Phone: (585) 758-7811
Fax: (585) 424-1469
Email: Barbara_Suter@urmc.rochester.edu
February 09

Finger Lakes Regional Perinatal Data System

Response Sheet

CODER Fax

To:	Barbara Suter	From:	
Fax:	585-424-1469	Pages:	
Phone:	585-758-7811	Date:	
Re:	CODER Fax	CC:	

Labor & Delivery

Fetal Presentation: *(select one)*
___ Cephalic ___Breech ___Other ___Unknown

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

Characteristics of Labor & Delivery
___ None ___ Unknown at this time
Select all that apply
___ Induction of Labor-AROM ___ Induction of Labor –Medicinal ___ Augmentation of Labor
___ Steroids ___ Antibiotics ___ Chorioamnionitis
___ Meconium Staining ___ Fetal Intolerance ___ External Electronic Fetal Monitoring
___ Internal Electronic Fetal Monitoring

Maternal Morbidity
___None ___ Unknown at this time
Select all that apply
___ Maternal Transfusion ___ Perineal Laceration (3rd/4th Degree) ___Ruptured Uterus
___ Unplanned Hysterectomy ___ Admit to ICU ___Unplanned Operating Room Procedure Following Delivery
___ Postpartum transfer to a higher level of care

Anesthesia / Analgesia:
___None ___Unknown at this time
Select all that apply
___Epidural (Caudal) ___ Local ___ Spinal
___General Inhalation ___ Paracervical ___ General Intravenous
___Pudendal

Was an analgesic administered?
___ Yes ___ No

Admission and Discharge Information

Mother
Admission Date for Delivery (MM/DD/YYYY) / /
Discharge Date (MM/DD/YYYY) / /

Infant
Discharge date (MM/DD/YYYY) / /
___ Discharged Home ___ Infant Died at Birth Hospital
___ Infant Still in Hospital ___ Infant Discharged to Foster Care/Adoption
___ Infant Transferred Out ___ Unknown