



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

UNIFORM DATA SET 3.5

Data Entry Form: Part 1 ~ INITIAL OB VISIT

Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Pregnancy ID: \_\_\_\_\_ (auto-generated by UDS)

1. Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MMDDYYYY)

2. Payment Method

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

3. Secondary Insurance: \_\_\_\_\_

4. Years of Education: \_\_\_\_\_ (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: \_\_\_\_\_

8. Medical History (Check all that apply)

- None, Smoker, Anorexia/Bulimia, Asthma, Chronic Hypertension, Depression/Psychiatric Diseases, Non-gestational Diabetes, Drug Abuse, Heart Disease, History of Domestic Violence, History of Sexual Abuse, Low Pregravid Weight, Obesity, Overweight, Positive HIV Antibody, Chronic Renal Disease, Seizures, Thyroid Disease, Other

If Drug Abuse selected above, check all that apply:

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

9. Gravidity: \_\_\_\_\_

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, IUFD, IUGR/SGA, Macrosomia/LGA, Neonatal Death, Gestational Hypertension, Placenta Previa/Abruption, PP Depression, PP Hemorrhage, Preterm Birth, Pyelonephritis, Retained Placenta, Sensitization with Antibody, Shoulder Dystocia, Vacuum or Forceps, Pre-eclampsia, Other

12. Number of Previous C-Sections: \_\_\_\_\_

If number of previous C-Sections is greater than zero, please complete Part 1A - VBAC data

13. Number of Previous VBACs: \_\_\_\_\_

14. Intended Place of Birth for current pregnancy

- Birth Center, Hospital, Home

15. Weeks Gestation at Start of Prenatal Care: \_\_\_\_\_

16. Weeks Gestation at Initial Visit to Birth Center or Midwifery Practice: \_\_\_\_\_

Date of Initial Visit to Birth Center or Midwifery Practice: \_\_\_\_\_ (MMDDYYYY)

17. Estimated Due Date: \_\_\_\_\_ (MMDDYYYY)

END OF PART 1

AABC UNIFORM DATA SET  
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Name  Patient ID  Pregnancy ID

**Data Entry Form: Part 1A~ VBAC DATA**

12. Number of Previous C-Sections: \_\_\_\_\_

**If more than one previous c-section, use indication for the first c-section.**

Primary Provider for pregnancy in which previous c-section was done

- Same as current pregnancy provider
- Different provider
  - CNM, CM  CPM, LM, CDM, DEM
  - OB (not current collaborative OB)  Family Physician
  - Unknown
- Unknown

Did you obtain operative note from previous c-section

- Yes
- No - did not request
- No - requested but unable to obtain
- No - but had other records that indicated type of uterine scar
- Unknown

Uterine incision

- Low-transverse  Low-transverse with extension
- Classical  Low-vertical
- Inverted T  J incision
- Other: \_\_\_\_\_  Unknown

Uterine closure

- One layer
- Two layers
- Unknown

Surgical Infection After C-Section

- None
- Endometritis
- Incisional Infection
- Abscess or infected collection
- Wound dehiscence

Primary reason for previous c-section according to operative note:

- Arrest of Labor (1st stage)  Arrest of Labor (2nd stage)
- Malpresentation: Breech  Abruptio/Previa
- Malpresentation: Other  Elective
- CPD  Non-reassuring FHR tracing /fetal distress
- Fetal anomaly  Multiple gestation
- Other: \_\_\_\_\_  Unknown

Interval from most recent c-section to current EDD

- < 1year
- 1-2 years
- > 2 years

Mother's feelings about whether or not previous c-section(s) was (were) necessary

- Yes - it was clearly necessary  Maybe - I think that it was probably necessary
- Doubtful - I think maybe it was not necessary  Absolutely not - I'm certain that it was not necessary
- I don't know if it was necessary  I don't know why it was done

All reasons for c-section according to the mother

- Baby in wrong position - breech  Baby's head in wrong position - posterior or transverse
- Baby's heart rate abnormal on monitor  Labor was induced
- Wasn't allowed to get out of bed  Went to hospital too early in labor
- Labor did not progress in first stage  Pushed for a long time with little or no descent
- Provider wanted to go home / to the office / to dinner / etc  Got epidural too early or should not have had epidural
- AROM too early  Other: \_\_\_\_\_

Mother's level of commitment to having a VBAC

- Want a TOL even if it puts my baby at risk  Want a TOL even if it puts me at risk, but not if it puts my baby at risk
- Want a VBAC as long as the labor progresses normally  Want a TOL if I can have an epidural for pain relief
- Ideally would like a VBAC, but not if it puts me or my baby at risk  Ideally would like a VBAC, but want to be able to change my mind later in pregnancy if I think this baby is as big as the baby delivered by c-section
- I think I want a VBAC right now, but want to be able to change my mind in labor

Mother's reason for choosing OOH site for TOL

- I am afraid of hospitals  I am afraid that I will end up with another c-section if I labor in the hospital
- I want to avoid routine hospital interventions that I think contributed to my having a c-section  I don't want to feel pressured into having an epidural
- I want a different type of provider than I had for my pregnancy that ended in a c-section  No one will let me have a TOL in a hospital
- The only hospital that will let me have a VBAC is too far away  Other: \_\_\_\_\_

18. VBAC / OOH Informed Consent

- Yes - If the client has had a previous c-section and plans a VBAC, she has been given verbal and written information about the risks and benefits of both a TOL and a repeat c-section. The practice has on file her signed, written consent stating that she desires a TOL.
- Yes - If an OOH VBAC is planned, the specific risks associated with an OOH TOL have been discussed verbally and in writing, the practice has her signed consent on file indicating that she desires an OOH VBAC.

**END OF PART 1A**

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: \_\_\_\_\_

Other Provider Services

- 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. Prenatal Testing (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: \_\_\_\_\_

Prenatal Testing for Client Planning VBAC

- Ultrasound done specifically for placental localization
- Ultrasound done specifically for estimated feta weight at term
- Other intervention or testing done specifically because mother had had a previous c-section

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) or CM  Midwife (CPM, 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
- Gestational Hypertension
- Preterm Labor
- Sensitization with Antibody that can cause Fetal Hemolytic Disease
- Pre-eclampsia
- Abruptio/Previa
- GDM A1
- Infection
- IUGR
- Malpresentation
- Non-Reassuring Fetal Testing
- Post Dates
- Preterm ROM
- Vaginal Bleeding in 2nd or 3rd Trimester
- Other: \_\_\_\_\_

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** \_\_\_\_\_ (MMDDYYYY)  
(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
- Was undecided about birth location at initial prenatal visit
- Changed Provider
- Insurance Denied
- Non-compliance
- Other: \_\_\_\_\_

If AP Medical Referral select Primary Indication

- Abruptio/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**

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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: \_\_\_\_\_ (MMDDYYYY)

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

**4. Labor Status on Admission**

- Not in Labor                       Latent Phase  
 Early Labor                       Active Labor

Cervical dilation

- 0    1    2    3    4    5  
 6    7    8    9    10

Cervical effacement

- uneffaced    10%    20%    30%    40%  
 50%    60%    70%    80%    90%    100%

Fetal station

- 4    -3    -2    -1    0  
 +1    +2    +3    +4

Fetal position

- OA    OT    OP    unknown

Frequency of uterine contractions

- Every 8-10 minutes  
 Every 6-7 minutes  
 Every 4-5 minutes  
 Every 2-3 minutes  
 Irregular

Duration of uterine contractions

- 20-30 seconds  
 40-50 seconds  
 60 seconds or longer

Intensity of contractions to palpation

- Mild  
 Moderate  
 Strong

Estimated fetal weight

By Leopold's (lbs): \_\_\_\_\_  
By mother's estimate (lbs): \_\_\_\_\_

Time and date of onset of contractions

Time (HHMM): \_\_\_\_\_  
Date (MMDDYYYY): \_\_\_\_\_

**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

If Misoprostol, please answer

Dose:  0.25 mg  
 Other: \_\_\_\_\_

Route:  Buccal  
 Oral  
 Vaginal  
 Rectal

Number of Doses: \_\_\_\_\_

1st Dose: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24 hr clock)  
2nd Dose: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24 hr clock)  
3rd Dose: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24 hr clock)  
4th Dose: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24 hr clock)

Cervical exam with initial dose:

Cervical dilation

- 0    1    2    3    4    5  
 6    7    8    9    10

Cervical effacement

- uneffaced    10%    20%    30%    40%  
 50%    60%    70%    80%    90%    100%

Time and date of onset of contractions

Time (HHMM): \_\_\_\_\_ Date (MMDDYYYY): \_\_\_\_\_

If Prostaglandin, please answer

- Type:  Cervidil  
 Prepidil  
 Other: \_\_\_\_\_

Number of Doses: \_\_\_\_\_

- 1st Dose: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24 hr clock)  
 2nd Dose: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24 hr clock)  
 3rd Dose: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24 hr clock)  
 4th Dose: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24 hr clock)

Cervical exam with initial dose:

Cervical dilation

- 0  1  2  3  4  5  
 6  7  8  9  10

Cervical effacement

- uneffaced  10%  20%  30%  40%  
 50%  60%  70%  80%  90%  100%

Fetal station

- 4  -3  -2  -1  0  
 1  2  3  4

Time and date of onset of contractions

Time (HHMM): \_\_\_\_\_ Date (MMDDYYYY): \_\_\_\_\_

6. 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  
 IUPC

Average intensity of contraction by IUPC: \_\_\_\_\_ mmHg

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: \_\_\_\_\_

Cervical exam when initially received analgesia:

Cervical dilation

- 0  1  2  3  4  5  
 6  7  8  9  10

Cervical effacement

- uneffaced  10%  20%  30%  40%  
 50%  60%  70%  80%  90%  100%

Fetal station

- 4  -3  -2  -1  0  
 +1  +2  +3  +4

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. Time from 1st digital exam after ROM until birth: \_\_\_\_\_ (HHMM)

13. Pushing during 2nd stage was:

- Directed
- Physiologic

14. Date of Birth of Infant: \_\_\_\_\_ (MMDDYYYY)

15. Time of Birth of Infant \_\_\_\_\_: \_\_\_\_\_ (24 hr clock)

16. Place of Birth

- Birth Center
- Hospital
- Home
- Enroute
- Unknown
- Other: \_\_\_\_\_

17. 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
- Abruption/Previa
- Other: \_\_\_\_\_

18. Position for Birth (Select only 1)

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

19. Water Birth

- No
- Regular Bathtub
- Jacuzzi
- Birthing Tub

20. Placenta delivered under water

- Yes
- No

21. Support for Labor (check all that apply)

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

22. Primary Attendant for Birth

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

Provider Name: \_\_\_\_\_

23. Episiotomy

- NONE
- Midline
- Mediolateral

24. Perineal Management

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

25. 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

26. Intrapartum Transfer (from OOH site only)

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

Pre-Admission IP Referral Primary Indication:

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

IP Referral Primary Indication:

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

IP Emergency Transfer Primary Indication:

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

Length of time from decision to transfer to arrival in receiving unit: \_\_\_\_\_ (HHMM)

Length of time in hospital prior to delivery: \_\_\_\_\_ (HHMM)

Mode of Transport (Select only 1)

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

Date of IP Transfer: \_\_\_\_\_ (MMDDYYYY)

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

27. Length of 1st Stage: \_\_\_\_\_ hours \_\_\_\_\_ minutes

28. Length of 2nd Stage: \_\_\_\_\_ hours \_\_\_\_\_ minutes

29. Length of 3rd Stage: \_\_\_\_\_ hours \_\_\_\_\_ minutes

**30. 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
- Uterine Hyperstimulation
- Surgical Injury
- Abruptio
- 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
- Uterine Rupture
- Other: \_\_\_\_\_

If Uterine Rupture, specify:

- Uterine rupture -baby inside uterus
- Uterine rupture: baby - outside uterus
- Uterine dehiscence - disruption of uterine muscle with intact serosa

If Surgical Injury, specify:

- Bowel injury
- Ureteral injury
- Cystostomy
- Other: \_\_\_\_\_

**31. Postpartum Transfer**

- No PP Transfer
- PP Transfer

- Emergency PP Transfer

Emergency Transfer Time: \_\_\_\_\_ (minutes)

Length of time from decision to transfer to arrival in receiving unit: \_\_\_\_\_ (HHMM)

Length of time in hospital prior to treatment: \_\_\_\_\_ (HHMM)

**Primary Indication for PP Transfer** (Select only 1)

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

Date of PP Transfer: \_\_\_\_\_ (MMDDYYYY)

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

**32. Postpartum Complication** (select all that apply)

- None
- Broad ligament hematoma
- Febrile
- Paralytic ileus
- Postpartum Hemorrhage
- Septic pelvic thrombosis
- Other: \_\_\_\_\_
- Endometritis
- Maternal Death Postpartum
- PIH or Pre-eclampsia
- Retained Placenta
- Thromboembolic disease deep vein thrombosis OR pulmonary embolus

**33 Postpartum Procedures** (select all that apply)

- None
- Herbals/Homeopathy
- IV Start Postpartum
- Oxytoxics
- Postpartum MgSO<sub>4</sub>
- 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

34. Date of Final Maternal Discharge: \_\_\_\_\_ (MMDDYYYY)

35. Time of Final Maternal Discharge \_\_\_\_\_ : \_\_\_\_\_ (24 hr clock)

**36. 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
- Visualization below vocal cords
- Eye Prophylaxis
- Oxygen Only
- Septic Workup
- Vitamin K
- Other: \_\_\_\_\_

If Bag and Mask, specify:

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

37. Date of Newborn Discharge: \_\_\_\_\_ (MMDDYYYY)

38. Time of Newborn Discharge \_\_\_\_\_ : \_\_\_\_\_ (24 hr clock)

**39. Type of Newborn Transfer**

- No Newborn Transfer
- Newborn Referral
- Emergency Transfer

Length of time from decision to transfer to arrival in receiving unit: \_\_\_\_\_ minutes

Length of time in hospital prior to treatment: \_\_\_\_\_ (HHMM)

**40. 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: \_\_\_\_\_

41. Date of Newborn Transfer from OOH: \_\_\_\_\_ (MMDDYYYY)

42. Time of Newborn Transfer from OOH \_\_\_\_\_:\_\_\_\_\_ (24 hr clock)

**43. 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

**50. 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: \_\_\_\_\_

**51. 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: \_\_\_\_\_ (MMDDYYYY)

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: \_\_\_\_\_ (MMDDYYYY)

Hours of Labor Support: \_\_\_\_\_

**END OF PART 3**

|   | <u>Singleton<br/>or 1st Twin</u> | <u>2nd Twin</u>      |
|---|----------------------------------|----------------------|
| 44. Gender  | <input type="text"/>             | <input type="text"/> |
| 45. Birth Weight in Grams                                   | <input type="text"/>             | <input type="text"/> |
| 46. EGA by Exam   | <input type="text"/>             | <input type="text"/> |
| 47. One Minute Apgar Score                                  | <input type="text"/>             | <input type="text"/> |
| 48. Five Minute Apgar Score<br>If 5 minute Apgar is <7 then | <input type="text"/>             | <input type="text"/> |
| 49. Ten Minute Apgar Score                                  | <input type="text"/>             | <input type="text"/> |

AABC UNIFORM DATA SET  
Version 3.5 ~ 2008

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: \_\_\_\_\_ (MMDDYYYY)

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
- Hematoma
- Postpartum Depression
- Septic pelvic thrombosis
- Wound or Episiotomy Infection
- Cholecystitis
- Endometritis
- Mastitis
- Pyleonphritis
- Thromboembolic disease deep vein thrombosis OR pulmonary embolus
- Other: \_\_\_\_\_

12. Perineal Discomfort (As per mother)

- Painful
- A Little Sore
- Normal

13. Resumption of Sexual Intercourse

- Has resumed intercourse without discomfort
- Has not attempted
- Attempted, but was too painful
- Other: \_\_\_\_\_

14. Emotional Well-Being (As per mother)

- Feeling Very Stressed
- Some Ups and Downs
- Great

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

- None
- Abstinence
- 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

16. 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: \_\_\_\_\_

17. Infant Feeding at 6 Weeks

- Exclusive Breastmilk Feeding
- Exclusive Formula Feeding
- Combination Breast/Formula
- Other: \_\_\_\_\_
- Unknown

18. If mother attempted a VBAC, what is her level of satisfaction with her trial of labor (TOL)

- Happy that she attempted a VBAC at the birth center
- Would have preferred a VBAC in the hospital
- Wishes that she had had a scheduled repeat c-section

***Congratulations!***

**You have reached the end of  
AABC UDS Data Entry Form ☺**