



OBI NTSV Case Review Flagging Criteria Guide

A quick-reference guide listing common flags (e.g., Category II Fetal Heart Tracings, Labor Dystocia, documentation gaps, unexpected cesareans) to help OBI review teams identify NTSV cases worth reviewing for potential quality improvement. Flags highlight clinical, documentation, and system issues that may impact maternal or neonatal outcomes, guiding teams to focus on cases most likely to benefit from deeper analysis.

Clinical Criteria-Based Flags

Category II Fetal Heart Tracings (FHT)

- Often flagged due to ambiguity in interpretation and potential for inconsistent management.
- **Example:** A 39-week NTSV patient with a Category II tracing >90 minutes. No intrauterine resuscitative measures documented; cesarean decision lacked clear escalation pathway.

Labor Dystocia (including Failed Inductions)

- Cases where induction protocols may not have been followed or documented thoroughly.
- **Example:** 41-week induction discontinued after 12 hours of Pitocin due to "lack of cervical change." No documentation of Bishop score, dosing strategy, or reassessment intervals.

Cesarean Deliveries Without Clear Indication

- NTSV cases where cesarean documentation does not support the decision.
- **Example:** Patient with spontaneous labor and reassuring fetal status underwent cesarean for "failure to progress" after only 1 hour of pushing. No documentation of interventions or fetal distress.

Complicated Vaginal Deliveries

- Includes shoulder dystocia, operative vaginal deliveries, or significant maternal morbidity.
- **Example:** Vacuum-assisted delivery resulted in 3rd-degree tear and neonatal shoulder dystocia. No documentation of fetal position assessment or rationale for operative delivery.

Prolonged Second Stage of Labor

- Pushing times exceeding guidelines without documented rationale.
- **Example:** Patient pushed >4 hours without epidural. No documentation of fetal station, maternal fatigue, or shared decision-making. Cesarean eventually performed.

Pitocin Use Concerns

- Overuse, underuse, or unclear documentation of titration and response.
- **Example:** Pitocin started at 2 mU/min and increased every 15 minutes to 20 mU/min. No documentation of contraction strength or fetal response; cesarean followed for "non-reassuring tracing."



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Documentation & Decision-Making Flags

Incomplete or Conflicting Documentation

- Gaps in EFM (Electronic Fetal Monitoring) interpretation, labor progression, or decision rationale.
- **Example:** Provider states “Category I tracing” but nursing notes describe decelerations and tachysystole. No reconciliation or clarification.

Delayed Interventions

- Actions (e.g., cesarean, escalation of care) may be delayed despite clinical indicators.
- **Example:** Prolonged decelerations and minimal variability lasted 2 hours before cesarean was called. No documentation of interventions, escalation, or consultation.

Deviation from ACOG Guidelines

- Labor management, induction, and cesarean decisions diverge from recommendations.
- **Examples:**
 - Bishop score 3, induced with Pitocin alone. No cervical ripening agent, contrary to American College of Obstetricians and Gynecologists (ACOG) recommendations.
 - Planned cesarean for “suspected macrosomia” based on a second trimester ultrasound, without documentation of a recent ultrasound or shared decision-making.

Process & System Flags

Cases with Staff Concerns or Questions

- Nurses, clinical data abstractors (CDAs), or providers flag cases during routine care or chart abstraction.
- **Example:** CDA noted provider documentation contradicted nurse’s note on fetal distress; team requested review.

Cases with Unexpected Outcomes

- Maternal or neonatal complications not anticipated based on case presentation.
- **Example:** Low-risk NTSV patient had postpartum hemorrhage requiring transfusion. Review found no documentation of risk factors or third-stage management.

Repeat Flags from Previous Reviews

- Recurring issues or themes identified in past reviews.
- **Examples:** Multiple cases of undocumented pushing times and unclear cesarean indications flagged as part of a recurring theme. Such cases should prompt action or focused analysis.

Most Common Cases Reviewed by OBI Sites

- **Non-Compliant Labor Dystocia:** Often reflects induction protocols not closely followed or documented.
- **Category II FHR:** Ambiguities in tracing and management are frequent.
- **Maternal Request Cesareans:** Indicates increased need for documentation of rationale and shared decision-making.



These cases are flagged most often due to their higher risk of inconsistent management, documentation lapses, or potential missed opportunities for improved outcomes.