



## Complete Summary

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### TITLE

Pregnancy and birth: vaginal birth after Cesarean rate.

### SOURCE(S)

AHRQ quality indicators. Guide to inpatient quality indicators: quality of care in hospitals -- volume, mortality, and utilization [revision 2]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Sep 4. Various p. (AHRQ Pub; no. 02-R0204).

## Brief Abstract

### DESCRIPTION

This measure assesses the number of vaginal births per 100 discharged patients with a previous Cesarean section.

### RATIONALE

The policy of recommending vaginal birth after Cesarean section (VBAC) represents to some degree a matter of opinion on the relative risks and benefits of a trial of labor in patients with previous Cesarean section. VBAC has been identified as a potentially underused procedure. As such, higher rates represent better quality.

### PRIMARY CLINICAL COMPONENT

Pregnancy and birth; vaginal birth after Cesarean section

### DENOMINATOR DESCRIPTION

All deliveries with a previous Cesarean section diagnosis in any diagnosis field

### NUMERATOR DESCRIPTION

Number of vaginal births in women with a diagnosis of previous Cesarean section

## Evidence Supporting the Measure

### PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement  
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

All age groups

TARGET POPULATION GENDER

Female (only)

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Unspecified

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

Unspecified

#### UTILIZATION

Unspecified

#### COSTS

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

#### IOM CARE NEED

Staying Healthy

#### IOM DOMAIN

Effectiveness

### Data Collection for the Measure

#### CASE FINDING

Users of care only

#### DESCRIPTION OF CASE FINDING

All deliveries with a previous Cesarean section

#### DENOMINATOR SAMPLING FRAME

Patients associated with provider

#### DENOMINATOR (INDEX) EVENT

Institutionalization  
Therapeutic Intervention

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions  
All deliveries with a previous Cesarean section diagnosis in any diagnosis field (see Appendix A of the original measure documentation for all delivery Diagnostic Related Groups [DRGs] and International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] previous Cesarean section diagnosis codes)

Exclusions  
Unspecified

#### NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions  
Number of vaginal births in women with a diagnosis of previous Cesarean section (see Appendix A of the original measure documentation for vaginal delivery Diagnostic Related Groups [DRGs])

Exclusions  
Unspecified

#### DENOMINATOR TIME WINDOW

Time window is a single point in time

#### NUMERATOR TIME WINDOW

Institutionalization

#### DATA SOURCE

Administrative data

#### LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

#### OUTCOME TYPE

Unspecified

#### PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Observed (raw) rates may be stratified by hospitals, age groups, race/ethnicity categories, and payer categories.

Risk adjustment by age is recommended.

Application of multivariate signal extraction (MSX) to smooth risk adjusted rates is also recommended.

### STANDARD OF COMPARISON

External comparison at a point in time  
External comparison of time trends  
Internal time comparison  
Prescriptive standard

### PRESCRIPTIVE STANDARD

Healthy People 2010 established a goal of indirectly increasing vaginal birth after Cesarean (VBAC) rates. The goal for VBACs is 37 per 100 births in women with previous Cesarean section.

### EVIDENCE FOR PRESCRIPTIVE STANDARD

U.S. Department of Health and Human Services. Healthy people 2010: understanding and improving health. Conference ed. Washington (DC): Government Printing Office; 2000.

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Each potential quality indicator was evaluated against the following six criteria, which were considered essential for determining the reliability and validity of a quality indicator: face validity, precision, minimum bias, construct validity, fosters real quality improvement, and application. The project team searched Medline for articles relating to each of these six areas of evaluation. Additionally, extensive empirical testing of all potential indicators was conducted using the 1995-97 Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID) and Nationwide Inpatient Sample (NIS) to determine precision, bias, and construct validity. Table 1 in the original measure documentation summarizes the results of the literature review and empirical evaluations on the Inpatient Quality Indicators. Refer to the original measure documentation for details.

#### EVIDENCE FOR RELIABILITY/VALIDITY TESTING

AHRQ quality indicators. Guide to inpatient quality indicators: quality of care in hospitals -- volume, mortality, and utilization [revision 2]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Sep 4. Various p. (AHRQ Pub; no. 02-R0204).

### Identifying Information

#### ORIGINAL TITLE

Vaginal birth after cesarean rate.

#### MEASURE COLLECTION

[Agency for Healthcare Research and Quality \(AHRQ\) Quality Indicators](#)

#### MEASURE SET NAME

[Agency for Healthcare Research and Quality \(AHRQ\) Inpatient Quality Indicators](#)

#### DEVELOPER

Agency for Healthcare Research and Quality

#### ADAPTATION

Vaginal birth after Cesarean was included in the original Healthcare Cost and Utilization Project Quality Indicator (HCUP QI) set.

#### PARENT MEASURE

Successful vaginal birth after Cesarean section (Agency for Healthcare Research and Quality)

#### RELEASE DATE

2002 Jun

## REVISION DATE

2003 Sep

## MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

## SOURCE(S)

AHRQ quality indicators. Guide to inpatient quality indicators: quality of care in hospitals -- volume, mortality, and utilization [revision 2]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Sep 4. Various p. (AHRQ Pub; no. 02-R0204).

## MEASURE AVAILABILITY

The individual measure, "Vaginal Birth After Cesarean Rate," is published in "AHRQ Quality Indicators. Guide to Inpatient Quality Indicators: Quality of Care in Hospitals -- Volume, Mortality, and Utilization." This document is available in [Portable Document Format \(PDF\)](#) and a [zipped WordPerfect\(R\) file](#) from the [Quality Indicators](#) page at the Agency for Healthcare Research and Quality (AHRQ) Web site.

For more information, please contact the QI Support Team at [support@qualityindicators.ahrq.gov](mailto:support@qualityindicators.ahrq.gov).

## COMPANION DOCUMENTS

The following are available:

- "AHRQ Inpatient Quality Indicators Software (Version 2.1 Revision 2)" (Rockville, [MD]: AHRQ, 2003 Sept 4) and its accompanying documentation can be downloaded from the [Agency for Healthcare Research and Quality \(AHRQ\) Web site](#). (The software is available in SPSS- and SAS-compatible formats.)
- Guidance for using the AHRQ quality indicators for hospital-level public reporting or payment. Rockville (MD): Agency for Healthcare Research and Quality; 2004 Aug. 24 p. This document is available from the [AHRQ Web site](#).
- "AHRQ Inpatient Quality Indicators - Interpretative Guide" (Irving [TX]: Dallas-Fort Worth Hospital Council Data Initiative; 2002 Aug 1. 9 p.) is available. This guide helps you to understand and interpret the results derived from the application of the Inpatient Quality Indicators software to your own data and is available from the [AHRQ Web site](#).
- "Refinement of the HCUP Quality Indicators" (Rockville [MD]: AHRQ, 2001 May. Various pagings. [Technical review; no. 4]; AHRQ Publication No. 01-0035) is available. This document was prepared by the UCSF-Stanford Evidence-based Practice Center for AHRQ and can be downloaded from the [AHRQ Web site](#).

## NQMC STATUS

This NQMC summary was completed by ECRI on December 4, 2002. The information was verified by the Agency for Healthcare Research and Quality on December 26, 2002. This NQMC summary was updated by ECRI on April 7, 2004.

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