

<b><u>Term on Data Collection Form</u></b>	<b><u>Definition</u></b>
Nulliparous	No prior deliveries after 20 weeks 0 days EGA
Singleton	Spontaneous disappearing twin in first trimester should be included as singleton
Vertex presentation	Fetus in the head down position
Gestational age	Gestational age as determined by the admitting provider
Is the fetus alive?	A fetal heart beat is documented at admission to L&D
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
Placenta previa	Presence of placental tissue over or adjacent to the cervical os
Vasaprevia	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 high viral load	Viral load >1000 copies
Labor	The presence of regular, effective contractions that lead to dilation and effacement of the cervix
EFW > 5000 gram	By any criteria
Diabetes of any type	Includes gestational diabetes (diet or medication controlled), well- or poorly-controlled; preexisting Type II or Type 1 diabetes
Estimated fetal weight	By any criteria
Macrosomia	Estimated fetal weight by any method exceeding 4.0 kg
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
Obesity	BMI ≥ 30 OR last maternal weight ≥200 lbs
Active labor	Regular uterine contractions and the cervix is dilated 4cm or greater
Latent labor	Regular uterine contractions and the cervix is < 4cm dilated
Sponatenous rupture of membranes	Ruptured membranes without intervention by clinical staff
Ruptured prior to admission	Patient reports symptoms of ruptured membranes, confirmed by clinical staff, prior to her arrival to L&D
Tachysystole	More than 5 contractions in 10 minutes, averaged over a 30-minute window
Augmentation of labor	Administration of techniques to enhance contractions in the face of documented inadequate contractions once a patient is in active labor
Induction of labor	Intervention to initiate regular contractions in order to effect cervical dilation
Oxytocin	Hormone which causes a variety of pregnancy related functions, including contractions, commercially labeled Pitocin

Premature rupture of membranes (PROM)	Membrane rupture that occurs spontaneously before the onset of labor
Artificial rupture of membranes	Iatrogenic rupture of the membranes
Nipple stimulation	Purposeful manual stimulation of the nipples with the intention to cause contractions
Enema	Fluid placed into the rectum and lower colon to stimulate defecation
Misoprostol	Also called Cytotec; a prostaglandin medication
Acupuncture	An Eastern alternative/complementary method used to organize energy by inserting needles into established meridians.
Cervical ripening	A process to cause the cervix to soften, dilate and efface
Laminaria	Mechanical dilators, which can be of natural products (laminari japonica) or synthetic (osmotic dilators such as lamichel) to effect cervical ripening.
Cervidil and Prepidil	Brand names of prostaglandin drugs used to effect cervical ripening.
Extra amniotic infusion	Fluid injected between the uterus and membranes to effect cervical ripening
Herbal/homeopathic remedies	Alternative and complementary medicines, often given in very small doses
Low dose oxytocin	Oxytocin regimen given with low doses given specifically to effect cervical ripening
Ambulation	Out of bed and walking
Category II strip	Fetal monitoring strip with indeterminate findings based on NICHD criteria
Category III Strip	Fetal monitoring strip with clearly abnormal findings based on NICHD criteria
Labor support	Intentional efforts made to help patients to cope with labor
Doula	A trained and experienced professional who provides continuous physical, emotional and informational support to the mother before, during and just after birth
Epidural anesthesia	Regional anesthesia injected into the epidural space
Hypnosis	<b>Hypnosis</b> is a mental state (according to "state theory") or imaginative role-enactment (according to "non-state theory"). It is usually induced by a procedure known as a hypnotic induction, which is commonly composed of a long series of preliminary instructions and suggestions. Hypnotic suggestions may be delivered by a hypnotist in the presence of the subject, or may be self-administered ("self-suggestion" or "autosuggestion"). The use of hypnotism for therapeutic purposes is referred to as "hypnotherapy".
Immersion tub	Water bath used to have patients have a significant part of their body underwater
Massage	Stroking or squeezing muscles for relaxation
Parental pain medication	Medication given by some route other than orally in order to relieve pain
Positioning	Changing the patient's position or posture
Shower	Water projected at the patient from above or the side with or without standing water
Sterile water injection	Sterile water injected into the back along the spine to relieve pain
Supportive family/friend presence	A person of the patient's choosing who is there to support the patient's labor
TENS unit	Nerve stimulator
Non-reassuring fetal status	Category II or III tracing as the indication for delivery

Failure to progress	No cervical change in more than 2 hours in the presence of adequate contractions (Montevideo units of >200)
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
Failure to descend	No descent of the fetal presenting part in over 2 hours with adequate contractions (MVUs >200)
Cephalocervical disproportion	Lack of progress due to fetal head position or size
Malpresentation	Any thing other than a vertex position
Maternal exhaustion	Due to fatigue, patient unable to actively push
Hemorrhage	Blood loss greater than 500 cc
Failed operative vaginal delivery	An attempt at operative vaginal birth which does not result in vaginal delivery
Admission for nontandard newborn care	Infant given special pediatric care other than normal pediatric care
Meconium aspiration syndrome	Respiratory distress in a newborn caused by the presence of meconium in the tracheobronchial airways, as diagnosed by a pediatrician.
Brachial plexus injury	Transient or permanent injury to the nerves in the brachial plexus
Cephalohematoma	subperiosteal hemorrhage
Subgaleal hemorrhage	A <b>subgaleal hemorrhage</b> is a collection of blood beneath the aponeurosis that covers the scalp the entire length of the occipital-frontalis muscle.
Clavicular fracture	A breakage in the clavicle
Humerus fracture	A break of the humerus
Laceration of neonate	A cut of the neonate
Chorioamnionitis	
3rd/4th degree laceration	
Postpartum hemorrhage	Any blood loss in excess of 500 cc with vaginal birth and 1000 cc with cesarean section
Shoulder dystocia	<b>Shoulder dystocia</b> 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
Transfusion	Infusion of any blood product (packed cells, whole blood, platelets, cryoprecipitate, fresh frozen plasma)
Endometritis	A clinically diagnosed infection of the genital tract post partum
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
Uterine rupture	Through-and-through disruption of all uterine layers