

Obstetric Procedures (check all that apply)

- Cervical cerclage
- Tocolysis

External cephalic version

- Successful Failed
- None of the above

Characteristics of Labor & Delivery
(check all that apply)

- Induction of labor
- Augmentation of labor
- Non-vertex presentation
- Steroids (glucocorticoids) for fetal lung maturation received by mother prior to delivery
- Antibiotics received by mother during labor
- Chorioamnionitis or maternal temperature > = 38 degrees C or 100.4 degrees F
- Moderate/heavy meconium staining of the amniotic fluid
- Fetal intolerance of labor was such that one or more of the following actions was taken: in-utero resuscitative measures, further assessments, or operative delivery
- Epidural or spinal anesthesia during labor
- None of the above

Onset of Labor (check all that apply)

- Premature Rupture of the Membranes [prolonged > =12 hours]
- Precipitous Labor [< 3 hours]
- Prolonged Labor [> = 20 hours]
- None of the above

Method of Delivery

Was delivery with forceps attempted but unsuccessful?

- Yes No Unknown

Was delivery with vacuum extraction attempted but unsuccessful?

- Yes No Unknown

Fetal presentation at birth

- Cephalic Breech Other, _____

Final route and method of delivery

- Vagina/Spontaneous Vagina/Forceps Vagina/Vacuum

If cesarean, was a trial of labor attempted?

- Yes No Unknown Cesarean

Child's Health Information

Birth Weight _____ Grams, or _____ LB. _____ OZ.

Obstetric Estimate of Gestation (completed weeks): _____

Child's Sex: Male Female Not yet determined

Apgar Score: at 5 min: _____; (if less than 6) at 10 min: _____

Maternal Morbidity – Complications associated with Labor & Delivery (check all that apply)

- Maternal transfusion
- Third or fourth degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- Unplanned operating room procedure following delivery
- None of the above

Abnormal Conditions of the Newborn (check all that apply)

- Assisted ventilation required immediately following delivery
- Assisted ventilation required for more than six hours
- NICU admission
- Newborn given surfactant replacement therapy
- Antibiotics received by the newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- None of the above

Was Infant Transferred within 24 hours of Delivery?

- No Yes, Specify Facility _____

Is Infant Living at Time of Report?

- Yes No

Is Infant Being Breastfed at Discharge?

- Yes No

Hepatitis B Immunization given?

- Yes No

Congenital Anomalies of the Newborn (check all that apply)

- Anencephaly
- Meningomyelocele/Spina bifida
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastroschisis
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Cleft lip with or without Cleft palate
- Cleft palate alone
- Down syndrome
- Karyotype confirmed
- Karyotype pending
- Suspected chromosomal disorder
- Karyotype confirmed
- Karyotype pending
- Hypospadias
- None of the above