

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.

*Was this patient admitted for scheduled c-section? Yes No

******If "yes," STOP HERE and enter the answer to this question only.******

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. Enter the data above.******

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

Day of week when patient was admitted: Mon Tues Wed Thurs Fri Sat Sun

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 |

*Was this patient admitted for scheduled induction of labor? Yes No

Cervical exam at admission:

*Dilation: _____ Effacement: _____% Station: _____ Position: _____ Consistency: _____

*Were the membranes spontaneously ruptured prior to admission? Yes No

If yes, did this occur prior to the onset of labor (PROM)? Yes No

If yes, and labor induced with oxytocin, time interval in hours from PROM to oxytocin initiation: _____

If yes, and labor not induced with oxytocin, time interval in hours from PROM to active labor: _____

*Gestational Age: 37^{0/7}-38^{6/7} 39^{0/7}-40^{6/7} \geq 41^{0/7} Estimated Fetal Weight: _____g

*Was cervical ripening used? Yes No If yes, check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Laminaria | <input type="checkbox"/> Extra amniotic infusion | <input type="checkbox"/> Low-dose oxytocin |
| <input type="checkbox"/> Foley bulb | <input type="checkbox"/> Nipple stimulation | Cervical dilation when oxytocin was started: _____cm |
| <input type="checkbox"/> Misoprostol (Cytotec) | <input type="checkbox"/> Herbal/homeopathic remedies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cervidil | | |
| <input type="checkbox"/> Prepidil | <input type="checkbox"/> Acupuncture | |

*Were any methods used to induce or augment the patient's labor? Yes No If yes, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Oxytocin
Cervical dilation when oxytocin was started: _____cm | <input type="checkbox"/> Enema |
| <input type="checkbox"/> Artificial rupture of membranes
Cervical dilation at time of AROM: _____ | <input type="checkbox"/> Misoprostol (Cytotec) |
| <input type="checkbox"/> Nipple stimulation | <input type="checkbox"/> Acupuncture |
| | <input type="checkbox"/> Ambulation |
| | <input type="checkbox"/> Herbal/homeopathic remedies |
| | <input type="checkbox"/> Other: _____ |

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If oxytocin was used prior to delivery:

- Was the oxytocin ever discontinued to allow the patient to rest? Yes No
Was the oxytocin discontinued or decreased due to tachysystole? Yes No
Was the oxytocin discontinued or decreased due to a category II or III/nonreassuring FHR? Yes No
Was the oxytocin restarted (if discontinued) after the situation had resolved? Yes No

*Labor support methods (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Sterile water injection |
| <input type="checkbox"/> Doula | <input type="checkbox"/> Immersion tub | <input type="checkbox"/> Supportive family/friend |
| <input type="checkbox"/> Epidural anesthesia | <input type="checkbox"/> Massage | <input type="checkbox"/> TENS unit |
| <input type="checkbox"/> One-to-one nursing care | <input type="checkbox"/> Parenteral pain medication | <input type="checkbox"/> Therapeutic rest |
| <input type="checkbox"/> Homeopathic/herbal remedies | <input type="checkbox"/> Positioning | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Shower | <input type="checkbox"/> None documented |

*Mode of delivery:

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

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

- | | |
|--|---|
| <input type="checkbox"/> Nonreassuring fetal status | <input type="checkbox"/> Presumed cephalopelvic disproportion |
| <input type="checkbox"/> Failure to progress (1st stage C/S)
Cervical dilation at last exam: _____ cm | <input type="checkbox"/> Malpresentation |
| Was an IUPC used? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Failed operative vaginal delivery |
| Did MVUs reach 200 for ≥ 2 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maternal exhaustion |
| <input type="checkbox"/> Chorioamnionitis | <input type="checkbox"/> Hemorrhage |
| <input type="checkbox"/> Failure to descend (2 nd stage C/S) | <input type="checkbox"/> Other: _____ |

If cesarean birth, what were the other indications for the c-section, if any (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Nonreassuring fetal status | <input type="checkbox"/> Presumed cephalopelvic disproportion |
| <input type="checkbox"/> Failure to progress (1st stage C/S)
Cervical dilation at last exam: _____ cm | <input type="checkbox"/> Malpresentation |
| Was an IUPC used? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Failed operative vaginal delivery |
| Did MVUs reach 200 for ≥ 2 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maternal exhaustion |
| <input type="checkbox"/> Chorioamnionitis | <input type="checkbox"/> Hemorrhage |
| <input type="checkbox"/> Failure to descend (2 nd stage C/S) | <input type="checkbox"/> Other: _____ |

Neonatal complications:

- | | | |
|--|---|--|
| <input type="checkbox"/> Apgar at 5 minutes ≤ 6 | <input type="checkbox"/> Cord pH ≤ 7.0 | <input type="checkbox"/> Subgaleal hematoma |
| <input type="checkbox"/> Admission for nonstandard newborn care | <input type="checkbox"/> Seizure activity in first 24 hours | <input type="checkbox"/> Clavicular fracture |
| <input type="checkbox"/> Meconium aspiration syndrome (first 24 hrs) | <input type="checkbox"/> Brachial plexus injury | <input type="checkbox"/> Humerus fracture |
| | <input type="checkbox"/> Cephalohematoma | <input type="checkbox"/> Laceration of neonate |
| | | <input type="checkbox"/> Other: _____ |

Maternal complications:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chorioamnionitis | <input type="checkbox"/> Shoulder dystocia | <input type="checkbox"/> Stillbirth |
| <input type="checkbox"/> 3 rd /4 th degree laceration | <input type="checkbox"/> Transfusion | <input type="checkbox"/> Uterine rupture |
| <input type="checkbox"/> Postpartum hemorrhage | <input type="checkbox"/> Endometritis | |

Birth weight: _____ g Date of birth: _____ Time of birth: _____

Comments/notes: _____