***Remember – you can always use the HELPER Guideline to understand what is being asked of you!***

**2018 January**

|  | Labor & Delivery | | |
| --- | --- | --- | --- |
| **Labor & Delivery** | Mother Transferred in Antepartum:  ⬜ Yes **X** No | NYS Facility Mother Transferred From: | State/Terr./Province: |
|  |  | |
| **Method of Delivery** | Fetal Presentation: *(select one)*  ⬜ Cephalic **X** Breech ⬜ Other | | |
| Route & Method: *(select one)*  ⬜ Spontaneous ⬜ Forceps – Mid ⬜ Forceps – Low / Outlet ⬜ Vacuum **X** Cesarean ⬜ Unknown | | |
| Cesarean Section History:  ⬜ Previous C-Section Number \_\_\_\_\_ | | |

|  |  |  |
| --- | --- | --- |
| Indications for C-Section:  ⬜ Unknown  **Select all that apply**  ⬜ Failure to progress  ⬜ Fetus at Risk / NFS  ⬜ Refused VBAC | **X** Malpresentation  ⬜ Maternal Condition – Not Pregnancy Related  ⬜ Elective | ⬜ Previous C-Section  **X** Maternal Condition – Pregnancy Related  ⬜ Other |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Infant | | | | | | | | | | | | | | |
| **If Multiple Births:** | | | | | | | | **Birth Weight:** | | | | | |
| Number of Live Births: **1** | | Number of Fetal Deaths: **0** | | | | | |  | | | | | |
| **1067** *grams* | | | *lbs. oz.* | | |
| If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: *(Only if applicable)* | | | | | | | | | | | | | |
| ⬜ None ⬜ Unknown at this time | | | | | | | | | | | | | |
| **Select all that apply:**  **X** Rapid / Advanced Labor  ⬜ Woman Refused Transfer | | | ⬜ Bleeding  ⬜ Other *(specify)* | | | | ⬜ Fetus at Risk | | | ⬜ Severe pre-eclampsia | | | |
| Infant Transferred:  **X** Within 24 hrs ⬜ After 24 hrs. ⬜ Not transferred | | | | | NYS Hospital Infant Transferred To: **Level 4** | | | | | | | State/Terr./Province: | |
|  |  | | | : | | Is the Infant Alive?  **X** Yes ⬜ No  ⬜ Infant Transferred / Status Unknown | | | Clinical Estimate of Gestation: **26** *(Weeks)* | | | | Newborn Treatment Given:  ⬜ Conjunctivitis only  ⬜ Vitamin K only  **X** Both  ⬜ Neither |

**2018 February**

The woman received a labor epidural. The site was first numbed using a local anesthetic.

Anesthesia / Analgesia

\_X \_ Epidural \_\_\_Local \_\_\_Spinal

All do receive Lidocaine for needle insertion site but it is not enough to have any effect on the infant. Therefore do not enter it. (Glantz, 2017)

**2018 March – Nitrous Oxide**

|  |  |  |  |
| --- | --- | --- | --- |
| **Anesthesia / Analgesia** | **Anesthesia / Analgesia**  ⬜ None ⬜ Unknown at this time  **Select all that apply**  ⬜ Epidural (Caudal)  ⬜ General Inhalation  ⬜ Pudendal | ⬜ Local  ⬜ Paracervical | ⬜ Spinal  ⬜ General Intravenous |
| **Was an analgesic administered?**  **X** Yes ⬜ No |  |  |

*It’s not being used as an anesthetic in this circumstance.  It does not take away all of the pain.  If the laboring woman breathed it continually, she would lose consciousness and essentially become anesthetized (she also would become intubated).  That would be a complication, not its intended effect.*

**2018 April – Genetic screening**

|  |  |
| --- | --- |
| 1c. Was MSAFP / triple screen test offered?  **X** Yes  ⬜ No, Too Late | ⬜ No |
| 1d. Was MSAFP / triple screen test done?  **X** Yes | ⬜ No |

|  |  |  |
| --- | --- | --- |
| **Obstetric Procedures** | | |
| **X** None ⬜ Unknown at this time  **Select all that apply**  ⬜ Cervical Cerclage  ⬜ Fetal Genetic Testing | ⬜ Tocolysis | ⬜ External Cephalic Version — ⬜ Successful ⬜ Failed |

\_\_\_\_ None of the above.

As the DOH has not updated the work book, all forms of prenatal ***screening*** should be documented under ”MSAFP/triple screen”

**2018 May – Unplanned Operating Room Procedure**

|  |  |  |  |
| --- | --- | --- | --- |
| Fetal Presentation: *(select one)*  **X** Cephalic ⬜ Breech ⬜ Other | | | |
| Route & Method: *(select one)*  **X**Spontaneous ⬜ Forceps – Mid ⬜ Forceps – Low / Outlet ⬜ Vacuum ⬜ Cesarean ⬜ Unknown | | | |
| **Maternal Morbidity**  ⬜ None ⬜ Unknown at this time  **Select all that apply**  ⬜ Maternal Transfusion  ⬜ Unplanned Hysterectomy  ⬜ Postpartum transfer to a higher level of care | ⬜ Perineal Laceration (3rd / 4th Degree)  ⬜ Admit to ICU | ⬜ Ruptured Uterus  **X** Unplanned Operating Room Procedure  Following Delivery |
| **Anesthesia / Analgesia**  **X** None ⬜ Unknown at this time  **Select all that apply**  ⬜ Epidural (Caudal)  ⬜ General Inhalation  ⬜ Pudendal | ⬜ Local  ⬜ Paracervical | ⬜ Spinal  ⬜ General Intravenous |
| **Was an analgesic administered?**  ⬜ Yes ⬜ No |  |  |

The DOH is interested in what anesthesia the mother receives ***before*** the baby is born.

**2018 June – Vacuum Delivery**

|  |  |
| --- | --- |
| **Method of Delivery** | Fetal Presentation: *(select one)*  **X** Cephalic ⬜ Breech ⬜ Other |
| Route & Method: *(select one)*  ⬜ Spontaneous ⬜ Forceps – Mid ⬜ Forceps – Low / Outlet **X** Vacuum ⬜ Cesarean ⬜ Unknown |
|  |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Labor & Delivery | | | | | | | |
| **Method of Delivery** |  | | | | | | |
|  |  | | |  | | |
| Indications for Vacuum:  ⬜ Unknown  **Select all that apply**  **X** Failure to progress  ⬜ Other | | ⬜ Fetus at Risk | Indications for Forceps:  ⬜ Unknown  **Select all that apply**  ⬜ Failure to progress  ⬜ Other | | | ⬜ Fetus at Risk |
| **Labor** | **Onset of Labor**  ⬜ None ⬜ Unknown at this time  **Select all that apply**  **X**Prolonged Rupture of Membranes -- (12 or more hours)  ⬜ Prolonged Labor (20 or more hours) | | ⬜ Premature Rupture of Membranes -- (prior to labor) | | | ⬜ Precipitous Labor -- (less than 3 hours) | |
| **Characteristics** | **Characteristics of Labor & Delivery** | | | | | | |
| ⬜ None ⬜ Unknown at this time  Select all that apply  ⬜ Induction of Labor – AROM  ⬜ Steroids  **X**Meconium Staining  ⬜ InternalElectronic Fetal Monitoring | | ⬜ Induction of Labor – Medicinal  **X**Antibiotics  ⬜ Fetal Intolerance | | | **X** Augmentation of Labor  **X**Chorioamnionitis  **X**External Electronic Fetal Monitoring | |
|  |  | |  | | |  | |
| **Anesthesia / Analgesia** | **Anesthesia / Analgesia**  ⬜ None ⬜ Unknown at this time  **Select all that apply**  **X**Epidural (Caudal)  ⬜ General Inhalation  ⬜ Pudendal | | ⬜ Local  ⬜ Paracervical | | | ⬜ Spinal  ⬜ General Intravenous | |
| **Was an analgesic administered?**  ⬜ Yes ⬜ No | |  | | |  | |

**2018 July - 1st Pregnancy – Twins**

A mother, who in her first pregnancy, delivers twins on 2/32/1919. What information would you enter in the following for Twin B?

Previous Live Births \_**1**\_

Total Prior Pregnancies \_**0**\_

First Live Birth \_**2/1919**\_

Last Live Birth \_**2/1919**\_

**2018 August – Infant Discharge**

The infant was born on 3/23/32. The infant was transferred to the NICU on 3/24/32. The infant was discharged to home on 4/24/32. What is entered as the “Infant Discharge Date”?

Answer \_\_3/24/32\_\_\_\_\_\_\_\_\_

How would you qualify your answer? \_\_”Infant transferred Out”\_\_\_

If the infant goes from the labor room to the NICU (as occurs in a Level III or IV hospital)the discharge date would be when the baby leaves the hospital. If the baby is admitted to the NBN and then transferred to NICU it is entered as “Transferred Out”

**2018September – Presentation - Indications**

1. **A G1P0 at 25w6d was transferred to a Level IV hospital after an examination that she was laboring with her infant in the double footling breech presentation. She received an urgent C-sect. The vertex was delivered first.**

**Fetal Presentation:** *(select one)*

\_\_\_ Cephalic \_**X**\_ Breech \_\_\_ Other

**Indications for C-section**

\_\_\_ Unknown

**Select all that apply**

\_\_\_ Failure to Progress \_**X**\_ Malpresentation \_\_\_ Previous C-sect

\_\_\_ Fetus at Risk (NRFHT) \_\_\_Maternal Condition-Preg. Related \_\_\_Maternal Condition-Not Preg. Related

\_\_\_ Refused VBAC \_\_\_ Elective \_\_\_ Other

1. **The same mother now a G2P1 is delivered by C-sect the following year.**

**Indications for C-section**

\_\_\_ Unknown

**Select all that apply**

\_\_\_ Failure to Progress \_\_\_ Malpresentation \_\_\_ Previous C-sect

\_\_\_ Fetus at Risk (NRFHT) \_\_\_Maternal Condition-Preg. Related \_\_\_Maternal Condition-Not Preg. Related

\_\_\_ Refused VBAC \_**X**\_ Elective \_\_\_ Other

**2018 October – Smoking – *(read only)***

**2018 November – Foley Bulb**

**Characteristics of Labor and Delivery**

\_\_\_ None \_\_\_ Unknown at this time

**Select all that apply**

\_\_\_ Induction of Labor–AROM \_**X**\_ Induction of Labor-Medicinal \_\_\_ Steroids

\_\_\_ Augmentation of Labor \_\_\_ Antibiotics \_\_\_ Meconium Staining

\_\_\_ Chorioamnionitis \_\_\_ Fetal Intolerance

\_\_\_ External Electronic Fetal Monitoring \_\_\_ Internal Electronic Fetal Monitoring

In order to capture that there was an induction combined with the fact that a woman would either be started on Pitocin at the time of placement or have it begun after placement, “Medicinal” is appropriate.

**2018 December – Failure to progress**

**Fetal Presentation:** *(select one)*

\_**X**\_ Cephalic \_\_\_ Breech \_\_\_ Other

**Route & Method:** *(select one)*

\_\_\_Spontaneous \_\_\_Forceps-Mid \_\_\_Forceps-Low/Outlet \_\_\_Vacuum \_**X**\_Cesarean \_\_\_ Unknown

**Cesarean Section History:**

\_**0**\_ Previous C-section Number \_\_\_

**Attempted Procedures:**

Was delivery with forceps attempted but unsuccessful? \_\_\_ Yes \_**X**\_ No

Was delivery with vacuum extraction attempted but unsuccessful? \_\_\_ Yes \_**X**\_ No

**Indications for C-section**

\_\_\_ Unknown

**Select all that apply**

\_**X**\_ Failure to Progress \_\_\_ Malpresentation \_\_\_ Previous C-sect

\_\_\_ Fetus at Risk (NRFHT) \_\_\_Maternal Condition-Preg. Related \_\_\_Maternal Condition-Not Preg. Related

\_\_\_ Refused VBAC \_\_\_ Elective \_\_\_ Other