

New York State Guidelines

LABOR AND DELIVERY SCREEN

METHOD OF DELIVERY

• FETAL PRESENTATION

- o **Cephalic** – Synonyms include vertex. Presenting part of the fetus listed as occiput anterior (OA), occiput posterior (OP).
- o **Breech** – Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.
- o **Other** – Any other presentation or presenting part not listed above.
- o **Unknown**

• ROUTE & METHOD

Indicate how delivery was finally accomplished, regardless of whether other procedures were attempted prior to successful delivery.

• CESAREAN SECTION HISTORY

- o **Previous C-Section** Select 'Yes' if mom has had a previous operative delivery in which the fetus was extracted through an incision in the maternal abdominal and uterine walls.
- o **Number** Indicate the number of previous c-section deliveries.

• ATTEMPTED PROCEDURES

- o **Forceps** Select 'yes' if forceps delivery was attempted unsuccessfully.
- o **Vacuum** Select 'yes' if vacuum delivery was attempted unsuccessfully.

• TRIAL OF LABOR

If infant was delivered by cesarean, indicate whether mother had a trial of labor before the cesarean.

INDICATIONS FOR C-SECTION

- **Failure to progress** Select this item if a cesarean was performed because the labor progressed more slowly than normal or because labor stopped before full dilation of the cervix; synonym: dystocia and arrest of descent.
- **Fetus at Risk/ NFS** Select this item if a cesarean was performed because of concerns about the fetus's wellbeing and ability to tolerate labor.
 - o Evidence from a biophysical profile of disturbance in utero
 - o Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
 - o Breech or a malpresentation such as transverse lie, shoulder presentation
 - o Frank prolapse of the cord
 - o Fetal structural anomaly, such as fetal hydrocephalus
 - o Persistent late decelerations during most contractions
 - o Persistent variable decelerations during most contractions, often 60 to 80 bpm
 - o Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
 - o Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
 - o Fetal scalp pH of less than 7.2. Include acidosis.
- **Malpresentation** Select this item if the presenting part of the fetal body within the birth canal, or nearest to it was NOT the vertex or the occipital fontanel. Synonyms include face presentation, brow presentation, frank breech, complete breech, footling breech, transverse lie, shoulder presentation and oblique lie.
- **Maternal Condition - Pregnancy Related** Select this item if the mother had an obstetric condition that led to cesarean delivery, e.g. abruptio placenta, placenta previa.
- **Maternal Condition – Not Pregnancy Related** Select this item if the mother had a non-obstetric medical condition that led to cesarean delivery, e.g. active genital herpes, HIV infection.

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- **Elective** Select this item if the cesarean delivery was planned and scheduled prior to the onset of labor. In addition to selecting “Elective”, you must also select a specific indication for the cesarean, unless it was done for a non-medical indication.
- **Other** Select this item if the indication for cesarean does not fall into any of the other categories.
- **Refused VBAC** Select this item if the mother was eligible for a trial of labor, but refused, opting for repeat cesarean delivery instead. Synonym: refused voluntary trial of labor.
- **Previous C-Section** Select this item if the mother had a previous cesarean delivery and was not eligible for trial of labor, e.g. due to classical uterine scar.
- **Unknown**

INDICATIONS FOR VACUUM

- **Failure to progress** Select this item if a vacuum extractor was used because delivery (second stage of labor) was progressing more slowly than normal; other related terms: dystocia, maternal exhaustion.
- **Fetus at Risk / NFS** Select this item if a vacuum extractor was used because of concerns about the fetus’s wellbeing.
 - Evidence from a biophysical profile of a disturbance in utero
 - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions.
 - Breech or malpresentation such as transverse lie, shoulder presentation
 - Frank prolapse of the cord
 - Fetal structural anomaly, such as fetal hydrocephalus
 - Persistent late decelerations during most contractions
 - Persistent variable decelerations during most contractions, often 60 to 80 bpm
 - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
 - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
 - Fetal scalp pH of less than 7.2. Include acidosis
- **Other** Select this item if an indication other than those listed above was given for the use of vacuum extraction.
- **Unknown**

INDICATIONS FOR FORCEPS

- **Failure to progress** Select this item if forceps were used because delivery (second stage of labor) was progressing more slowly than normal; other related terms: dystocia, maternal exhaustion.
- **Fetus at Risk / NFS** Select this item if forceps were used because of concerns about the fetus’s wellbeing.
 - Evidence from a biophysical profile of a disturbance in utero
 - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions.
 - Breech or malpresentation such as transverse lie, shoulder presentation
 - Frank prolapse of the cord
 - Fetal structural anomaly, such as fetal hydrocephalus
 - Persistent late decelerations during most contractions
 - Persistent variable decelerations during most contractions, often 60 to 80 bpm
 - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
 - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
 - Fetal scalp pH of less than 7.2. Include acidosis
- **Other** Select this item if an indication other than those listed above was given for the use of forceps
- **Unknown**

ONSET OF LABOR

- **Precipitous Labor** Select this if the total time between onset of labor and delivery was fewer than 3 hours. Precipitous labor and prolonged labor are mutually exclusive and therefore both may not be chosen for the same delivery.
- **Premature Rupture of Membranes** Select this item if there was spontaneous tearing of the amniotic sac (natural breaking of the ‘bag of waters’), 12 hours or more before labor begins.

- **Prolonged Labor** Select this item if the total time between onset of labor and delivery was 20 hours or longer, regardless of mother's parity. Precipitous labor and prolonged labor are mutually exclusive and therefore both may not be chosen for the same delivery.
- **Prolonged Rupture of Membranes** Select this item if the mother's membranes ruptured 12 hours or more before delivery.
- **None** Select this item if none of the items listed are selected.
 - **Unknown at this time**

CHARACTERISTICS OF LABOR AND DELIVERY

- **Induction of Labor – AROM** Initiation of uterine contractions by surgical means for the purpose of promoting delivery before spontaneous onset of labor. Synonyms include: artificial rupture of membranes, amniotomy. If AROM was done to augment labor that should be reported under Augmentation of Labor.
- **Induction of Labor – Medical** Initiation of uterine contractions by administration of medications (e.g. pitocin, prostaglandin) for the purpose of promoting delivery before spontaneous onset of labor.
- **Augmentation of Labor** – Simulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery.
- **Steroids** – (glucosteroids) Steroids given any time prior to delivery for fetal lung maturation received by the mother prior to delivery. Includes betamethasone, dexamethasone or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to mother as an anti-inflammatory treatment.
- **Antibiotics** - This includes antibiotics given to the mother during labor. It includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery (Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefataxime, Ceftriaxone, etc.).
- **Chorioamnionitis** A clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever (> 100.4 F or 38 C), uterine tenderness and/or irritability, leukocytosis, and fetal tachycardia. Any recorded maternal temperature at or above the febrile threshold as stated should be reported. However, do not report a single temperature elevation with a good alternative explanation.
- **Meconium staining** Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or delivery which is more than enough to cause greenish color change of an otherwise thin fluid, regardless of the characteristics of the meconium.
- **Fetal intolerance** of labor such that one or more of the following actions was taken: in utero resuscitation measures, further fetal assessment or operative delivery; *In utero resuscitative measure-s* such as any of the following: maternal position change, oxygen administration to the mother, intravenous fluid administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents. *Further fetal assessment* includes any of the following: scalp pH, scalp stimulation, acoustic stimulation. *Operative delivery*-operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery. The symptoms described and the measures used to treat them may be seen with administration of regional analgesia. However, if any of the measures listed in the Guide are documented in the chart, the response should be 'YES'. An isolated episode with a good alternative explanation that resolves readily should not be reported.
- **External Electronic Fetal Monitoring** Use of a non-invasive fetal monitoring device to track fetal heart rate during labor and/or delivery.
- **Internal Electronic Fetal Monitoring** Use of an internal fetal monitoring device (synonym: scalp electrode) to track fetal heart rate during labor and/or delivery.
- **None** Select this item if none of the items listed are selected, even if other characteristics of pregnancy exist.
 - **Unknown at this time**