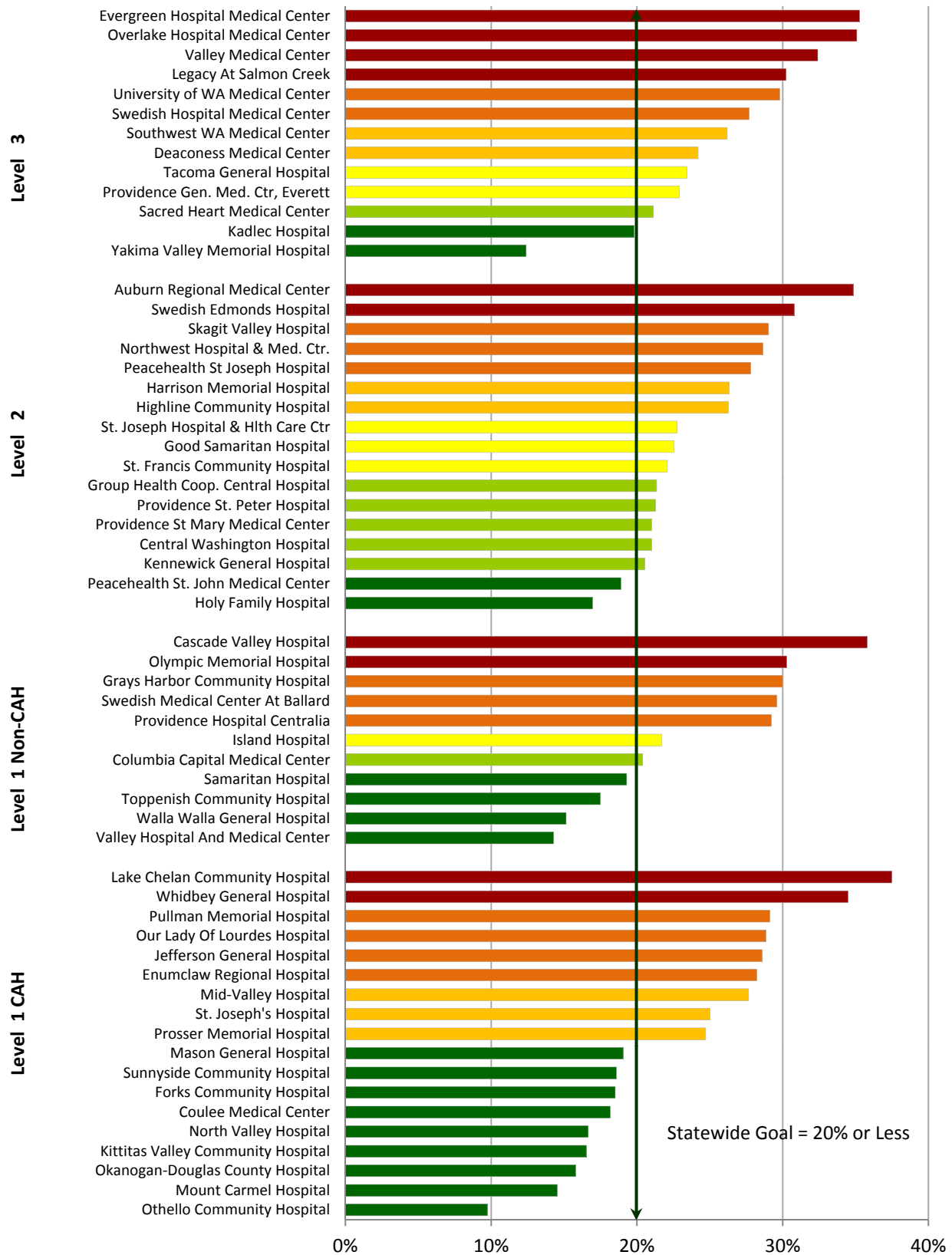


C-Sections for Single Live Full-Term Head-First Births to First-Time Mothers (NTSV) Preliminary 2011 WA Births at Non-Military Hospitals by Hospital Level of Care

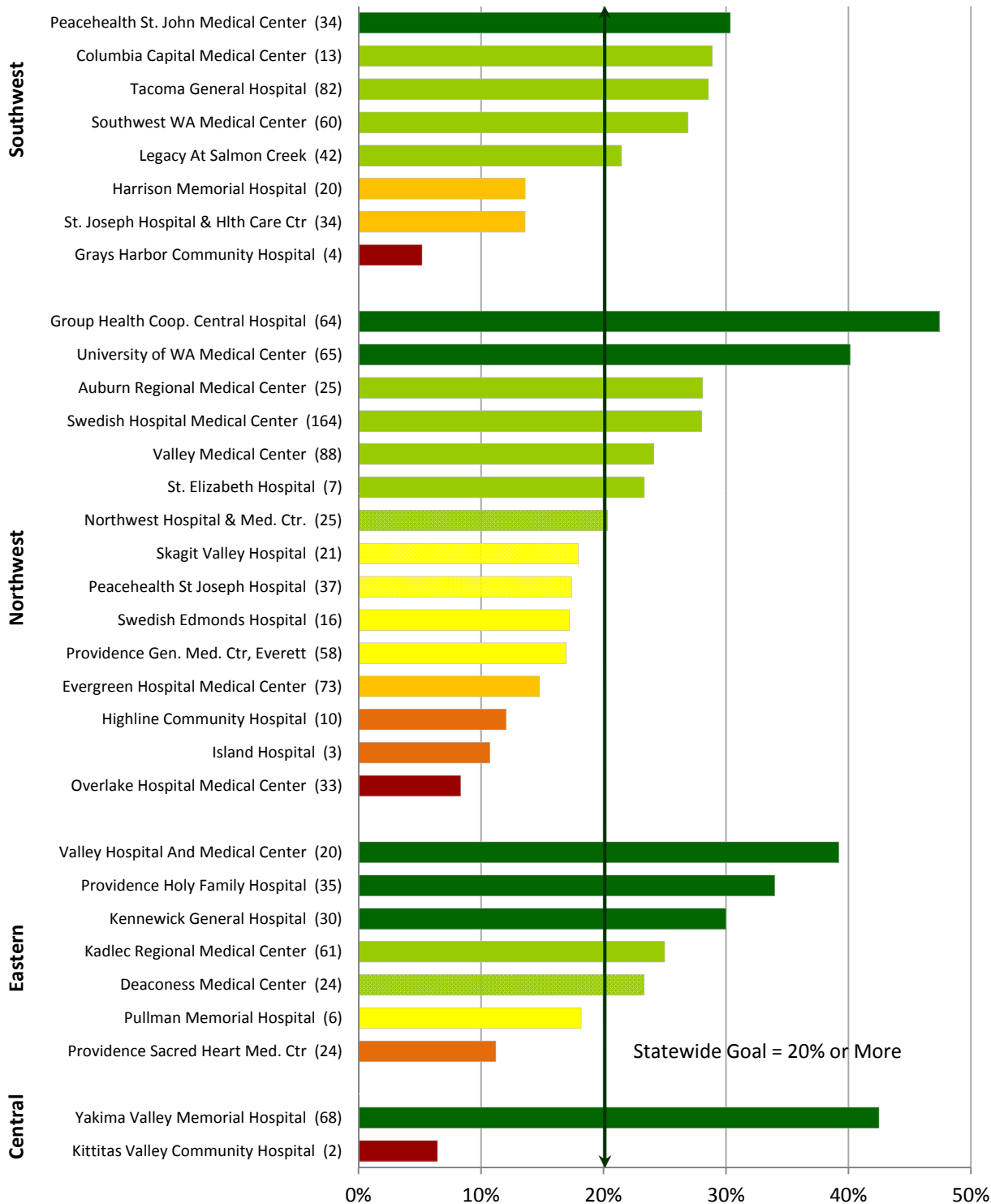


C-Sections NTSV=C-Sections among Nulliparous Term Single live Vertex births, also described as single live full-term head-first births to first-time mothers.

Hospital Level of Care: The Washington State Department of Health compiles Perinatal Level of Care Guidelines (available at <http://www.doh.wa.gov/cfh/mch/documents/locgdlns-sept10.pdf>) which outline general functions, patient descriptors, and resources for basic (Level I), intermediate (Level II) and intensive care (Level III, commonly referred to as Neonatal Intensive Care Unit or NICU) 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. Level of Care is as of December 2010. 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 <http://www.doh.wa.gov/hsqa/ocrh/cah/cah399.html>.

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.

Vaginal Births After Single C-Section (VBAC) for Term Single Head-First Deliveries Preliminary 2011 WA Births at Non-Military Hospitals by Perinatal Region

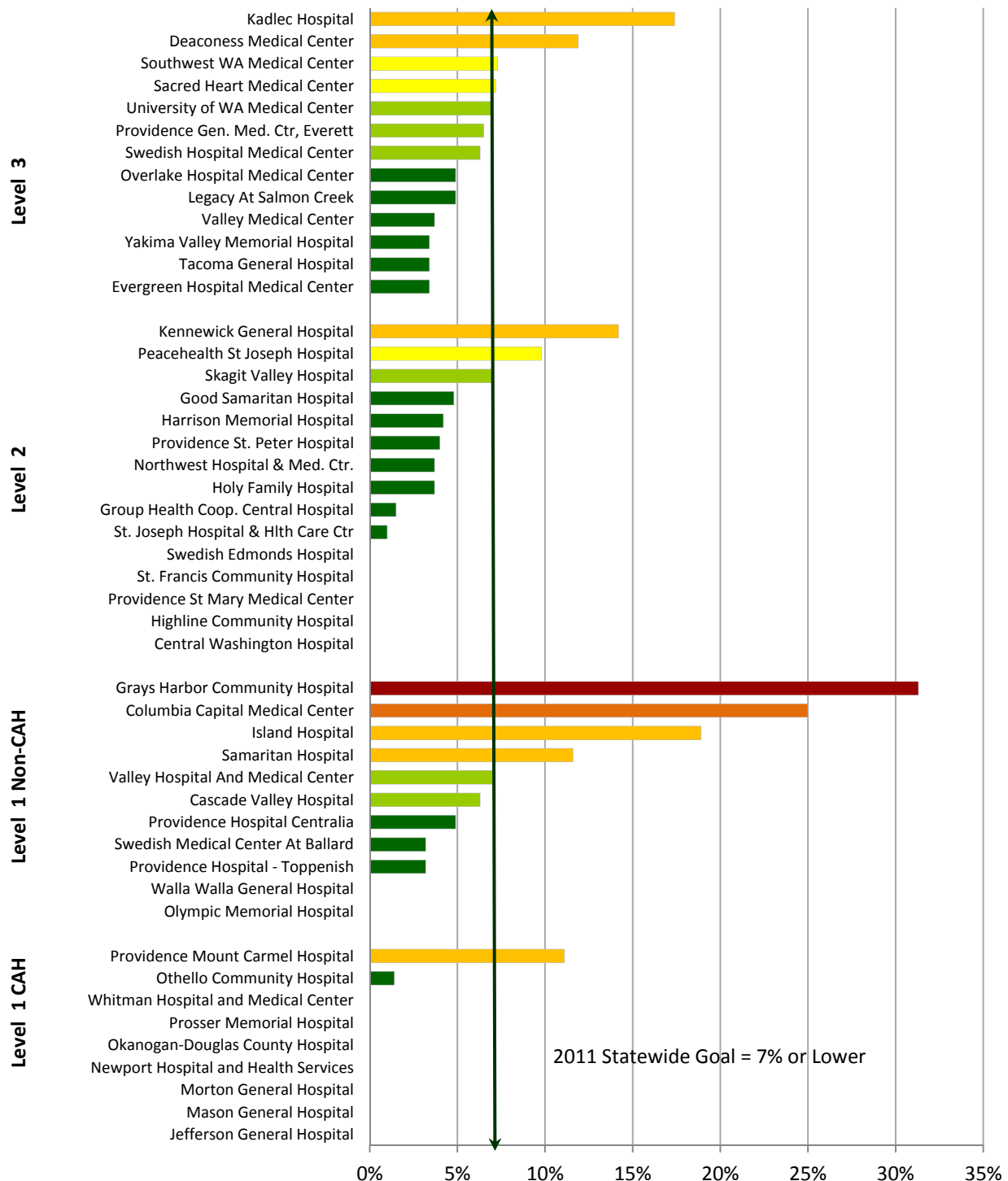


Vaginal Births after Single C-Section (VBAC) are vaginal births among live births to women with term single head-first deliveries after a single prior c-section. Number of prior c-sections is determined by longitudinal linkage and may undercount c-sections performed in other states or for other births not in the source data. Women with stated prior c-section but none identified longitudinally are not included. Number of vaginal births after single identified c-section is shown next to hospital name.

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. See <http://www.doh.wa.gov/cfh/mch/RegionPeriProg.htm>.

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.

Elective Deliveries at 37-<39 Weeks Gestational Age July-December 2011 in Participating WA Hospitals by Level of Care



Elective Deliveries are c-sections and inductions without documentation of a specified medical condition. **Participating Hospitals** submitted data for a Medicaid Quality Incentive initiative to reduce elective delivery prior to 39 weeks (see <http://www.wsha.org/0398.cfm>). Data for Jefferson General Hospital, Newport Hospital and Health Services, Providence Mount Carmel Hospital, and Okanogan-Douglas County Hospital are based solely on October-December. Hospitals without visible bars had a rate of 0%. The 2012 goal for this measure is 5% or lower.

Hospital Level of Care: The Washington State Department of Health compiles Perinatal Level of Care Guidelines (available at <http://www.doh.wa.gov/cfh/mch/documents/locgdlns-sept10.pdf>) which outline general functions, patient descriptors, and resources for basic (Level I), intermediate (Level II) and intensive care (Level III, commonly referred to as Neonatal Intensive Care Unit or NICU) 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. Level of Care is as of December 2010. 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 <http://www.doh.wa.gov/hsqa/ocrh/cah/cah399.html>.