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Finger Lakes Regional Perinatal Data System

Answer Sheet

CODER Fax

If Multiple Births: Number of Live Births:	Number of Fetal Deaths:	Birth Weight: 3215 Grams	lbs.	oz.

Abnormal Conditions of the Newborn:
___ None ___ Unknown at this time
Select all that apply

_X_ Assisted ventilation required immediately following delivery	___ Assisted ventilation required for more than six hours
_X_ Admission to NICU	___ Newborn given surfactant replacement therapy
___ Antibiotics received by the newborn for suspected neonatal sepsis	___ Seizures or serious neurologic dysfunction
___ Significant birth injury (skeletal fx, peripheral nerve injury, soft tissue/solid organ hemorrhage which requires intervention)	

Fetal Presentation: *(select one)*
___ Cephalic ___Breech **_X_ Other**

Route & Method: *(select one)*
___ Spontaneous ___ Forceps-Mid ___ Forceps-Low/ Outlet ___ Vacuum **_X_ Cesarean** ___Unknown

Cesarean Section History:
_X_ Previous C-Section Number **3**

Trial Labor:
If Cesarean section, was trial labor attempted? ___ Yes **_X_ No**

Indications for C-Section:
___ Unknown
Select all that apply

___ Failure to progress	___ Malpresentation	**_X_ Previous C-Section**
___Fetus at Risk/ NFS	___ Maternal Condition-Not Pregnancy Related	___ Maternal Condition-Pregnancy Related
___ Refused VBAC	**_X_ Elective**	___ Other

Anesthesia / Analgesia:
___None ___Unknown at this time

Select all that apply

___Epidural (Caudal)	___ Local	**_X_ Spinal**
___General Inhalation	___ Paracervical	___General Intravenous
___Pudendal		

Was an analgesic administered?
_X_ Yes ___ No

Other Procedures Performed at Delivery
___None ___Unknown at this time
Select all that apply
___Episiotomy and Repair **_X_ Sterilization**