# Hospital Inpatient Quality Reporting Program Perinatal Care (PC)-01 Measure

**Please Note:** A data collection tool available within the Hospital Quality Reporting system via the Hospital Quality Reporting Secure Portal allows hospitals to complete and submit their PC-01 measure data. This document is a representation of the text contained in the PC-01 measure data form and is for reference purposes only.

## PC-01

#### **Elective Delivery**

#### Population

\* What was your hospital's Total Mother Population?

Ex. 0, 1, 2, 3, ....., 999999

\* What was your hospital's sample size?

Ex. 0, 1, 2, 3, ....., 999999

- \* What was your hospital's sample size? (Drop Down)
  - Monthly
  - Quarterly
  - Not Sampled
  - N/A, Submission of Data Not Required

#### Numerator

\* What was the number of patients with elective delivery?

Ex. 0, 1, 2, 3, ....., 999999

### Denominator

\* What was the total number of patients delivering newborns with > = 37 and < 39 weeks of gestation completed?

Ex. 0, 1, 2, 3, ....., 999999

#### Exclusions

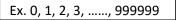
\* What was the exclusion count for the ICD-10-CM Principal or Other Diagnosis Code for elective delivery?

Ex. 0, 1, 2, 3, ....., 999999

## \* What was the exclusion count for Gestational age patients < 37 or > = 39 weeks?

Ex. 0, 1, 2, 3, ....., 999999

#### \* What was the exclusion count for those with a History of Stillbirth?



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