

Facility Code \_\_\_\_\_ Chart Number \_\_\_\_\_ Date of Admission \_\_\_\_\_ Time of Admission: \_\_\_\_\_

**PQCNC Supporting Intended Vaginal Birth (SIVB) Data Collection Worksheet - Final**

- Is this patient nulliparous?  Yes  No      Is the gestational age at admission at least 37 0/7 weeks?  Yes  No  
Is this a singleton gestation?  Yes  No  
Is this a vertex presentation?  Yes  No      Is the fetus alive at admission?  Yes  No

**If the answer to any of the above is "No", stop here. No data entry required.**

\*\*\*\*\*

Are any of the following conditions present (check all that apply)?

- |   |   |
|---|---|
| <input type="checkbox"/> Placenta previa                                  | <input type="checkbox"/> Active herpes infection                    |
| <input type="checkbox"/> Vasoprevia                                       | <input type="checkbox"/> HIV infection with viral load >1000 copies |
| <input type="checkbox"/> Previous myomectomy with endometrial involvement | <input type="checkbox"/> In diabetic patient, EFW >4500g            |
| <input type="checkbox"/> Prolapsed cord                                   | <input type="checkbox"/> In nondiabetic patient, EFW >5000g         |

**\*\*\*If any of the conditions listed above is present, STOP HERE. No data entry required.\*\*\***

- \*Was this patient admitted for scheduled c-section?  Yes  No  
\*Ethnicity:  African-American  Asian  Caucasian  Spanish/Hispanic/Latina  Other  
\*Payor:  Medicaid  Blue Cross Blue Shield / State Health Plan  Other

**\*\*\*If scheduled c-section is "yes," STOP HERE and enter the answer to these 3 questions only.\*\*\***

\*Is the patient in labor (regular contractions with cervical change)?  Yes  No

Are any of the following conditions documented in the chart? (Check all that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Diabetes (any type)  | <input type="checkbox"/> IUGR                    | <input type="checkbox"/> Maternal age $\geq$ 35 |
| <input type="checkbox"/> Hypertensive disease | <input type="checkbox"/> Macrosomia (EFW >4000g) | <input type="checkbox"/> Obesity (BMI>35)       |

Cervical exam at admission:

\*Dilation: \_\_\_\_\_

\*Gestational Age:  37<sup>0/7</sup>-38<sup>6/7</sup>  39<sup>0/7</sup>-40<sup>6/7</sup>   $\geq$ 41<sup>0/7</sup>

\*Mode of delivery:

- |  |   |
|--|---|
| <input type="checkbox"/> Spontaneous vaginal birth | <input type="checkbox"/> Cesarean section – 1 <sup>st</sup> stage |
| <input type="checkbox"/> Operative vaginal birth   | <input type="checkbox"/> Cesarean section – 2 <sup>nd</sup> stage |

\*If cesarean birth, what was the primary indication for the c-section (check only one)?

- |  |   |
|--|---|
| <input type="checkbox"/> Non-reassuring fetal status         | <input type="checkbox"/> Failure to descend (2 <sup>nd</sup> stage C/S) |
| <input type="checkbox"/> Failure to progress (1st stage C/S) | <input type="checkbox"/> Other: _____                                   |

Cervical dilation at last exam: \_\_\_\_\_ cm

Neonatal complications:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Apgar at 5 minutes $\leq$ 6 | <input type="checkbox"/> Admission for nonstandard newborn care | <input type="checkbox"/> Death/Stillbirth |
| <input type="checkbox"/> Shoulder dystocia           |   | <input type="checkbox"/> Other: _____     |

Maternal complications:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Chorioamnionitis                                   | <input type="checkbox"/> Postpartum hemorrhage | <input type="checkbox"/> Uterine rupture |
| <input type="checkbox"/> 3 <sup>rd</sup> /4 <sup>th</sup> degree laceration | <input type="checkbox"/> Endometritis          | <input type="checkbox"/> Other: _____    |

\*Birth weight: \_\_\_\_\_ g

\*Date of birth: \_\_\_\_\_

\*Time of birth: \_\_\_\_\_

Comments/notes: \_\_\_\_\_