



SIVB Data Dictionary

The purpose of the SIVB Data Dictionary is to develop consistency in data entry. The Data Dictionary refers to all elements on the SIVB Data Collection Form (see page 2).

The Data Collection form applies to all nulliparous, term, singleton, vertex presentation (NTSV) patients who have a living fetus on admission and for whom there is no contraindication to vaginal birth. Patients who have scheduled a cesarean should be entered as such, but no further data collection is required for those patients. The first seven questions on the form are used to help filter out patients to whom data collection will not apply.

Data Collection will apply to the first 40 NTSV patients each month starting at the first of the month. If your facility has less than 40 NTSV patients in a month, enter all NTSV patients for that month.



Facility Code: Enter the facility code PQCNC assigned you

Chart Number: Enter a unique identifier based on the system you develop locally. This ID **SHOULD NOT** be the medical record number

Date of Admission: Enter date of admission

Time of Admission: Enter time of admission

Is this patient nulliparous?: No prior deliveries after 20 weeks 0 days EGA.

Is this a singleton gestation?: Spontaneous disappearing twin in first trimester should be included as singleton

Is this a vertex presentation?: Fetus in the head down position

Is the gestational age at admission at least 37 0/7 weeks?: Gestational age as determined by the admitting provider

Is the fetus alive at admission?: A fetal heart beat is documented at admission to L&D

Was this patient admitted for scheduled c-section?: Cesarean that has been scheduled prior to admission

Ethnicity: The patient's racial/ethnic background – if mixed race, you may choose more than one ethnicity. Patients of Indian or Middle Eastern descent should be listed as "Asian." If the patient's ethnicity is not listed, choose "Other"

Payor: The entity paying for delivery services

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

Placenta previa: Presence of placental tissue over or adjacent to the cervical os

Vasoprevia: Velamentous insertion of fetal vessels over the cervical os

Previous myomectomy with endometrial involvement: Surgeon's note from myomectomy indicates that either the endometrium was entered or that vaginal delivery is contraindicated

Prolapsed cord: The delivery of the fetal umbilical cord prior to the delivery of the fetal presenting part

Active herpes infection: The presence of herpes lesions in the genital tract, including the cervix, vagina, vulva, and perineum

HIV infection with viral load >1000 copies: Viral load >1000 copies

In diabetic patient, EFW >4500g: Includes gestational diabetes (diet or medication controlled), well- or poorly-controlled; preexisting Type II or Type 1 diabetes; EFW by any criteria

In nondiabetic patient, EFW >5000g: EFW by any criteria

Is the patient in labor (regular contractions with cervical change)?: The presence of regular, effective contractions that lead to dilation and effacement of the cervix

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

Diabetes (any type): Includes gestational diabetes (diet or medication controlled), well- or poorly-controlled; preexisting Type II or Type 1 diabetes

Hypertensive disease: Includes chronic hypertension, gestational hypertension, preeclampsia, eclampsia, HELLP syndrome

IUGR: Estimated fetal weight < 10th percentile AND either oligohydramnios or abnormal fetal testing including biophysical profile < 8, non reactive NST or abnormal doppler measurements

Macrosomia (EFW >4000g): Estimated fetal weight by any method exceeding 4.0 kg

Maternal age ≥ 35: Maternal age greater than or equal to 35

Obesity: BMI > 35

Cervical exam at admission:

Dilation: Centimeters dilated on admission

Gestational Age: Gestational age as determined by the admitting provider

Mode of delivery:

Spontaneous vaginal birth: Vaginal birth without use of forceps or vacuum extractor

Operative vaginal birth: Vaginal birth with the assistance of forceps or a vacuum extractor

Cesarean section – 1st stage: CS performed prior to complete dilation

Cesarean section – 2nd stage: CS performed after complete dilation

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

Non-reassuring fetal status: Category II or III tracing as the indication for delivery

Failure to progress (1st stage C/S): No cervical change in more than 2 hours in the presence of adequate contractions (Montevideo units of >200)

Cervical dilation at last exam: _____ **cm:** Enter cervical dilation on last exam prior to the cesarean

Failure to descend (2nd stage C/S): No descent of the fetal presenting part in over 2 hours with adequate contractions (MVUs >200)

Other: Enter other indications if not listed above

Neonatal complications:

Apgar at 5 minutes ≤6: Select if Apgar score is less than or equal to 6 at 5 minutes

Shoulder dystocia: Shoulder dystocia is diagnosed when, after delivery of the fetal head, further expulsion of the infant is prevented by impaction of the fetal shoulders within the maternal pelvis. Specific efforts are necessary to facilitate delivery

Admission for nonstandard newborn care: Infant given special pediatric care other than normal pediatric care

Death/Stillbirth: Death of the fetus prior to complete expulsion or extraction such that after expulsion or extraction the fetus does not breathe or show any signs of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles

Other: Enter other neonatal complications not otherwise listed

Maternal complications:

Chorioamnionitis: Clinical diagnosis of intrauterine infection based on maternal fever, maternal or fetal tachycardia, purulent material per cervical os and uterine tenderness; includes "rule-out chorio" or treatment administered for presumed chorio

3rd/4th degree laceration: 3rd degree tear extends downwards from vaginal wall and perineum to anal sphincter; 4th degree tear extends to the anal canal and into the rectum

Postpartum hemorrhage: Any blood loss in excess of 500 cc with vaginal birth and 1000 cc with cesarean section

Endometritis: A clinically diagnosed infection of the genital tract post partum

Uterine rupture: Through-and-through disruption of all uterine layers

Other: Enter other maternal complications not otherwise listed

Birth weight: Enter weight of infant at birth

Date of birth: Enter date of birth

Time of birth: Enter time of birth

Comments/notes: Enter other comments/notes, if desired