

Conservative Management of Preeclampsia Data Dictionary

The purpose of the Data Dictionary is to develop consistency in data entry. The Data Dictionary refers to elements visible when the reporting forms are printed.

Inclusion criteria: All patients diagnosed with hypertension of pregnancy

This Dictionary defines the basic elements of entries for all information forms.

1) Chart Number: Create a number for the chart that is decided on by your facility. Please do not use medical record.

2) Date of Birth: The date of maternal birth Format: mm/dd/yyyy

3) Date of Admission: The date the patient was admitted to hospital Format: mm/dd/yyyy

4) Date Discharged: The date the patient was discharged from hospital Format: mm/dd/yyyy

5) Has this patient been diagnosed with: Answer all that apply

(A) Gestational Hypertension: Answer “yes” if meets criteria for diagnosis. Answer “no” if does not meet criteria

(B) Preeclampsia without severe features: Answer “yes” if meets criteria for diagnosis. Answer “no” if does not meet criteria

(C) Preeclampsia with severe features: Answer “yes” if meets criteria for diagnosis. Answer “no” if does not meet criteria

(D) Chronic hypertension with superimposed preeclampsia: Answer “yes” if meets criteria for diagnosis. Answer “no” if does not meet criteria

6) Gestational Age at Delivery: Weeks: the number of completed weeks,
Days: the number of completed days (i.e. 34 weeks 5 days).

6b) If less than 34 weeks did the patient receive a full course of antenatal corticosteroids? Answer “yes” if full course of steroids were received. Answer “no” if a partial course or no steroids were given

6c) If (5c or 5d is yes) What criteria determined a diagnosis of preeclampsia with severe features or chronic hypertension with superimposed preeclampsia: Check all that apply

7) Primary indication for delivery: Check one

8) Did mom receive magnesium intra-partum and post partum: Answer “yes” if mom received magnesium during the intra-partum and post partum period. Answer “no” if she never received magnesium or if it was started either intra-partum or post partum and not continued through both stages.

9) Was infant admitted to NICU or local equivalent: Answer “yes” if infant was admitted to a NICU or any higher level of care than a well baby nursery

10) Was patient/family education provided: Check all that apply

11) Payor: Please indicate payor information

Was the patient admitted to an ICU, step-down unit or local equivalent for any reason related to her hypertension in pregnancy diagnosis: Answer “yes” if patient was admitted to ICU or equivalent for any reason related to the diagnosis of hypertension of pregnancy.

Exclusion Criteria: All women with gestational hypertension or chronic hypertension without superimposed preeclampsia

Length of ICU stay: Number of full days patient was in ICU or equivalent.

Month Delivery Totals: On the last day of every month a month delivery survey will automatically be created and placed in your “surveys to do” window in Delphi. Please use the following definition to determine monthly delivery totals.

Inclusion Criteria for Monthly Delivery Totals:

- **All delivered mothers greater than 20 weeks gestation age**
- **Twins count as 1 delivery**
- **Stillbirths count in the total**

