

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

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* 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?

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

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