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
Is this a singleton gestation? ☐ Yes ☐ No weeks? ☐ 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)?

- ☐ Placenta previa
- ☐ Vasoprevia
- ☐ Previous myomectomy with endometrial involvement
- ☐ Prolapsed cord
- ☐ Active herpes infection
- ☐ HIV infection with viral load >1000 copies
- ☐ In diabetic patient, EFW >4500g
- ☐ 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 <u>scheduled</u> c-section? ☐ Yes ☐ No

*Ethnicity: ☐ African-American ☐ Asian ☐ Caucasian ☐ Spanish/Hispanic/Latina ☐ Other

*Payor: ☐ 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.)

- ☐ Diabetes (any type)
- ☐ Hypertensive disease
- ☐ IUGR
- ☐ Macrosomia (EFW >4000g)
- ☐ Maternal age ≥ 35
- ☐ Obesity

<u>Cervical exam at admission:</u>
*Dilation: _____

*Gestational Age: ☐ 37 $^{0/7}$-38 $^{6/7}$ ☐ 39$^{0/7}$-40 $^{6/7}$ ☐ ≥41 $^{0/7}$

*Mode of delivery:

- ☐ Spontaneous vaginal birth
- ☐ Operative vaginal birth
- ☐ Cesarean section – 1st stage
- ☐ Cesarean section – 2nd stage

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

- ☐ Non-reassuring fetal status
- ☐ Failure to progress (1st stage C/S)
- ☐ Failure to descend (2nd stage C/S)
- ☐ Other:_____

Cervical dilation at last exam: _____cm

Neonatal complications:

- ☐ Apgar at 5 minutes ≤6
- ☐ Shoulder dystocia
- ☐ Admission for nonstandard newborn care
- ☐ Death/Stillbirth
- ☐ Other:_____

Maternal complications:

- ☐ Chorioamnionitis
- ☐ 3rd/4th degree laceration
- ☐ Postpartum hemorrhage
- ☐ Endometritis
- ☐ Uterine rupture
- ☐ Other:_____

*Birth weight: _____g *Date of birth: _____ *Time of birth: _____

Comments/notes:_____

_____