

****NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE****

Measure Information Form

Core Measure Set: Pregnancy and Related Conditions

Set Measure ID #: PR-3

Performance Measure Name: Third or Fourth Degree Laceration

Description: Patients who have vaginal deliveries with third or fourth degree perineal laceration.

Rationale: Third and fourth degree perineal lacerations can produce significant long term morbidity in women undergoing childbirth. Chronic complications can include anorectal abscess, rectovaginal fistula, fecal incontinence, dyspareunia and can result in the need for operative surgical repair. Therefore, the percentage of deliveries involving third and fourth degree lacerations is a useful quality indicator of obstetrical care and can assist in reducing the morbidity from extensive perineal tears.

Type of Measure: Outcome

Improvement Noted as: A decrease in the rate.

Numerator Statement: All patients with third or fourth degree perineal laceration

Included Populations:

- *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for third or fourth degree perineal laceration as defined in Appendix A, Table 4.05*

Excluded Populations: None

Data Elements:

- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Principal Diagnosis Code*

Denominator Statement: All patients with vaginal deliveries.

Included Populations:

- *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for pregnancy with delivery as defined in Appendix A, Table 4.01, 4.02, 4.03, and 4.04*

Excluded Populations:

- *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for cesarean section, as defined in Appendix A, Table 4.07
- *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes* for abortion, as defined in Appendix A, Table 4.06

Data Elements:

- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *ICD-9-CM Principal Procedure Code*

Risk Adjustment: Yes, refer to Appendix B, for risk factor definitions

Data Elements:

- *Admission Date*
- *Birthdate*
- *ICD-9-CM Principal Procedure Code*
- *ICD-9-CM Other Procedure Codes*

Data Collection Approach: Retrospective data sources for required data elements include administrative data

Data Accuracy:

- Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency
- This measure is solely derived from ICD-9-CM codes, therefore accurate and thorough coding of all conditions and procedures is essential for reporting of this measure

Measure Analysis Suggestions: It is recommended that the performance measurement system should provide the health care organizations the ability to see their measure rates separated by third and fourth degree laceration for quality improvement purposes.

Sampling: Yes, for additional information see the Sampling section

Data Reported As: Aggregate rate generated from count data reported as a proportion

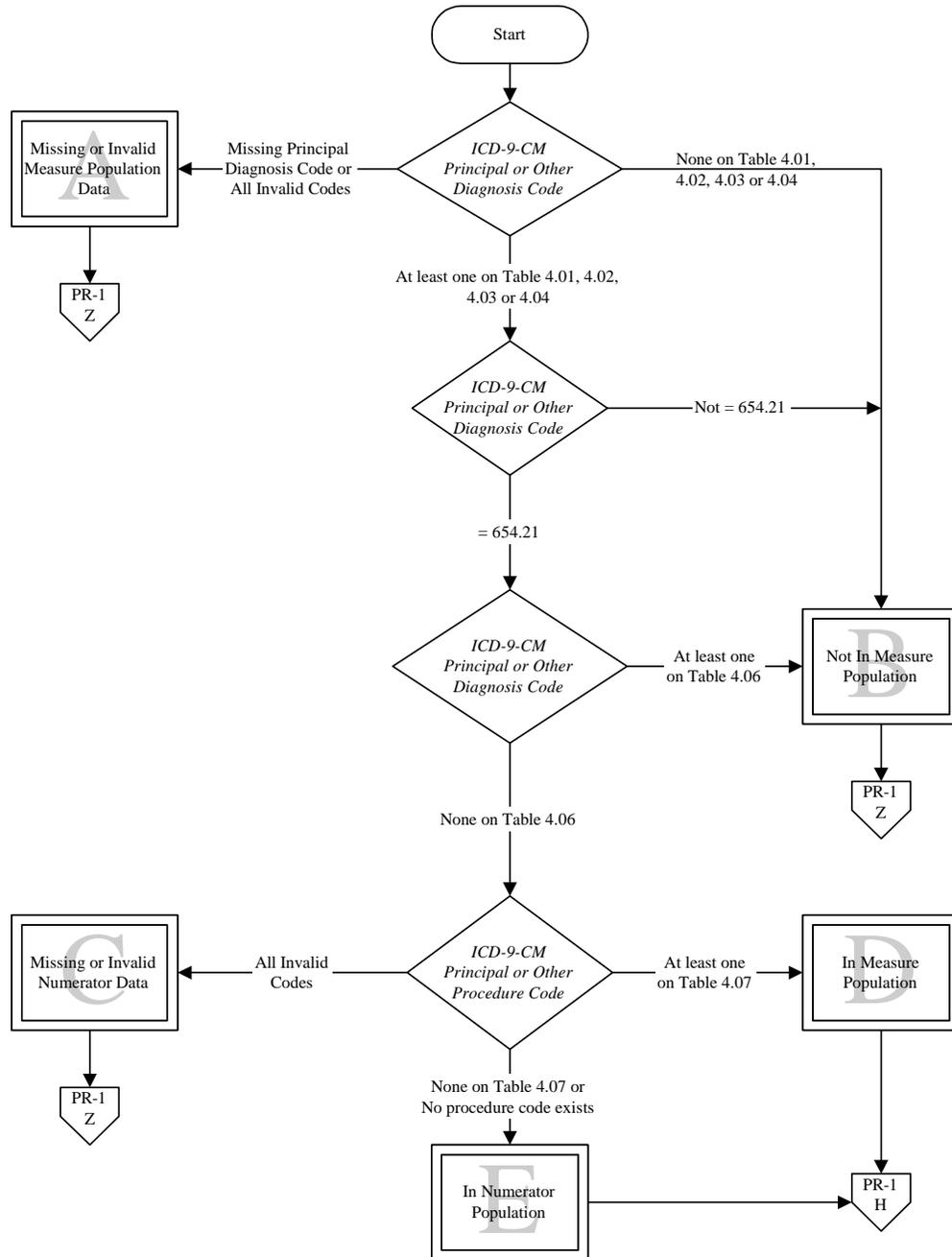
Selected References:

- Ecker J.L., et al: Is there a benefit to episiotomy at operative vaginal delivery? observations over ten years in a stable population. *Am J Obstet Gyenecol*, 1997: Vol.176:411-414.
- Golden W.E., Sanchez N.: The relationship of episiotomy to third and fourth degree lacerations. *J of Arkansas Med Soc*, 1996: Vol.92:447-448.

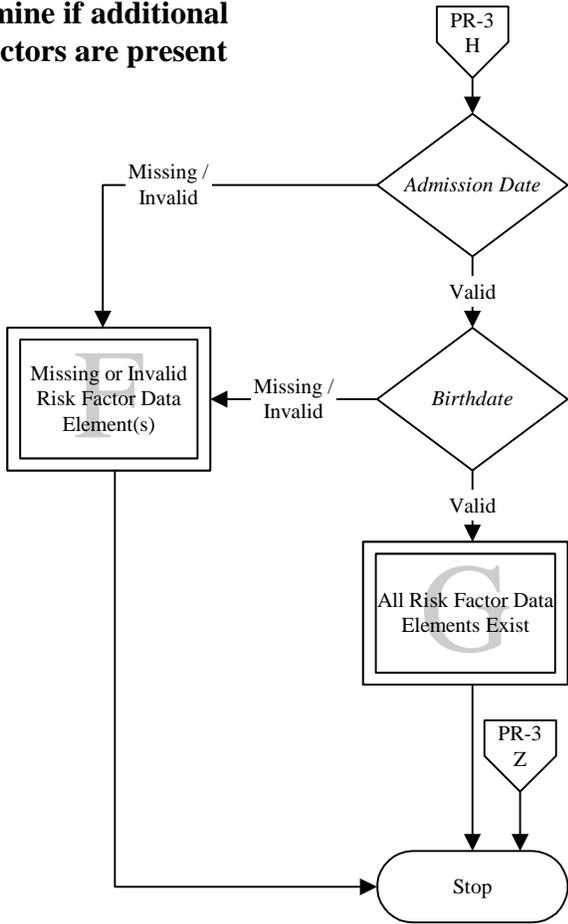
(PR-1) VBAC

Numerator: Patients with VBAC.

Denominator: All patients who delivered with a history of previous cesarean section.



Determine if additional risk factors are present



Note: Apply risk model to calculate predicted probability for each EOC. See Risk Adjustment section.