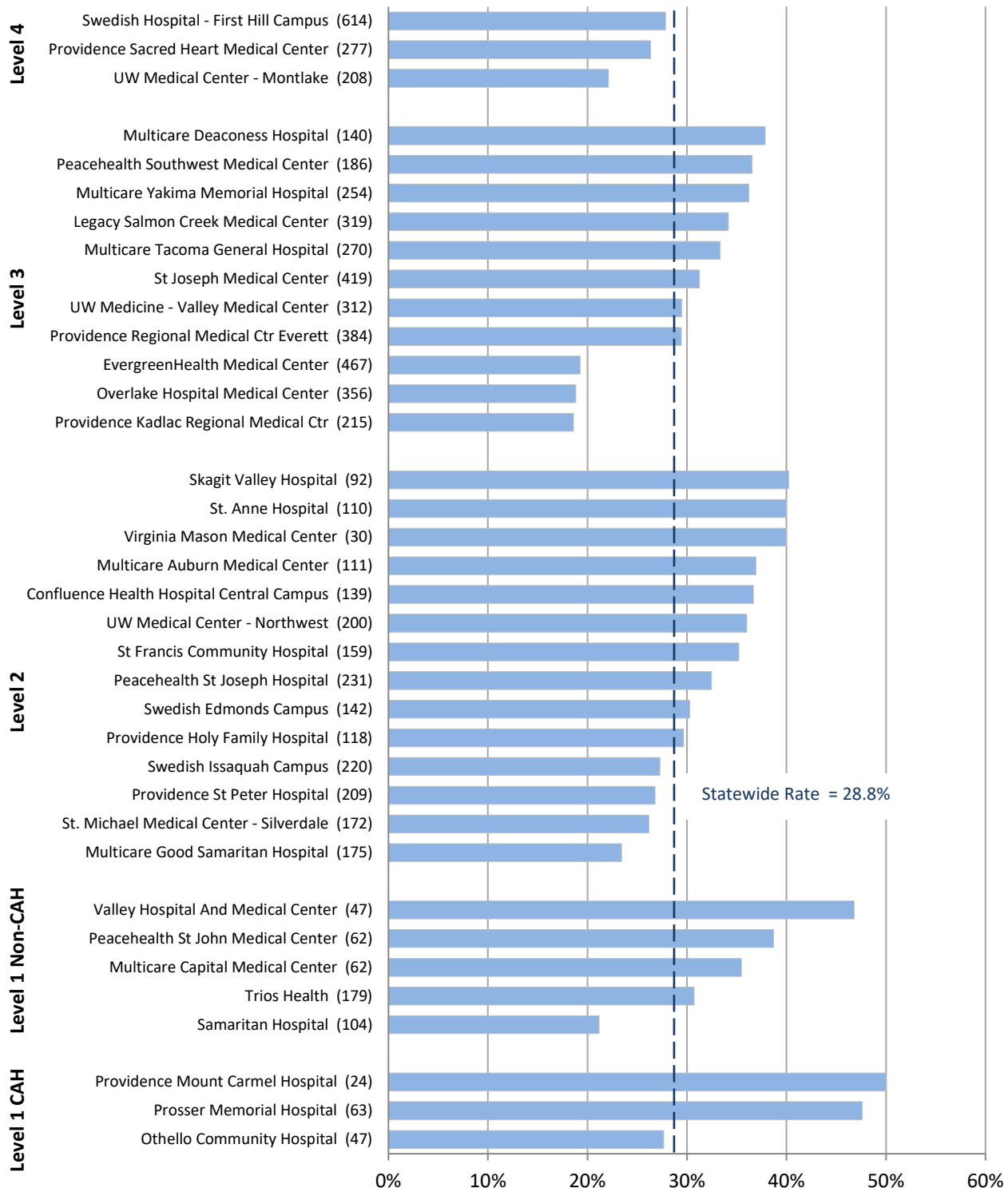
**Primary C-Sections Among Term Singleton Vertex (TSV) Deliveries**  
**January - December 2024 WA Births (preliminary) at Non-Military Hospitals by Hospital Perinatal Level of Care**  
 (Rate Denominator Displayed in Parentheses)



2024 vital records data are preliminary. **Primary C-Sections TSV** = C-Sections for Single Live Full-Term Head-First Births (TSV) to individuals with no prior C-sections. **Excludes** cases where individual 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 and/or fewer than 11 primary C-sections.

The Washington State Department of Health compiles **Hospital 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 individuals and newborns. The **Critical Access Hospital (CAH)** Program was created as a safety net to ensure Medicare beneficiaries access to health care services in rural areas. For specifications see <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth/RuralHealthSystems>

**Vaginal Births After Single C-Section (VBAC) for Term Single Head-First Deliveries**  
**January - December 2024 WA Births (preliminary) at Non-Military Hospitals by Hospital Perinatal Level of Care**  
(Rate Denominator Displayed in Parentheses)



**Vaginal Births after Single C-Section (VBAC)** are vaginal births among live births to individuals with term single head-first deliveries after a single prior C-section. Number of prior C-sections is determined by birth certificate data and longitudinal linkage. Washington does not currently have a stated target for this measure. The number of vaginal births after single identified C-section (rate denominator) is shown next to hospital name. **Excludes** hospitals with fewer than 20 deliveries to individuals who are appropriate candidates for VBAC and/or fewer than 11 VBACs.

The Washington State Department of Health compiles **Hospital 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 individuals and newborns. The **Critical Access Hospital (CAH)** Program was created as a safety net to ensure Medicare beneficiaries access to health care services in rural areas. For specifications see <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth/RuralHealthSystems>