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## 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.

At a minimum, you should be collecting data on at least 40 NTSV patients each month with the goal of collecting a sample that is representative of all shifts, all physicians, etc. - you may collect the first 40 NTSV patients each month if that is adequately representative, but please remember the ultimate goal is a representational sample. If your facility has less than 40 NTSV patients in a month, enter all NTSV patients for that month. Data entry deadline is the 20<sup>th</sup> of the following month. For example, data collection starts on March 1<sup>st</sup> so the data entry deadline for March is April 20<sup>th</sup>.

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  
\*Payer:  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                |

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: \_\_\_\_\_

**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"

**Payer:** 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

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**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 ≥ 30 OR last maternal weight ≥200 lbs

**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

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**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:** 3<sup>rd</sup> degree tear extends downwards from vaginal wall and perineum to anal sphincter; 4<sup>th</sup> 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