



American Association of Birth Centers
formerly the National Association of Childbearing Centers

UNIFORM DATA SET 3.0

Data Entry Form: Part 1 ~ INITIAL OB VISIT

Name [text box]

Social Security # / Patient ID [text box]

Pregnancy ID [text box] Auto-Number by Software

1. Age [text box]

Date of Birth [text box] / [text box] / [text box]

2. Payment Method

- Medicaid (Fee for Service)
Medicaid Managed Care
Other Government/Medicare
CHAMPUS/Military/TriCare
Indemnity Insurance
Private Managed Care
Self Pay
Other:

3. Secondary Insurance

[text box]

4. Years of Education [text box] (TOTAL # Years) (GED=12)

5. Maternal Race / Ethnicity

- White, Non-Hispanic
Hispanic or Latino
Black or Afro-American
Native American/Alaskan Native
Asian
Pacific Islander
Arab/Middle Eastern
Other:
Unknown

6. Marital Status

- Married, Living with Partner
Single, Living with Partner
Single, NOT Living with Partner
Divorced/Separated/Widowed
Unknown

7. Zip Code [text box]

8. Medical History (Check all that apply)

- None
Smoker
Anorexia/Bulimia
Asthma (requiring Rx)
Chronic Hypertension (requiring Rx)
Depression/Psychiatric Diseases (requiring Rx)
Diabetes
Drug Abuse
Heart Disease
History of Domestic Violence
History of Sexual Abuse/ Assault
Low Pregravid Weight - BMI <19
Obesity - BMI >30
Overweight - BMI (27-30)
Positive HIV Antibody
Seizures (requiring Rx)
Thyroid Disease (requiring Rx)
Other:

If Drug Abuse selected above, check all that apply:

- Alcohol Abuse
Marijuana/Hashish
Cocaine/Crack
Heroin/Opiates/Barbiturates
Amphetamines
Other:

9. Gravity [text box]

10. Parity

- Term
Pre-Term (<37 weeks)
Spontaneous AB
Elective AB
Ectopic
Multiples
Living Children

11. Pregnancy History (select all that apply)

- None
Congenital Abnormalities/ Genetic Disease
GDM
Hyperemesis
Interpregnancy Interval between Viable Pregnancies <18 months
IUFD
IUGR/SGA
Macrosomia/LGA
Neonatal Death
PIH/Pre-eclampsia
Placenta Previa/Abruption
PP Depression
PP Hemorrhage
Preterm Birth (<37 weeks)
Pyelonephritis
Retained Placenta
Sensitization with Antibody that can cause Fetal Hemolytic Disease
Shoulder Dystocia
Vacuum or Forceps
Other:

12. Number of Previous C-Sections [text box]

Primary Reason for Previous C-Section (select only one)

- Arrest of Labor (1st Stage)
Arrest of Labor (2nd Stage)
Fetal Indication
Malpresentation
Abruption/Previa
Elective
Other:
Unknown

13. Number of Previous VBACs [text box]

14. Intended Place of Birth for current pregnancy

- Birth Center
Hospital
Home

15. Weeks Gestation at Start of Prenatal Care [text box]

16. Weeks Gestation at Initial Birth Center Visit [text box]

Date of Initial BC Visit [text box] / [text box] / [text box]

17. Estimated Due Date [text box] / [text box] / [text box]

END OF PART 1

AABC UNIFORM DATA SET
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Name Patient ID Pregnancy ID

Data Entry Form: Part 2 ~ AP COURSE

1. # of Prenatal Visits in Birth Center

2. # of Prenatal Visits with Other Providers

- Prior Provider
- Routine Obstetrician (not for a problem)
- Consult Obstetrician (for a problem)
- Perinatal Consult
- Other: _____

3. Prenatal Classes

- None Attended Previously
- Birth Center Other (Bradley, etc.)
- Group Prenatal Care Unknown

4. Psychosocial Pregnancy Issues

- None Smoking
- Alcohol Drugs
- Excess Stress Occupational Hazards
- Violence Other: _____

If Drugs selected above, check all that apply:

- Marijuana/Hashish
- Cocaine/Crack
- Heroin/Opiates/Barbiturates
- Amphetamines
- Other: _____

5. Activity During Pregnancy

- Sedentary Walking
- Running Other Aerobic Activity
- Resistance Training Yoga /Tai Chi
- Unknown

6. Diet During Pregnancy

- Excellent Good
- Fair Poor

7. Total Weight Gain in Pounds

8. Antepartum Procedures (Only those done as OUTPATIENT)

- ____ NST/CST (Enter # of times test performed)
- ____ BPP/AFI (Enter # of times test performed)
- ____ Amnio/CVS (Enter # of times test performed)
- ____ Ultrasound (Enter # of times test performed)

Breech Version

- None Acupuncture
- Breech Tilt External Cephalic Version
- Herbs Homeopathy
- Moxibustion Webster Technique
- Other: _____

Cervical Ripening

- None Castor Oil/Laxative/Enema
- Evening Primrose Herbals-PN6/Cohosh/5W
- Mechanical-Laminaria/Foley Misoprostol
- Nipple Stimulation Prostaglandin
- Strip Membranes Other: _____

Drugs Prescribed/Recommended

- None Prenatal Vitamins
- Antibiotics Antiemetics
- Antifungals Anti-Hypertensives
- Heparin Insulin
- Oral Anti-Coagulant Oral Hypoglycemic
- SSRIs Other: _____

Home Health Care: _____

Other: _____

9. Antepartum Hospitalization?

- Yes, number of times: _____
- No

Antepartum Hospitalization Indications

- Abruptio/Placenta Previa Hyperemesis
- PIH/Pre-eclampsia Preterm Labor
- Pyelonephritis Unknown
- Other: _____

10. Primary AP Care Provider

- Nurse-Midwife (CNM) Midwife (CPM, CM, LM, CDM, DM)
- Family Physician Obstetrician
- Other: _____

11. Prenatal Complication (select all that apply)

- None
- Anemia (Hct<30 or Hbg<10)
- GDM A2
- IUFD
- Macrosomia
- Multiple Gestation
- PIH/Pre-eclampsia
- Preterm Labor
- Sensitization with Antibody that can cause Fetal Hemolytic Disease
- Other: _____
- Abruptio/Placenta Previa
- GDM A1
- Infection
- IUGR
- Malpresentation
- Non-Reassuring Fetal Testing
- Post Dates
- Preterm ROM
- Vaginal Bleeding in 2nd or 3rd Trimester

If Infection, select:

- Cystitis
- Gonorrhea
- Herpes
- Pyelonephritis
- Other: _____

If Non-Reassuring Fetal Testing, select

- Doppler Flow
- EFM non-reassuring
- Oligohydramnios

12. Antepartum Transfer

- No Transfer
- Attrition Non-Medical
- Attrition Medical
- AP Medical Referral

Date AP Transfer/Left Care / /
(If AP Medical Referral Selected)

If Attrition Medical select Primary Indication

- Ectopic
- TAB
- SAB
- Other: _____

If Attrition Non-Medical select Primary Indication

- Changed Mind regarding OOH birth
- Financial Problems
- Moved Out of Area
- Unknown/Lost to follow-up
- Changed Provider
- Insurance Denied
- Non-compliance
- Other: _____

If AP Medical Referral select Primary Indication

- Abruptio/Placenta Previa
- GDM
- IUGR
- Malpresentation
- Non-Reassuring Fetal Testing
- Post-dates
- Other: _____
- Anemia (Hct<30 or Hbg<10)
- IUFD
- Macrosomia
- Multiple Gestation
- PIH/Pre-eclampsia
- Preterm ROM

13. Referral Disposition (leave blank if no transfer)

- Remained in Practice
- Referred out of Practice

END OF PART 2

AABC UNIFORM DATA SET
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Name Patient ID Pregnancy ID

Data Entry Form: Part 3 ~ IP COURSE

1. First Admission to Care

- Birth Center Hospital
 Planned Home Other

If Other, specify:

- Other Hospital Enroute
 Unintended Home Other: _____

2. Date of First Admission / /

3. Time of First Admission : (24 hr clock)

4. Labor Status on Admission

- Not in Labor Latent Phase
 Early Labor Active Labor

5. Primary Indication for Induction (select only 1)

- NO INDUCTION Elective
 IUGR Macrosomia
 Non-Reassuring Fetal Testing Post Dates
 Pre-eclampsia Term GDM
 Term ROM Other: _____

Methods Used for Induction and Locations Used
(Select all that apply)

AROM

- BC Hospital Home

Castor Oil/Enema/Laxative

- BC Hospital Home

Foley Bulb/Laminaria

- BC Hospital Home

Herbals: _____

- BC Hospital Home

Misoprostol

- BC Hospital Home

Nipple Stimulation

- BC Hospital Home

Oxytocin

- BC Hospital Home

Prostaglandin

- BC Hospital Home

Strip Membranes

- BC Hospital Home

Other: _____

- BC Hospital Home

5. Primary Indication for Augmentation (select only 1)

- NO AUGMENTATION Elective
 Prolonged Labor/Arrest of Labor Prior to Epidural Maternal Exhaustion
 Arrest of Labor After Epidural Other: _____
 Unknown

Methods Used for Augmentation and Locations Used
(Select all that apply)

AROM

- BC Hospital Home

Castor Oil/Enema/Laxative

- BC Hospital Home

Foley Bulb/Laminaria

- BC Hospital Home

Herbals: _____

- BC Hospital Home

Misoprostol

- BC Hospital Home

Nipple Stimulation

- BC Hospital Home

Oxytocin

- BC Hospital Home

Prostaglandin

- BC Hospital Home

Strip Membranes

- BC Hospital Home

Other: _____

- BC Hospital Home

7. Monitoring During Labor (select all that apply)

- Palpation
 Intermittent Auscultation Only
 Initial Electronic Tracing, then Intermittent Auscultation
 Continuous Electronic

If Intermittent Auscultation Only, specify:

- Doppler
 Fetoscope
 Electronic Monitor

If Initial Electronic Tracing, then Intermittent Auscultation Only, specify:

- Doppler
 Fetoscope
 Electronic Monitor

If Continuous Electronic, specify:

- External FHTS
 External Uterine
 FSE
 IUFC

8. Intake During Labor

- Oral Fluids: Yes No
 Oral Solids: Yes No
 IV Fluids: Yes No

9. Pain Relief - Non-Pharmacological (select all that apply)

- None Acupuncture
 Aromatherapy Auditory/Music
 Heat/Cold Herbal/Homeopathic: _____
 Hydrotherapy Hypnosis/Imagery
 Intracutaneous Sterile Water Massage/Tactile/Accupressure
 Position/Ambulation TENS
 Other: _____ Unknown

10. Pain Relief - Pharmacological (select all that apply)

- None Epidural
 General Local
 Narcotic Analgesia Nitrous Oxide
 Pudendal Spinal
 Other: _____

11. Other Procedures Used During Labor & Delivery

(Select all that apply)

- None Amnioinfusion
 Antibiotic Antiemetics
 Fetal Scalp pH Fetal Stem Cells Collected
 Herbals/Homeopathics PIH Meds
 Tocolytics Other: _____

12. Date of Birth of Infant

/ /

13. Time of Birth of Infant

: (24 hr clock)

14. Place of Birth

- Birth Center Hospital
 Home Enroute
 Unknown Other: _____

15. Type of Birth

- NSVD/Cephalic NSVD/Breech
 NSVD/VBAC Vacuum
 Forceps Primary C-Section
 Repeat C-Section - No trial of labor Repeat C-Section - With trial of labor

Specify Primary Indication for C-Section

- Arrest of Labor - 1st stage Arrest of Labor 2nd Stage
 Fetal Indications Malpresentation
 Abruptio/Previa Other: _____

16. Position for Birth (Select only 1)

- Hands and knees Sitting/Semi-sitting
 Side-lying Squatting
 Stool/Chair Standing
 Supine Lithotomy with Stirrups
 Other: _____ Unknown

17. Water Birth

- No Regular Bathtub
 Jacuzzi Birthing Tub

18. Placenta delivered under water

- Yes
 No

19. Support for Labor (check all that apply)

- Nurse-Midwife (CNM) Midwife (CPM, CM, LM, CDM, DM)
 Nurse Family Physician
 Obstetrician Doula
 Family/Support Person Other: _____

20. Primary Attendant for Birth

- Nurse-Midwife (CNM) Midwife (CPM, CM, LM, CDM, DM)
 Family Physician Obstetrician
 Family/Support Person Other: _____

21. Episiotomy

- NONE
 Midline
 Mediolateral

22. Perineal Management

- Flexion of Head Ice or Cold Compresses
 Manual Support Massage During Pushing
 Oil/Lubricant Verbal Guidance
 Warm Compresses Other: _____
 None

23. Vagina/Perineum

- No laceration Laceration - no repair
 Perineal 1st - Repaired Perineal 2nd - Repaired
 Perineal 3rd - Repaired Perineal 4th - Repaired
 Labial/Periurethral/ Periclitoral - Repaired Other Repair
 Episiotomy Extension - 3rd/4th

24. Intrapartum Transfer (from OOH site only)

- No IP Transfer
- IP Referral
- Pre-Admit IP Referral
- Emergency IP Transfer

Pre-Admission IP Referral Primary Indication:

- Client Choice/Psychological
- Hypertension
- Malpresentation
- Non-Particulate Meconium
- Particulate Meconium
- Prolonged Latent Phase
- Term ROM without Labor
- Delivered at Home or Enroute
- IUFD
- Maternal Fever
- Non-Reassuring FHR Pattern
- Preterm Labor
- Term ROM with Labor
- Other: _____

IP Referral Primary Indication:

- Prolonged or Arrest - 1st Stage
- Abnormal Bleeding
- Hypertension
- IUFD
- Maternal Fever
- Non-reassuring FHR Pattern
- Prolonged Latent Phase
- Prolonged ROM without Labor (>24 hrs)
- Prolonged or Arrest - 2nd Stage
- Client Choice/Psychological
- Inadequate Pain Relief
- Malpresentation
- Non-Particulate Meconium
- Particulate Meconium
- Prolonged ROM with Labor (> 24hrs)
- Other: _____

IP Emergency Transfer Primary Indication:

- Cord Prolapse
- Non-reassuring FHR Pattern
- Other: _____
- IP Hemorrhage
- Seizures

Emergency Transfer Time (minutes)

Mode of Transport (Select only 1)

- Car
- Wheelchair/Gurney
- 911 Ambulance
- Other: _____
- Escorted Ambulation
- Private Ambulance
- Air/Helicopter

Date of IP Transfer (/ /)

Time of IP Transfer (: (24 hr clock))

25. Length of 1st Stage (hours minutes)

26. Length of 2nd Stage (hours minutes)

27. Length of 3rd Stage (hours minutes)

28. Intrapartum Complication (Select all that apply)

- None
- Chorioamnionitis
- GBS Positive - No Tx
- Malpresentation
- Maternal Fever
- Non-Reassuring FHR Pattern
- PIH or Pre-eclampsia
- Previa
- Prolonged Labor 2nd Stage
- Seizures
- Other: _____
- Abruption
- Cord Prolapse
- GBS Positive - Tx
- Maternal Death in Labor
- Non-Particulate Meconium
- Particulate Meconium
- Preterm Labor and Birth
- Prolonged Labor 1st Stage
- ROM > 24 hrs.
- Shoulder Dystocia

29. Postpartum Transfer (from OOH site only)

- No PP Transfer
- Emergency PP Transfer
- PP Transfer

Emergency Transfer Time (minutes)

Primary Indication for PP Transfer (Select only 1)

- Laceration/Episiotomy Repair
- PIH or Pre-Eclampsia
- Retained Placenta
- Maternal Fever
- Postpartum Hemorrhage
- Other: _____

Date of PP Transfer (/ /)

Time of PP Transfer (: (24 hr clock))

30. Postpartum Complication (select all that apply)

- None
- Maternal Death Postpartum
- Postpartum Hemorrhage
- Other: _____
- Febrile
- PIH or Pre-eclampsia
- Retained Placenta

31 Postpartum Procedures (select all that apply)

- None
- Herbals/Homeopathy
- IV Start Postpartum
- Oxytoxics
- Postpartum MgSO₄
- Blood Transfusion
- Hysterectomy
- Manual Removal of Placenta
- Postpartum D&C
- Other: _____

If Oxytoxics, specify:

- Pitocin After Anterior Shoulder
- Pitocin After Placenta
- Methergine
 - Oral
 - IM
- Misoprostol
- Prostaglandins
- Hemobate

If Manual Removal of Placenta, specify:

- OOH
- Hospital

32. Date of Final Maternal Discharge (/ /)

33. Time of Final Maternal Discharge (: (24 hr clock))

34. Newborn Procedures (select all that apply)

- None
- Bag and Mask
- Catheter Suction on Perineum
- Circumcision
- Endotracheal Intubation
- IV Fluids
- Phototherapy
- Ventilator
- X-rays/Ultrasounds
- Antibiotics
- Catheter Suction After Birth
- Chest Compressions
- Cord Visualization
- Eye Prophylaxis
- Oxygen Only
- Septic Workup
- Vitamin K
- Other: _____

If Bag and Mask, specify:

- < 5 minutes
- 11-15 minutes
- 5-10 minutes
- >15 minutes

If Vitamin K, specify:

- IM
- Oral

If Phototherapy, specify:

- In Hospital
- At Home

If Septic Work-Up, specify:

- Including Spinal Tap
- No Spinal Tap

35. Date of Newborn Discharge /

36. Time of Newborn Discharge (24 hr clock)

37. Type of Newborn Transfer (From OOH Site Only)

- No Newborn Transfer
- Newborn Referral
- Emergency Transfer

Emergency Transfer Time minutes

38. Primary Indication for Newborn Transfer (select only 1)

- Apgar <7 at 5 minutes
- Congenital Anomalies
- Low Birth Weight
- Respiratory Distress
- Transient Tachypnea
- Birth Trauma
- Hypoglycemia
- Prematurity
- Temperature Instability
- Other: _____

If Congenital Anomalies, specify: _____

Transferred to (select only 1)

- Newborn Nursery
- Pediatrics
- SCU or NICU
- Other: _____

35. Date of Newborn Transfer from OOH /

36. Time of Newborn Transfer from OOH (24 hr clock)

41. Pregnancy Outcome

- Singleton
- Twins

Singleton or 1st Twin

- Live Birth
- Antepartum Death (IUFD before onset of labor)
- Intrapartum Death (IUFD after onset of labor)
 - Died in utero before admission
 - Died in utero at place of admission
 - IP transfer died in utero enroute
 - IP transfer died in utero at hospital
- Neonatal Death
 - Infant died at place of birth
 - Infant transferred but died enroute
 - Infant transferred to hospital and died there

2nd Twin

- Live Birth
- Antepartum Death (IUFD before onset of labor)
- Intrapartum Death (IUFD after onset of labor)
 - Died in utero before admission
 - Died in utero at place of admission
 - IP transfer died in utero enroute
 - IP transfer died in utero at hospital
- Neonatal Death
 - Infant died at place of birth
 - Infant transferred but died enroute
 - Infant transferred to hospital and died there

Singleton
or 1st Twin

2nd Twin

42. Gender

43 Birth Weight in Grams

44. EGA by Exam

45. One Minute Apgar Score

46. Five Minute Apgar Score
If 5 minute Apgar is <7 then

47. Ten Minute Apgar Score

48. Infant Feeding at Discharge

Singleton or 1st Twin

- Breastmilk Feeding
- Formula Feeding
- Combination Breast/Formula
- Other: _____

2nd Twin

- Breastmilk Feeding
- Formula Feeding
- Combination Breast/Formula
- Other: _____

49. Newborn Problems (select all that apply)

Singleton or 1st Twin

- None
- Birth Trauma
- Hypoglycemia
- Infection Other than Sepsis
- Meconium Aspiration
- Persistent Pulmonary Hypertension
- Respiratory Distress
- Sepsis
- Transient Tachypnea
- Congenital Anomalies
- Hypovolemia/Hypotension
- Intraventricular Hemorrhage
- Necrotizing Enterocolitis
- Renal Failure
- Seizures
- Other: _____

If Congenital Anomalies, specify: _____

Date of Newborn Discharge from Transfer Site

/

2nd Twin

- None
- Birth Trauma
- Hypoglycemia
- Infection Other than Sepsis
- Meconium Aspiration
- Persistent Pulmonary Hypertension
- Respiratory Distress
- Sepsis
- Transient Tachypnea
- Congenital Anomalies
- Hypovolemia/Hypotension
- Intraventricular Hemorrhage
- Necrotizing Enterocolitis
- Renal Failure
- Seizures
- Other: _____

If Congenital Anomalies, specify: _____

Date of Newborn Discharge from Transfer Site

/

Name Patient ID Pregnancy ID

Data Entry Form: Part4 ~ PP Follow-Up

1. Date of Final Postpartum Visit or Date Determined Lost to Follow-Up / /

2. Follow-Up

- Follow-up to 6 weeks
- Lost to Follow-up - Attempt Made (You are done!)
- Lost to Follow-Up - No Attempt (You are done!)

3 Home Visits Enter # of visits

- By Birth Center
- By Outside Agency

4. Number of Maternal Birth Center Postpartum Visits

5. Number of Maternal Postpartum Visits to Other Provider for Postpartum Issue

6. Number of Infant Birth Center Visits

7. Number of Infant Visits to Other Providers

8. Number of Provider Initiated Phone Calls

9. Maternal Re-Admission Before 6 Weeks

- Yes
- No
- Unknown

Primary Indication for Maternal Re-Admission

- Endometritis
- Postpartum Depression
- Pyelonephritis or Renal Calculi
- Unknown
- PIH or Pre-eclampsia
- PP Hemorrhage
- Other: _____

Length of Stay for Maternal Re-Admission: _____ days

10. Newborn Re-Admission Before 6 Weeks

- Yes
- No
- Unknown

Primary Indication for Newborn Re-Admission

- Dehydration/Poor Feeding
- Infection
- Other: _____
- Hyperbilirubinemia
- Respiratory Distress
- Unknown

If Infection, specify:

- Suspected
- Confirmed

Length of Stay for Newborn Re-Admission: _____ days

Age of Newborn at Re-Admission: _____ days

11. Maternal Problem Up to 6 Weeks Postpartum

(select all that apply)

- None
- Cystitis/Calculi
- Mastitis
- Pyleonphritis
- Other: _____
- Cholecystitis
- Endometritis
- Postpartum Depression
- Wound or Episiotomy Infection

12. Perineal Discomfort (As per mother)

- Painful
- A Little Sore
- Normal

13. Emotional Well-Being (As per mother)

- Feeling Very Stressed
- Some Ups and Downs
- Great

14. Birth Control Method in Use After 6 Week PP Visit

- None
- Condoms/Foam and Condoms
- Diaphragm
- Gel/Foam/Cream/Supp/Film
- IUD
- OCPs
- Vasectomy
- Cervical Cap
- DepoProvera
- Female Sterilization
- Hormonal Implant
- Natural Family Planning/Lactation Amenorrhea
- Patch/Ring
- Unknown

15. Newborn Problem Up to 6 Weeks (select all that apply)

- None
- Hyperbilirubinemia (with Rx)
- Newborn Death
- Poor Weight Gain/Failure to Thrive
- Congenital Anomalies
- Infection
- Other: _____
- Unknown

If Congenital Anomalies, specify: _____

If Newborn Death, explain: _____

16. Infant Feeding at 6 Weeks

- Exclusive Breastmilk Feeding
- Exclusive Formula Feeding
- Combination Breast/Formula
- Other: _____
- Unknown

Congratulations!

You have reached the end of AABC UDS Data Entry Form 😊