

Answer Sheet



CODERFax

Labor & Delivery

Fetal Presentation: <i>(select one)</i> <input checked="" type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Route & Method: <i>(select one)</i> <input type="checkbox"/> Spontaneous <input type="checkbox"/> Forceps-Mid <input type="checkbox"/> Forceps-Low/ Outlet <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Cesarean <input type="checkbox"/> Unknown	
Cesarean Section History: <input type="checkbox"/> Previous C-Section Number _____	
Attempted Procedures: Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Trial Labor: If Cesarean section, was trial labor attempted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Indications for C-Section: <input type="checkbox"/> Unknown Select all that apply <input checked="" type="checkbox"/> Failure to progress <input type="checkbox"/> Malpresentation <input type="checkbox"/> Previous C-Section <input checked="" type="checkbox"/> Fetus at Risk/ NFS <input type="checkbox"/> Maternal Condition-Not Pregnancy Related <input type="checkbox"/> Maternal Condition-Pregnancy Related <input type="checkbox"/> Refused VBAC <input type="checkbox"/> Elective <input type="checkbox"/> Other	
Indications for Vacuum: <input type="checkbox"/> Unknown Select all that apply <input type="checkbox"/> Failure to Progress <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Other	Indications for Forceps: <input type="checkbox"/> Unknown Select all that apply: <input type="checkbox"/> Failure to Progress <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Other
Onset of Labor <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Prolonged Rupture of Membranes (12 or more hours) <input type="checkbox"/> Premature Rupture of Membranes (prior to labor) <input type="checkbox"/> Precipitous Labor – (less than 3 hours) <input type="checkbox"/> Prolonged Labor (20 or more hours)	
Characteristics of Labor & Delivery <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply <input type="checkbox"/> Induction of Labor-AROM <input type="checkbox"/> Induction of Labor –Medicinal <input checked="" type="checkbox"/> Augmentation of labor <input type="checkbox"/> Steroids <input type="checkbox"/> Antibiotics <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Meconium Staining <input checked="" type="checkbox"/> Fetal Intolerance <input checked="" type="checkbox"/> External Electronic Fetal Monitoring <input checked="" type="checkbox"/> Internal Electronic Fetal Monitoring	