

OB-55 Delivery Report and OB-56 Obstetric Summary

Forms OB-55 and OB-56 were used to provide a detailed summary of labor and delivery and to report the termination of a study pregnancy, whenever or wherever this event occurred. Both forms were implemented in April 1962; form OB-55 replaced pages 2, 3 and 4 of OB-34, where itemized details of labor and delivery had been reported. Form OB-56 replaced page 1 of form OB-34 (Obstetrician's Narrative Summary of Labor and Delivery).

Data from form OB-55 were included on eight cards in the master file (Table OB-55.1). Data from OB-56 were abstracted on the 9335 card of the OB-55 series for all cases that terminated without a completed OB-55 form. Records from OB-56 are available on microfilm.

TABLE OB-55.1 Cards and Data Records by Revision for Form OB-55

Card Name	Card Number	Rev. No.	Number Records
OB-55: Labor, Position, Rupture of Membranes	1355	0	24
		1	1
		2	32,423
		3	<u>1,114</u>
			33,562
OB-55: Uterine Stimulant	2355	0	24
		1	1
		2	32,425
		3	<u>1,113</u>
			33,563
OB-55: Vertex Delivery, Use of Forces, Vacuum Extractor	3355	1	3
		2	<u>29,359</u>
		3	<u>1,010</u>
			30,372
OB-55: Breech Delivery	4355	0	16
		2	1,763
		3	<u>71</u>
			1,850
OB-55: Cesarean Section	5355	0	10
		2	1,944
		3	<u>62</u>
			2,016
OB-55: Placenta, Cord, Bleeding, Toxemia, Fetal Condition	6355	0	24
		1	3
		2	32,398
		3	<u>1,111</u>
			33,536
OB-55: Other Procedures, Other Complications	7355	0	24
		1	1
		2	32,403
		3	<u>1,105</u>
			33,533
OB-55-56: Type of Termination, Fetus Number, Type of Eventual Delivery	9355	0	3
		2	19
		3	44
		4	<u>1,903</u>
			1,969

total for form 170,401

Data Items Referencing Form UN-55, Delivery Receipt

DATA ITEM ID	ITEM 34 PJAM	CARD NUM	FROM TO	DATA ITEM NAME
1676.....		1355	1	5 Card number (sequence, form type, form number, revision number)
1677.....		1355	6	14 WtNH case number
1678.....	2	1355	15	15 Fetus number
1679..NH-55	3	1355	16	17 Delivery date (MO)
1680..NH-55	4	1355	18	19 Delivery date (DAY)
1681..NH-55	5	1355	20	21 Delivery date (HR)
1682..NH-55		1355	22	22 Delivered by
1683..NH-55		1355	23	23 Delivery type
1684..NH-55		1355	24	24 Labor, spontaneous/induced
1685..NH-55		1355	25	26 Labor, onset, time (MO)
1686..NH-55		1355	27	28 Labor, onset, date (DAY)
1687..NH-55	10	1355	29	30 Labor, onset, time (HR)
1688..NH-55	10	1355	31	32 Labor, onset, time (MIN)
1689..NH-55	11	1355	33	34 Labor, duration first stage (HRS)
1690..NH-55	11	1355	35	36 Labor, duration first stage (MINS)
1691..NH-55	12	1355	37	38 Labor, duration second stage (HRS)
1692..NH-55	12	1355	39	40 Labor, duration second stage (MINS)
1693..NH-55	13	1355	41	42 Labor, duration third stage (HRS)
1694..NH-55	13	1355	43	44 Labor, duration third stage (MINS)
1695..NH-55	14	1355	45	46 Labor, duration total (HRS)
1696..NH-55	14	1355	47	48 Labor, duration total (MINS)
1697..NH-55		1355	49	50 Labor, duration combined first & second stage (HRS)
1698..NH-55		1355	51	52 Labor, duration combined first & second stage (MINS)
1699..NH-55	15	1355	53	53 Position at first exam
1700..NH-55	16	1355	54	54 Position before attempt at operative delivery
1701..NH-55	17	1355	55	55 Position before attempt at operative delivery
1702..NH-55	18	1355	56	56 Presentation, cephalic
1703..NH-55	19	1355	67	68 Rupture of membranes late (MO)
1704..NH-55	20	1355	69	70 Rupture of membranes late (DAY)
1705..NH-55	21	1355	71	72 Rupture of membranes time (HRS)
1706..NH-55	21	1355	73	74 Rupture of membranes time (MIN)
1707..NH-55	22	1355	75	75 Rupture of membranes, type; amniotomy
1708..NH-55	22	1355	80	80 Blank
1709..NH-55	23	1355	1	5 Card number (sequence, form type, form number, revision number)
1710.....		1355	6	14 WtNH case number
1711.....		1355	15	15 Fetus number
1712.....	2	1355	16	16 Uterine stimulants; oxytocic, use
1713..NH-55	25	1355	17	17 Uterine stimulants; syntocic, agent
1714..NH-55	25	1355	18	18 Uterine stimulants; medication, other, use
1715..NH-55	26	1355	20	22 Uterine stimulants; medication, other, agent
1716..NH-55	26	1355	20	22 Uterine stimulants; medication, other, agent

Data Items Referencing Form OH-55, Delivery Record

DATA ITEM ID	TYPE	CARD NUM	FROM	TO	DATA ITEM NAME
1710..OH-55	27	2354	23	23	uterine stimulant, mechanical, use
1719..OH-55	27	2354	24	26	uterine stimulant, mechanical, method
1720..OH-55	28	2354	27	27	uterine stimulant, method of attempt at induction
1721..OH-55	29	2354	28	28	uterine stimulant, function, no uterine response
1722..OH-55	29	2354	29	29	uterine stimulant, function, sustained contraction
1723..OH-55	29	2354	30	30	uterine stimulant, function, persistent increase uterine tone
1724..OH-55	29	2354	31	31	uterine stimulant, function, significant variation of fetal heart
1725..OH-55	29	2354	32	32	uterine stimulant, function, significant labor/delivery
1726..OH-55	29	2354	33	33	uterine stimulant, function, other unusual reaction
1727..OH-55	29	2354	34	34	uterine stimulant, induction indicator, elective
1728..OH-55	30	2354	35	35	uterine stimulant, induction indications; rubra; membrane
1729..OH-55	30	2354	36	36	uterine stimulant, induction indications; rubra; membrane
1730..OH-55	30	2354	37	37	uterine stimulant, induction indications; rubra; membrane
1731..OH-55	30	2354	38	38	uterine stimulant, induction indications; rubra; membrane
1732..OH-55	30	2354	39	39	uterine stimulant, induction indications; rubra; membrane
1733..OH-55	30	2354	40	40	uterine stimulant, induction indications; rubra; membrane
1734..OH-55	30	2354	41	41	uterine stimulant, induction indications; rubra; membrane
1735..OH-55	30	2354	42	42	uterine stimulant, induction indications; rubra; membrane
1736..OH-55	31	2354	43	43	uterine stimulant, induction indication, other
1737..OH-55	31	2354	44	44	uterine stimulant, augmentation indication, elective
1738..OH-55	31	2354	45	45	uterine stimulant, augmentation indications; rupture membranes
1739..OH-55	31	2354	46	46	uterine stimulant, augmentation indications; rupture membranes
1740..OH-55	31	2354	47	47	uterine stimulant, augmentation indications; rupture membranes
1741..OH-55	31	2354	48	48	uterine stimulant, augmentation indications; rupture membranes
1742..OH-55	31	2354	49	49	uterine stimulant, augmentation indications; rupture membranes
1743..OH-55	31	2354	50	50	uterine stimulant, augmentation indications; rupture membranes
1744..OH-55	31	2354	51	51	uterine stimulant, augmentation indication; labor, arrested
1745..OH-55	31	2354	52	52	uterine stimulant, augmentation indication, other
1746..OH-55	31	2354	53	53	uterine stimulant, indication, other, first
1747..OH-55	31	2354	54	54	uterine stimulant, indication, other, further
1748..OH-55	32	2354	55	57	uterine stimulant, indication, other, further
1749..OH-55	38	2354	58	58	labor, arrested progress, latent phase
1750..OH-55	38	2354	59	59	labor, arrested progress, latent phase
1751..OH-55	38	2354	60	60	labor, arrested progress, active phase
1752..OH-55	38	2354	61	61	labor, arrested progress, second stage
1753..OH-55	38	2354	62	62	labor, arrested progress, probable cause; fetopelvic disproportion
1754..OH-55	38	2354	63	63	labor, arrested progress, probable cause; cephalopelvic disproportion
1755..OH-55	38	2354	64	64	labor, arrested progress, probable cause; uterine activity abnormal
1756.....	38	2354	65	65	labor, arrested progress, probable cause, other
1757.....	1	3354	1	5	CARD number (sequence, for type, for number, revision number)
1758.....	6	3354	6	14	MINUS case number

Date Items Referencing Form 70-55, Delivery Record

DATA ITEM	TYPE	CARD	FORM	DATA ITEM NAME
TO	34	NUM	70	
	FORM			
1759..08-54	2	3353	15	15 Felus number
1760..08-54	40	3354	16	16 Vortex delivery; of head
1761..08-54	01	3354	17	17 Vortex delivery; fundal pressure
1762..08-54	07	3354	18	18 Vortex delivery; annual rotation from
1763..08-54	03	3354	21	21 Vortex delivery; annual rotation to
1764..08-54	40	3354	24	24 Vortex delivery; annual rotation difficulty
1765..08-54	44	3354	27	27 Vortex delivery; annual conversion from
1766..08-54	46	3354	28	28 Vortex delivery; annual conversion to
1767..08-54	47	3354	31	31 Vortex delivery; annual conversion difficulty
1768..08-54	48	3354	32	32 Vortex delivery; forceps, number of blades
1769..08-54	48	3354	33	33 Vortex delivery; forceps, first application
1770..08-54	30	3354	34	34 Vortex delivery; forceps, rotation from
1771..08-54	51	3354	37	37 Vortex delivery; forceps, rotation to
1772..08-54	52	3354	40	40 Vortex delivery; forceps, rotation from
1773..08-54	53	3354	43	43 Vortex delivery; forceps, conversion to
1774..08-54	54	3354	46	46 Vortex delivery; forceps, conversion to
1775..08-54	54	3354	48	48 Vortex delivery; forceps, type first
1776..08-54	54	3354	49	49 Vortex delivery; forceps, type second
1777..08-54	54	3354	50	50 Vortex delivery; forceps, type fraction attachment
1778..08-54	57	3354	51	51 Vortex delivery; forceps, difficulty of application
1779..08-54	58	3354	52	52 Vortex delivery; forceps, difficulty of rotation
1780..08-54	58	3354	53	53 Vortex delivery; forceps, difficulty of conversion
1781..08-54	60	3354	54	54 Vortex delivery; forceps, difficulty of fraction
1782..08-54	60	3354	55	55 Vortex delivery; forceps, indication, 1st
1783..08-54	60	3354	56	56 Vortex delivery; forceps, indication, 2nd
1784..08-54	61	3354	59	59 Vortex delivery; forceps, indication, further
			61	61 Vortex delivery; vacuum extractor, first application, dilatation (c)
1785..08-54	62	3354	64	64 Vortex delivery; vacuum extractor, first application, position
1786..08-54	63	3354	66	66 Vortex delivery; vacuum extractor, first application, station
1787..08-54	64	3354	68	68 Vortex delivery; vacuum extractor, highest vacuum attained (in/cmHg?)
1788..08-54	65	3354	69	69 Vortex delivery; vacuum extractor
1789..08-54	66	3354	71	71 Vortex delivery; vacuum extractor indication, 1st
1790..08-54	66	3354	73	73 Vortex delivery; vacuum extractor indication, 2nd
1791..08-54	66	3354	74	74 Vortex delivery; vacuum extractor indication, further
1792.....		3354	80	80 Blank
1793.....		4354	1	5 Card number (sequence, form type, form number, revision number)
1794.....		4354	6	14 Item card number
1795..08-54	2	4354	15	15 Felus number
1796..08-54	60	4354	16	16 Branch delivery; version, internal podalic, difficulty
1797..08-54	70	4354	17	17 Branch delivery; version, internal podalic, station or presentation immediately prior
1798..08-54	71	4354	20	21 Branch delivery; version, internal podalic, indication, 1st

DATE ITEM MATERNAL NO-55, DELIVERY REPORT

DATA ITEM	ITEM	FROM	TO	CARD	DATA ITEM NAME
ITEM	3M	ITEM	ITEM	NO	
TO	F304	FROM	TO		
1769..08-55	71	22	23	4354	WREACH DELIVERY; VERSION, INTERNAL CERVIC, INDICATION, 2ND
1800..08-55	71	24	24	4354	WREACH DELIVERY; VERSION, INTERNAL CERVIC, INDICATION, 2ND
1801..08-55	72	24	25	4354	WREACH DELIVERY; ATTITUDE OF WREACH
1802..08-55	73	24	26	4354	WREACH DELIVERY; COMPLICATIONS
1803..08-55	74	27	27	4355	WREACH DELIVERY; FUNGAL PRESSURE
1804..08-55	74	28	28	4354	WREACH DELIVERY; OF HEAD
1805..08-55	76	30	30	4354	WREACH DELIVERY; RECOMPOSITION
1806..08-55	77	31	31	4354	WREACH DELIVERY; DIFFICULTY OF PARTIAL EXTRACTION
1807..08-55	78	32	32	4354	WREACH DELIVERY; DIFFICULTY OF TOTAL EXTRACTION
1808..08-55	78	33	33	4355	WREACH DELIVERY; DIFFICULTY OF MANUAL DELIVERY OF HEAD
1809..08-55	80	34	34	4354	WREACH DELIVERY; FORGONE DELIVERY BY HEAD, DIFFICULTY
1810..08-55	81	34	34	4354	WREACH DELIVERY; FORGONE DELIVERY BY HEAD, DIFFICULTY
1811..08-55	82	37	37	4354	WREACH DELIVERY; INDICATIONS FOR TOTAL EXTRACTION, FIRST
1812..08-55	82	37	37	4354	WREACH DELIVERY; INDICATIONS FOR TOTAL EXTRACTION, FURTHER
1813.....		38	40		BLANK
1814.....		1	3	5354	CARD NUMBER (SEQUENCED), FORM TYPE, FORM NUMBER, REVISION NUMBER)
1815.....		4	16	5354	MINOR CASE NUMBER
1816..08-55	2	14	15	5354	FETUS NUMBER
1817..08-55	3	16	16	5354	CESAREAN SECTION, FOLLOWING ATTEMPT AT VAGINAL DELIVERY
1818..08-55	4	17	17	5354	CESAREAN SECTION, UTERINE INCISION TYPE
1819..08-55	4	18	18	5354	CESAREAN SECTION, PLACENTA UNDERLYING INCISION
1820..08-55	4	19	19	5354	CESAREAN SECTION, DELIVERY OF HEAD
1821..08-55	4	20	20	5354	CESAREAN SECTION, DELIVERY OF BODY
1822..08-55	4	21	21	5354	CESAREAN SECTION, DIFFICULTY OF DELIVERY, HEAD
1823..08-55	4	22	22	5354	CESAREAN SECTION, DIFFICULTY OF DELIVERY, BODY
1824..08-55	4	23	23	5354	CESAREAN SECTION, INDICATION, PREVIOUS SECTION
1825..08-55	4	24	24	5354	CESAREAN SECTION, INDICATION, SYMECTOXY, PREVIOUS
1826..08-55	4	25	25	5354	CESAREAN SECTION, INDICATION, COCHLONELVIC HYPEROSTOSIS
1827..08-55	4	26	26	5354	CESAREAN SECTION, INDICATION, FOLLOWING FAILED PELVIC PROCEDURE
1828..08-55	4	27	27	5354	CESAREAN SECTION, INDICATION, TRANSVERSE ILE
1829..08-55	4	28	28	5354	CESAREAN SECTION, INDICATION, MALPRESENTATION, OTHER
1830..08-55	4	29	29	5355	CESAREAN SECTION, INDICATION, UTERINE DYSFUNCTION
1831..08-55	4	30	30	5354	CESAREAN SECTION, INDICATION, FETAL DISTRESS
1832..08-55	4	31	31	5354	CESAREAN SECTION, INDICATION, PROMPTED CORD
1833..08-55	4	32	32	5355	CESAREAN SECTION, INDICATION, PLACENTA PREVIA
1834..08-55	4	33	33	5354	CESAREAN SECTION, INDICATION, ERUPTIO PLACENTAE
1835..08-55	4	34	34	5355	CESAREAN SECTION, INDICATION, EARLY PROMPTURE
1836..08-55	4	35	35	5354	CESAREAN SECTION, INDICATION, ONE OBSTETRIC HISTORY
1837..08-55	4	36	36	5354	CESAREAN SECTION, INDICATION, TUMOR, OBSTRUCTING
1838..08-55	4	37	37	5354	CESAREAN SECTION, INDICATION, TOXEMIA
1839..08-55	4	38	38	5355	CESAREAN SECTION, INDICATION, HYPERTENSIVE MELLITUS
1840..08-55	4	39	39	5355	CESAREAN SECTION, INDICATION, OTHER FIRST
1841..08-55	4	40	40	5354	CESAREAN SECTION, INDICATION, OTHER
1842..08-55	4	41	41	5354	CESAREAN SECTION, INDICATION, OTHER

Note Items Referencing Form 11-55, Delivery Report

DATA ITEM ID	TYPE JK FJPM	CARD MIN	FROM	TO	DATA ITEM NAME
1042..NH-55	03	3354	47	43	Cesarean section, indication, primary
1043..NH-55	04	3355	44	47	Cesarean section, bled into (cc)
1044..NH-55	05	3356	48	48	Cesarean section; tubal ligation
1045..NH-55	06	3357	49	49	Cesarean section; hysterectomy
1046..NH-55	07	3358	50	50	Cesarean section; ovarian surgery
1047..NH-55	08	3359	51	51	Cesarean section; hysterectomy
1048..NH-55	09	3360	52	52	Cesarean section; hysterectomy, other
1049.....		3361	53	53	Blank
1050.....		3362	1	3	Cert number (sequence, form type, form number, revision number)
1051.....		3363	4	14	Blank card number
1052..NH-55	2	3364	15	15	Petus number
1053..NH-55	04	3365	16	16	Placenta delivery
1054..NH-55		3366	17	17	Placenta, condition at delivery
1055..NH-55		3367	18	19	Uterine condition for placenta
1056..NH-55		3368	20	20	Umbilical cord, length/weight reported
1057..NH-55	100	3369	21	21	Prolapsed cord, location
1058..NH-55	101	3370	22	22	Prolapsed cord, first note
1059..NH-55	102	3371	23	23	Prolapsed cord, treatment, replacement
1060..NH-55	103	3372	24	24	Prolapsed cord, treatment, displacement of presenting part
1061..NH-55	104	3373	25	25	Prolapsed cord, treatment, type chest position
1062..NH-55	105	3374	26	26	Prolapsed cord, treatment, Trendelenburg position
1063..NH-55	106	3375	27	27	Prolapsed cord, treatment, external oxygen
1064..NH-55	107	3376	28	28	Prolapsed cord, treatment, other
1065..NH-55	108	3377	29	29	Cord pathology; around neck, knot
1066..NH-55	109	3378	30	30	Cord pathology; around neck, loose
1067..NH-55	110	3379	31	31	Cord pathology; around body of extracuticle
1068..NH-55	111	3380	32	32	Cord pathology; true knot
1069..NH-55	112	3381	33	33	Cord pathology; velar pouch insertion
1070..NH-55	113	3382	34	34	Cord pathology; vasa previa
1071..NH-55	114	3383	35	35	Cord pathology; ruptured CCF vessel
1072..NH-55	115	3384	36	36	Cord pathology; other
1073..NH-55	116	3385	37	37	Pathology
1074..NH-55	117	3386	38	38	Placenta previa
1075..NH-55	118	3387	39	39	Abnormal placenta
1076..NH-55	119	3388	40	40	Placenta; marginal sinus rupture
1077..NH-55	120	3389	41	41	Placenta, maternal
1078..NH-55	121	3390	42	42	Placenta abnormalities, other
1079..NH-55	122	3391	43	43	Placenta, spiral (3/8)
1080..NH-55	123	3392	44	44	Wierding before cord clamped, amount (cc)
1081..NH-55	124	3393	45	45	Wierding before cord clamped, cause, unknown
1082..NH-55	125	3394	46	46	Wierding before cord clamped, causes placenta previa
1083..NH-55	126	3395	47	47	Wierding before cord clamped, causes abruptio placenta
1084..NH-55	127	3396	48	48	Wierding before cord clamped, causes marginal sinus rupture

Data Item Reference Form (M-55, Delivery Receipt)

DATA ITEM ID	VIEW	FORM	CARD NUM	FORM NO	DATA ITEM NAME
1005..NH-54	112		6354	54	54 Bleeding before cord clamped, cause; ediototomy
1006..NH-54	112		6354	54	55 Bleeding before cord clamped, cause; lacerations
1007..NH-54	112		6354	54	56 Bleeding before cord clamped, cause; other
1008..NH-54	113		6354	57	60 Bleeding after cord clamped, amount (cc)
1009..NH-54	114		6354	57	61 Bleeding after cord clamped, cause; uterine atony
1010..NH-54	114		6354	62	62 Bleeding after cord clamped, cause; lacerations
1011..NH-54	114		6354	63	63 Bleeding after cord clamped, cause; lacerations
1012..NH-54	114		6354	64	64 Bleeding after cord clamped, cause; lacerations
1013..NH-54	114		6354	65	65 Bleeding after cord clamped, cause; retained secundines
1014..NH-54	115		6354	66	66 Fetal death, intrauterine
1015..NH-54	115		6354	67	67 Fetal death, intrauterine
1016..NH-54	117		6354	68	68 Fetal death, intrauterine
1017..NH-54	118		6354	69	69 Fetal death, intrauterine
1018..NH-54	118		6354	70	70 Heart rate abnormal
1019..NH-54	118		6354	71	71 Heart rate abnormal
1020..NH-54	118		6354	72	72 Macerated and/or meconium staining
1021..NH-54	118		6354	73	73 Lacerations
1022..NH-54	118		6354	74	74 Lacerations
1023..NH-54			7354	1	5 Card number (sequence, form type, case number, revision number)
1024..NH-54			7354	6	14 MINN case number
1025..NH-54	2		7354	14	15 Fetus number
1026..NH-54	170		7354	14	16 Version, external
1027..NH-54	170		7354	17	17 Blood staining
1028..NH-54	170		7354	18	18 Anterior-posterior, abnormal
1029..NH-54	170		7354	19	19 Labor, attempt to initiate
1030..NH-54	170		7354	20	20 Uterine therapy, maternal
1031..NH-54	170		7354	21	21 Procedure, other, 1st
1032..NH-54	170		7354	22	22 Procedure, other, 2nd
1033..NH-54	170		7354	23	23 Shock, intrapartum
1034..NH-54	171		7354	24	24 Shock, intrapartum
1035..NH-54	171		7354	25	25 Uterine, shoulder
1036..NH-54	171		7354	26	26 Fever, intrapartum
1037..NH-54	171		7354	27	27 Cannulation defect
1038..NH-54	171		7354	28	28 Polyhydramnios
1039..NH-54	171		7354	29	29 Uterus, ruptured
1040..NH-54	171		7354	30	30 Cordication, other, 1st
1041..NH-54	171		7354	31	31 Cordication, other, 2nd
1042..NH-54	171		7354	32	32 Cordication, other, further
1043..NH-54			7354	33	33 NO Blank
1044..NH-54			7354	34	34 Labor and delivery status (1000-34, 2000-35)
1045..NH-54			7354	35	35 Macerated fetus and delivery
1046..NH-54			7354	36	36 Labor, arrested progress; uterine dysfunction (08-36)
1047..NH-54			7354	37	37 Cord pathology from knot

Meta Items Referencing Form OB-55, Delivery Report

DATA 1874
 ITEM 30
 TO 9304

CARD
 NUM

FROM TO

DATA FROM NAME

DATA ITEM	FROM	TO	DESCRIPTION
6043...VAR	1100	1109	Cord pathology; valiscentous insertion (OA-55)
6044...VAR	1310	1310	Cord pathology; vast nrvls, varices (OA-55)
6045...VAR	1311	1311	Cord pathology; ruptured cord vessel
6046...VAR	1312	1312	Cord pathology; other abnormality (OA-55)
6047...VAR	1313	1313	Cord pathology; cord amount only
6048...VAR	1314	1314	Cord pathology; cord amount neck, loose, number
6049...VAR	1315	1315	Cord pathology; cord amount neck, tight, number
6050...VAR	1316	1316	lystocic, shoulder
6051...VAR	1317	1317	Laonr onset, spontaneous or induced
6052...VAR	1318	1318	ORVETIC use
6053...VAR	1319	1319	Plerenta nrvls, teqire
6054...VAR	1320	1320	Presentation of fetus at delivery
6055...VAR	1321	1321	Cord prolapse, teqire
6056...VAR	1322	1322	Mixture of membranes, reason
6057...VAR	1323	1323	Threat; hypertension, chronic (JA-10)
6058...VAR	1324	1324	Vertex delivery; forceps application
6059...VAR	1325	1325	Vertex delivery; vacuum extraction (OA-55)
6060...VAR	1326	1326	Forceps, ACHE
6061...VAR	1327	1327	Forceps, ACHE
6062...VAR	1328	1328	Forceps, ACHE
6063...VAR	1329	1329	Forceps, ACHE
6064...VAR	1330	1330	Forceps, ACHE
6065...VAR	1331	1331	Forceps, ACHE
6066...VAR	1332	1332	Forceps, ACHE
6067...VAR	1333	1333	Forceps, ACHE
6068...VAR	1334	1334	Forceps, ACHE
6069...VAR	1335	1335	Forceps, ACHE
6070...VAR	1336	1336	Forceps, ACHE
6071...VAR	1337	1337	Forceps, ACHE
6072...VAR	1338	1338	Forceps, ACHE
6073...VAR	1339	1339	Forceps, ACHE
6074...VAR	1340	1340	Forceps, ACHE
6075...VAR	1341	1341	Forceps, ACHE
6076...VAR	1342	1342	Forceps, ACHE
6077...VAR	1343	1343	Forceps, ACHE
6078...VAR	1344	1344	Forceps, ACHE
6079...VAR	1345	1345	Forceps, ACHE
6080...VAR	1346	1346	Forceps, ACHE
6081...VAR	1347	1347	Forceps, ACHE
6082...VAR	1348	1348	Forceps, ACHE
6083...VAR	1349	1349	Forceps, ACHE
6084...VAR	1350	1350	Forceps, ACHE
6085...VAR	1351	1351	Forceps, ACHE
6086...VAR	1352	1352	Forceps, ACHE
6087...VAR	1353	1353	Forceps, ACHE
6088...VAR	1354	1354	Forceps, ACHE
6089...VAR	1355	1355	Forceps, ACHE
6090...VAR	1356	1356	Forceps, ACHE
6091...VAR	1357	1357	Forceps, ACHE
6092...VAR	1358	1358	Forceps, ACHE
6093...VAR	1359	1359	Forceps, ACHE
6094...VAR	1360	1360	Forceps, ACHE
6095...VAR	1361	1361	Forceps, ACHE
6096...VAR	1362	1362	Forceps, ACHE
6097...VAR	1363	1363	Forceps, ACHE
6098...VAR	1364	1364	Forceps, ACHE
6099...VAR	1365	1365	Forceps, ACHE

DATA ITEMS RELATING TO FORM 00-56, OBSTETRIC SURVEY

DATA ITEM ID	ITEM 34 ITEM	CASH MIN	FROM	TO	DATA ITEM NAME
1923..00-56	6	0154	13	14	Gestation (wks)
1924..00-56	5	0154	15	15	Liveborn
1925..00-56	6	0154	16	16	Pregnancy termination, place
1927.....		0154	1	5	Case number (sequenti, case number, revision number)
1928.....		0154	4	14	MINN case number
1929..00-56	2	0154	14	15	Fetus number
1930..00-56	3	0154	16	17	Pregnancy termination date (m)
1931..00-56	3	0154	18	19	Pregnancy termination date (day)
1932..00-56	3	0154	20	21	Pregnancy termination date (yr)
1933..00-56	6	0154	22	23	Gestation (wks)
1934..00-56	5	0154	24	24	Liveborn
1935..00-56	6	0154	25	25	Pregnancy termination, place
1936..00-56	7	0154	26	26	Case number (sequenti, case number, revision number)
1937.....		0154	27	30	MINN DATA NOT COLLECTED, REASON

CG-55 DELIVERY REPORT PAGE 1

1. **WOMAN'S NAME** _____

2. **DATE OF DELIVERY** _____

3. **TOWN & COUNTY** _____

4. **STATE** _____

5. **DATE DELIVERED** _____

6. **PLACE FOR DELIVERY** _____

7. **THIS FILE FOR ALL DELIVERIES**

LABOR

NO LABOR

SPONTANEOUS

INDUCED (Date when labor induced) _____

8. **DATE OF ONSET** _____

9. **TIME OF ONSET** _____

DURATION OF LABOR

STAGE	HRS.	MIN.
11. FIRST STAGE		
12. SECOND STAGE		
13. THIRD STAGE		
14. TOTAL		

15. **PERIOD** _____

RUPTURE OF MEMBRANES
(Specify time (approximate hours))

16. **DATE OF RUPTURE** _____

17. **TIME OF RUPTURE** _____

18. **TYPE OF RUPTURE**

SPONTANEOUS

ARTIFICIAL

19. **REASON FOR RUPTURE**

TERMINAL OR DELIVERY WITH UP AT CERVICAL DILATION

INDUCED BY LABOR

AUGMENTATION OF LABOR

UNCHANGING

OTHER (Specify) _____

REACTIONS TO UTERINE STIMULANT

NO UNUSUAL REACTION

NO UTERINE RESPONSE

PARTIAL CONTRACTION

PROMPTLY INCREASED UTERINE TONE

SIGNIFICANT VARIATION OF FETAL HEART RATE OR RHYTHM

TYPICAL LABOR AND/OR DELIVERY

OTHER UNUSUAL REACTION (Specify) _____

POSITION, STATION

20. **AT FIRST EXAMINATION IN LABOR**

21. **POSITION** _____

22. **STATION** _____

IMMEDIATELY BEFORE ANY ATTEMPT AT OPERATIVE DELIVERY

23. **POSITION** _____

24. **STATION** _____

25. **DELIVERED AT (Specify)** _____

ROTATED (Specify)

ROTATED (Specify)

26. **DATE OF DELIVERY** _____

27. **TIME OF DELIVERY** _____

UTERINE STIMULANT (NOT FOR PLACENTA)

NONE

28. **DATE** _____

NONE

FOR INDUCTION

FOR AUGMENTATION

29. **OTHER MEDICAL** _____

NONE (Specify) _____

FOR INDUCTION

FOR AUGMENTATION

30. **MECHANICAL** _____

NONE

FOR INDUCTION

FOR AUGMENTATION

31. **NO. OF ATTEMPTS AT INDUCTION WITH STIMULANT** _____

INDICATIONS FOR UTERINE STIMULANT (Mark All Applicable)

32. **FOR INDUCTION**

ELECTIVE

RUPTURED MEMBRANES

TORSAION

ABNORMAL PLACENTAS

SHAKED BELLIES

EMBRYOBLASTOMA

OXYGEN DEPRIVATION

UTERINE INFECTION

ARRESTED PROGRESS OF LABOR

OTHER (Specify) _____

33. **FOR AUGMENTATION**

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

34. **PRIMARY INDICATION (Mark All Applicable)**

CG-55 (Rev. 1-65) PREVIOUS EDITIONS OBSOLETE

35. **MEDICAL OFFICER** _____

36. **TITLE OR POSITION** _____

37. **DATE** _____

CG-55

NOTE: CODING SPACES, DENOTED BY DASHED LINES, ARE FOR THE USE OF CODE CLERKS ONLY.

37.

FROM A

FROM B

38. ARRESTED PROGRESS OF LABOR

NONE DEFINED

LATENT PHASE - last of contractions for 6 or more hours (not longer than 8 hours) before a time of initiation (3 contractions) has been reached

ACTIVE PHASE - last of contractions for 2 or more hours before a time of initiation (3 contractions) has been reached

SECOND STAGE - last of contractions or delivery of fetus (or more fetus)

39. PROBABLE CAUSE(S): (Mark and specify)

FETAL/MATERNAL MALPRESENTATION

MALPRESENTATION

ABNORMAL UTERINE ACTIVITY

OTHER: _____

VAGINAL VERTEX PROCEDURES AND/OR DELIVERY

NOT APPLICABLE

40. DELIVERY OF HEAD

UNCONTROLLED

CONTROLLED MANUALLY

CONTROLLED WITH FORCEPS

41. PERINEAL PRESSURE (FOR DELIVERY OF HEAD)

NONE

MODERATE

PLUS (+)

STRONG

42. MANUAL ROTATION

NOT ATTEMPTED

43. FROM _____

44. TO _____

45. DIFFICULTY OF ROTATION (IN BEST POSITION ATTEMPTED)

(1) APP.	(2) DIFF.	(3) UNDIFF.	(4) FAILED

46. MANUAL CONVERSION

NOT ATTEMPTED

47. FROM _____

48. TO _____

49. DIFFICULTY OF CONVERSION (IN BEST POSITION ATTEMPTED)

(1) APP.	(2) DIFF.	(3) UNDIFF.	(4) FAILED

50. USE OF FORCEPS

NOT USED

51. NUMBER OF APPLICATIONS _____

52. FIRST APPLICATION OF FORCEPS

CLASS I (Application when fetus in breech position, head vertex, and cervical os open to at least 3 cm.)

CLASS II (Application when fetus in breech position, but other than Class I case)

CLASS III (Application when fetus in breech position, but other than Class I or II case)

CLASS IV (Application when breech, head at birth)

53. FORCEPS ROTATION

NOT ATTEMPTED

54. FROM _____

55. TO _____

54. FORCEPS CONVERSION

NOT ATTEMPTED

56. FROM _____

57. TO _____

58. TYPE(S) OF FORCEPS USED

59. WITH TRACTION ATTACHMENT

NOT USED

USED

60. DIFFICULTY OF FORCEPS PROCEDURES (IN BEST POSITION ATTEMPTED)

	(1) APP.	(2) DIFF.	(3) UNDIFF.	(4) FAILED
60. APPLICATION				
61. ROTATION				
62. CONVERSION				
63. TRACTION				

66. INDICATIONS FOR USE OF FORCEPS

ELECTIVE

67. VACUUM EXTRACTOR

NOT USED

68. WHEN FIRST APPLIED:

69. DILATION _____

70. POSITION _____

71. STATION _____

72. HIGHEST VACUUM ATTAINED _____

YES/NO

SERIAL NO.

73. DELIVERY WITH VACUUM EXTRACTOR

YES

74. BECAUSE OF:

UNSATISFACTORY APPLICATION

FAILURE TO DILATE

FAILURE TO DESHED

OTHER (Specify) _____

75. INDICATIONS FOR USE

ELECTIVE

OB-55

DELIVERY REPORT

PAGE 3

NOTE: THROUGHOUT THIS FORM, MARK

ALL ITEMS APPLICABLE TO
THIS CASE.

TIME A

TIME B

BREECH DELIVERY INCLUDING VERSION AND EXTRACTION

CESAREAN SECTION

NOT APPLICABLE

NOT APPLICABLE

INTERNAL PODALIC VERSION

NOT ATTEMPTED

86. DIFFICULTY OF VERSION

11	01	01	01
AND: 1. SUPP. 2. SUPP. 3. SUPP. 4. SUPP.			

76. POSITION OF PRESENTATION IMMEDIATELY PRIOR TO VERSION:

77. INDICATIONS FOR VERSION

SELECTIVE

75. PROCEDURES ATTEMPTED FOR DELIVERY OF HEAD

NONE (SPONTANEOUS)

MANUAL CONTROL

FORCEPS

83. SECTION FOLLOWING

NO ATTEMPT AT VAGINAL DELIVERY

ATTEMPTS AT VAGINAL DELIVERY:

AS VERTER (Complete all applicable items of this item)

AS BREECH

76. PROCEDURES ATTEMPTED FOR DELIVERY OF BODY

NONE (SPONTANEOUS)

EXCISEMENT

PARTIAL EXTRACTION

TOTAL EXTRACTION

84. TYPE OF UTERINE INCISION

LOW, TRANSVERSE

LOW, VERTICAL

CLASSICAL

EXTRA-PERITONEAL

OTHER, INCLUDING T-JUNCTION (Specify)

85. PLACENTA UNDERLYING INCISION:

NO

YES

78. ATTITUDE OF BREECH (When changed at delivery)

NOT APPLICABLE (Version)

PRONE

FULL OR COMPLETE

SINGLE FOOTING OR KNEE

DOUBLE FOOTING OR KNEE

UNKNOWN

DIFFICULTY OF BREECH DELIVERY PROCEDURES (For each of "Total" column)

	11	01	01	01
	AND: 1. SUPP. 2. SUPP. 3. SUPP. 4. SUPP.			
77. RECOGNITION				
78. PARTIAL EXTRACTION				
79. TOTAL EXTRACTION				
88. MANUAL DEL. OF HEAD				
89. FORCEPS DEL. OF HEAD				

DELIVERY OF INFANT AT CESAREAN SECTION

88. HEAD:

MANUAL

SINGLE VECTUS

FORCEPS

89. BODY:

FOLLOWING THE VERTER

BREECH EXTRACTION

VERSION AND EXTRACTION

79. COMPLICATIONS OF BREECH

NONE LISTED

NUCHAL SWELLING

HYPEREXTENDED HEAD

82. INDICATIONS FOR TOTAL EXTRACTION

NOT APPLICABLE

FOLLOWING VERSION

SELECTIVE (Specify)

DIFFICULTY OF DELIVERY AT CESAREAN SECTION

	11	01	01
	AND: 1. SUPP. 2. SUPP. 3. SUPP.		
88. HEAD			
89. BODY			

TYPE A
 TYPE B

101. INDICATIONS FOR CESAREAN SECTION (MARK ALL APPLICABLE)

PREVIOUS SECTION (110)

PREVIOUS HYSTERECTOMY (120)

CEPHALOPELVIC DISPROPORTION (130)

FOLLOWING FAILED PELVIC PROCEDURE (140)

TRANSVERSE LIE (150)

OTHER MALPRESENTATION (160)

FETAL DISTRESS (170)

PROLAPSED CORD (180)

PLACENTA PREVIA (190)

ACROMIOTIC PLACENTAE (200)

ELDERLY PRIMIPARA (210)

POOR OBSTETRIC HISTORY (220)

OBSTRUCTING TUMOR (230)

TORSAION (240)

DIABETIC MELLITUS (250)

OTHER INDICATION (EXP. #)

102. PRIMARY INDICATION (AMONG THOSE NOTED ABOVE)

103. OTHER PROCEDURES AT SECTION

NONE

TUBAL LIGATION

APPENDECTOMY

OVARIAN SURGERY (Specify)

104. CESAREAN HYSTERECTOMY:

TOTAL

SUBTOTAL

OTHER SURGERY (Specify)

105. PROLAPSED CORD

NO PROLAPSE

OCCULT

INTO VAGINA

THROUGH CERVIX

106. CONDITION OF CORD:

PULSATED

NOT PULSATED

107. TREATMENT PRIOR TO DELIVERY

NO TREATMENT

DISPLACEMENT

DISPLACEMENT OF PRESENTING PART

ANTE-HEART POSITION

TRANS-ILLIAC POSITION

MATERNAL OXYGEN THERAPY

OTHER (Specify)

ALL DELIVERIES:

108. PLACENTA

SPONTANEOUS DELIVERY

MANUAL SEPARATION AND EXTRACTION

MANUAL EXTRACTION ONLY

109. CONDITION OF PLACENTA AT DELIVERY

INTACT

NOT INTACT (Specify)

110. CORD PATHOLOGY

NONE

AROUND NECK:

_____ TIGHT _____ TIGHT

AROUND BODY OR EXTREMITIES:

LOOSE TIGHT

TRUE KNOT:

LOOSE TIGHT

VELLAMENTOUS HEMORRHAGE

VASA VITAE

RUPTURED CORD VESSEL

OTHER (Specify)

111. CRYSTIC FOR PLACENTA

NONE

	PLACENTAL	EMBRYONAL
	LINE	LINE
I. V.	<input type="checkbox"/>	<input type="checkbox"/>
I. M.	<input type="checkbox"/>	<input type="checkbox"/>

112. OPERATIVE BLOOD LOSS

TOTAL: _____ CC

113. UMBILICAL CORD

NOT STAPPED

STAPPED

114. EPISIOTOMY

NONE

MEDIO-LATERAL

MEDIAN

102.

TWIN A

TWIN B

107. PLACENTA PREVIA

NONE

TOTAL

PARTIAL

MARGINAL

LOW EXPLANATION

UNCLASSIFIED

BLEEDING AFTER CORD CLAMPED

113. ESTIMATED AMOUNT _____ CC

114. CAUSE, if 1500 cc or more

UTERINE ATONY

SPONTANEOUS

LACERATIONS

RETAINED DECIDUIDA

OTHER (Specify):

110. LACERATIONS

NONE

OR

PERINEAL DEGREE:

FIRST

SECOND

THIRD

FOURTH

VAGINAL-DEGREE:

PERINEURAL

CERVICAL

OTHER (Specify):

108. ABRUPTIO PLACENTAE

NONE

PARTIAL

COMPLETE

TOXEMIA

NONE

OR

116. CHRONIC HYPERTENSIVE DISEASE

NONE

YES, BY PATIENT HISTORY

YES, BY DOCUMENTED EVIDENCE

UNCERTAIN

118. ACUTE TOXEMIA

NONE

PROBABLE PRE-ECLAMPSIA

PRE-ECLAMPSIA, MILD

PRE-ECLAMPSIA, SEVERE

ECLAMPSIA

117. TREATMENT INTRAVARTUM & HYPERTENSION ONLY

109. OTHER PROCEDURES

NONE

OR

EXTERNAL VERSION (IN MY HOSP)

ADMINISTRATION OF BLOOD OR BLOOD DERIVATIVES DURING DELIVERY (Specify)

ADDITIONAL ANESTHESIA (In my HOSP)

ATTEMPT TO INDUCE LABOR (Specify)

MATERNAL OXYGEN THERAPY (Not for treatment only)

OTHER (Specify):

106. OTHER PLACENTAL ABNORMALITIES

NONE

OR

MARGINAL CORD RUPTURE

RETAINED PLACENTA (In part or whole)

OTHER (Specify):

110. PLACENTAL WEIGHT

(If weighed in delivery room) _____ Gm

BLEEDING BEFORE CORD CLAMPED

ESTIMATED AMOUNT SINCE ADMISSION AND BEFORE CORD CLAMPED:

115. _____ CC

112. CAUSES OF BLEEDING BEFORE CORD CLAMPED

UNKNOWN

OR

PLACENTA PREVIA

ABRUPTIO PLACENTAE

MARGINAL CORD RUPTURE

SPONTANEOUS

LACERATIONS

OTHER (Specify):

119. FETAL CONDITION

NONE LISTED

OR

INTRAVERTUM DEATH:

BEFORE LABOR

FIRST STAGE

SECOND STAGE

UNKNOWN

NORMAL FETAL HEART RATE (More than 110, less than 160)

NORMAL FETAL HEART RHYTHM

MECONIUM AND/OR MECONIUM STAINING (Specify in Remarks)

121. OTHER COMPLICATIONS (Specify in Remarks)

NONE

OR

INTRAVARTUM DEATH (Specify cause)

SHOULDER DYSTOCIA

INTRAVARTUM FEVER OVER 100.0°F ORAL

COAGULATION DEFECT (Specify in Remarks)

POLYHYDRAMNIOS (In my HOSP)

RUPTURED UTERUS

OTHER (Specify):

COLLABORATING RESEARCH
OBSTETRIC RESEARCH BRANCH, NCHD, NIH
BETHESDA 10, MD.

COL-00000
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OB-56

GESTETIC SUMMARY

PATIENT IDENTIFICATION

USE: (1) For a summary of labor and delivery, with special emphasis on unusual events, treatments, and operative procedures.

(2) For other uses as specified in manual.

1. DATE DELIVERED		2. DATE OF SUMMARY		3. THIS SUMMARY BY:		4. TITLE OR POSITION	
5. NAME OF PHYSICIAN OR DELIVERER		6. TITLE OR POSITION		7. TITLE OR POSITION		8. TITLE OR POSITION	
9. SEX OF PATIENT		10. RACE		11. AGE		12. GRAVIDITY	
13. TYPE OF DELIVERY		14. POSITION		15. FORCEPS		16. VAGINAL EXAMINATION	
17. OBSCURED AFTER DELIVERY		18. OUTCOME		19. LIVEBORN		20. SEX	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK. <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK.	

13. MEDICAL HISTORY		14. MEDICAL HISTORY		15. TITLE OR POSITION		PAGE	
16. FOR LAY LETTER		17. OB-56 COMPLETED		18. ABSTRACTS OR SUMMARIES ATTACHED			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			

OB-56

Core Item Numbers linked to Data Items on OB-55, Delivery Record

ITEM	DATA	CAUSE	FROM TO	DATA ITEM NAME
NUM	TYPE	NUM		
FNUM	IN			
6070	VAR		1338	Bleeding after cord clamped (CC)
6071	VAR		1365	Bleeding before cord clamped (CC)
6089	VAR		1337	Blood transfusion
6081	VAR		1355	Breech delivery difficulty of anal delivery of head
6070	VAR		1351	Breech delivery difficulty of partial extraction
6080	VAR		1354	Breech delivery difficulty of total extraction
6078	VAR		1352	Breech delivery difficulty with technonosis
6076	VAR		1350	Breech delivery procedures attempted for delivery of body
6077	VAR		1351	Breech delivery procedures attempted for delivery of head
6082	VAR		1356	Breech delivery forceps delivery of head, difficulty
6075	VAR		1348	Breech delivery presentation
6073	VAR		1347	Breech delivery version, internal podalic, difficulty code
6106	VAR		1380	Cesarean section, delivery of body
6107	VAR		1381	Cesarean section, delivery of head
6113	VAR		1388	Cesarean section, difficulty of head delivery
6112	VAR		1389	Cesarean section, following attempt at vaginal delivery
6111	VAR		1387	Cesarean section, following attempt at vaginal delivery
6118	VAR		1394	Cesarean section, indication, elderly primigravida (OB-34)
6141	VAR		1417	Cesarean section, indication, elderly primigravida (OB-55)
6133	VAR		1409	Cesarean section, indication, following failed pelvic procedure (OB-55)
6128	VAR		1405	Cesarean section, indication, other (OB-34)
6114	VAR		1398	Cesarean section, indication, previous cesarean section (OB-34)
6109	VAR		1383	Cesarean section, indication, primary (OB-34)
6110	VAR		1385	Cesarean section, indication, primary (OB-55)
6142	VAR		1418	Cesarean section, indication, prior OR history (OB-55)
6125	VAR		1401	Cesarean section, indication, abruptio placenta (OB-34)
6140	VAR		1414	Cesarean section, indication, abruptio placenta (OB-55)
6117	VAR		1393	Cesarean section, indication, breech orinigravida (OB-34)
6132	VAR		1408	Cesarean section, indication, cephalopelvic disproportion (OB-55)
6116	VAR		1392	Cesarean section, indication, cephalopelvic disproportion (OB-34)
6123	VAR		1399	Cesarean section, indication, diabetes mellitus (OB-34)
6145	VAR		1421	Cesarean section, indication, diabetes mellitus (OB-55)
6135	VAR		1391	Cesarean section, indication, fetal distress (OB-34)
6137	VAR		1411	Cesarean section, indication, fetal distress (OB-55)
6127	VAR		1403	Cesarean section, indication, forceps delivery failed (OB-34)
6135	VAR		1411	Cesarean section, indication, malpresentation, other (OB-55)
6121	VAR		1397	Cesarean section, indication, myomata, uterine (OB-34)
6126	VAR		1402	Cesarean section, indication, placenta previa (OB-34)
6138	VAR		1415	Cesarean section, indication, placenta previa (OB-55)
6120	VAR		1396	Cesarean section, indication, prolapsed cord (OB-34)
6122	VAR		1398	Cesarean section, indication, previous pelvic or cervical repair (OB-34)

Fore Item Numbers Linked to Data Items on DR-55, Delivery Report

DR-55 NM CORR	DR-55 ITEM LN	CAHD QUM	FROM	TO	DATA ITEM NAME
	6126...VAR		1406	1400	Cesarean section, indications; toxemia (NR-34)
	6166...VAR		1420	1420	Cesarean section, indications; toxemia (NR-34)
	6189...VAR		1395	1305	Cesarean section, indications; toxemia (NR-55)
	6130...VAR		1410	1410	Cesarean section, indications; transverse lie (DR-34)
	6147...VAR		1410	1419	Cesarean section, indications; transverse lie (DR-55)
	612A...VAR		1404	1404	Cesarean section, indications; tumor obstructing (NR-55)
	610A...VAR		1382	1382	Cesarean section; uterine dysfunction (DR-34)
	6131...VAR		1407	1407	Cesarean section, indications; avulsion, previous (DR-55)
	6130...VAR		1406	1406	Cesarean section, indications; previous cesarean section (DR-55)
	6136...VAR		1412	1412	Cesarean section, indications; uterine dysfunction (DR-55)
	6047...VAR		1313	1313	Cesarean section, indications; cord around body
	604R...VAR		1314	1314	Cesarean section, indications; cord around neck, loose, number
	604E...VAR		1315	1315	Cesarean section, indications; cord around neck, tight, number
	604C...VAR		1312	1312	Cesarean section, indications; other abnormality (NR-55)
	6045...VAR		1311	1311	Cesarean section, indications; ruptured cord vessel
	6047...VAR		130R	130R	Cesarean section, indications; tria knoe
	6044...VAR		1310	1310	Cesarean section, indications; vena previa, varices (DR-55)
	6043...VAR		1309	1309	Cesarean section, indications; vasa previa, varices (DR-55)
	6057...VAR		1325	1325	Cesarean section, indications; vasa previa, varices (DR-55)
	6050...VAR		1316	1316	Cesarean section, indications; vasa previa, varices (DR-55)
	6072...VAR		134K	134K	Cesarean section, indications; vasa previa, varices (DR-55)
	4660...VAR		22	22	labor and delivery switch (DR-34, 2DR-55)
	6051...VAR		1317	1317	labor onset, spontaneous or induced
	6067...VAR		1334	1334	labor, arrested progress, other causes
	606R...VAR		1336	1336	labor, arrested progress, other causes
	606A...VAR		1334	1334	labor, arrested progress; placental abruption; cephalopelvic disproportion
	6064...VAR		1332	1332	labor, arrested progress; placental abruption
	6041...VAR		1307	1307	labor, arrested progress; uterine dysfunction (NR-34)
	1497...DR-55	1354	40	40	labor, duration combined first & second stage (NR)
	149P...DR-55	1354	51	52	labor, duration combined first & second stage (NR)
	6151...VAR		1437	1440	labor, duration of first and second stages (hrs/min)
	614E...VAR		1422	1425	labor, duration of first and second stages (hrs/min)
	614R...VAR		1427	1430	labor, duration of first and second stages (hrs/min)
	6150...VAR		1433	1436	labor, duration of first and second stages (hrs/min)
	6153...VAR		1447	1445	labor, total duration, first, second and third stages (hrs/min)
	608R...VAR		1362	1362	lacerations, degree
	6090...VAR		1361	1361	lacerations, degree
	1455...DR-55	6354	1R	19	mechanical stimulant, use of (DR 55)
	6057...VAR		131R	1310	oxytocic use
	6053...VAR		1310	1319	placenta previa, degree
	1454...DR-55	6354	17	17	placenta, condition at delivery

Form Item Numbers linked to Data Items on OB-55, Delivery Report

ITEM NN FORM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
6091	....VAK		1365	1365	polymeraseids
6094	....VAK		1321	1323	presentation of fetus at delivery
6098	....VAK		1304	1306	records present labor and delivery
6099	....VAK		1327	1327	rupture of membranes, reason
6063	....VAK		1331	1331	toxemia, acute
6060	....VAK		1324	1324	intrauterine hypertension, chronic (JA-14)
1856	..0A-55	6354	20	20	abnormal cord, ruptured/not ruptured
6164	....VAK		1404	1404	uterine dysfunction
6042	....VAK		1306	1306	uterine rupture
1746	..0A-55	2354	54	54	uterine stimulant indication, other, first
1747	..JA-55	2354	54	54	uterine stimulant indications, other, further
6154	....VAK		1451	1451	uterine stimulant, no response
6161	....VAK		1454	1454	uterine stimulant, other unusual reaction
6093	....VAK		1407	1407	uterine stimulant, reaction to
6150	....VAK		1454	1454	uterine stimulant, significant variation of fetal heart rate or rhythm
6157	....VAK		1457	1457	uterine stimulant, sustained contraction
6160	....VAK		1454	1454	uterine stimulant, simultaneous labor and/or delivery
6172	....VAK		1401	1401	uterine stimulant, induction indications, other
6172	....VAK		1476	1476	uterine stimulant, induction indications, abruptio placentae
6172	....VAK		1477	1477	uterine stimulant, induction indications, diabetes mellitus
6172	....VAK		1473	1473	uterine stimulant, induction indications, erectile
6174	....VAK		1474	1474	uterine stimulant, induction indications, erythroblastosis
6176	....VAK		1400	1400	uterine stimulant, induction indications, infection, intrauterine
6175	....VAK		1470	1470	uterine stimulant, induction indications, nephritis
6170	....VAK		1474	1474	uterine stimulant, induction indications, ruptured membranes
6171	....VAK		1474	1474	uterine stimulant, induction indication, toxemia
6083	....VAK		1474	1474	uterine stimulant, induction indication
6087	....VAK		1320	1320	verter delivery, forceps application
6089	....VAK		1361	1361	verter delivery, forceps, difficulty
6086	....VAK		1358	1358	verter delivery, forceps, difficulty of application
6085	....VAK		1360	1360	verter delivery, forceps, difficulty of conversion
6085	....VAK		1359	1359	verter delivery, forceps, difficulty of rotation
6083	....VAK		1357	1357	verter delivery, forceps, difficulty of traction
6062	....VAK		1330	1330	verter delivery, forceps extraction (OB-45)
1713	..0A-55	2154	15	15	fetus number
1794	..0A-55	4354	14	15	fetus number
1870	..0A-55	5354	14	15	fetus number
1816	..0A-55	5354	14	15	fetus number
1750	..0A-55	6354	15	15	fetus number
1805	..0A-55	7354	15	15	fetus number
1852	..0A-55	6354	15	15	fetus number
1680	..0A-55	1154	14	19	delivery date (14a)
1670	..0A-55	1154	16	17	delivery date (4b)

Case files numbers linked to date items on 02-55, delivery report

1726	DATA	CARD	FROM	TO	DATA ITEM NAME
7M	TYPE	NUM			
FORM	IN				
1	1681..08-55	1354	20	21	Delivery date (yr)
2	1687..08-55	1352	22	22	Delivered by
3	6053.....VAR		1317	1317	Labor onset, spontaneous or induced
4	1688..08-55	1354	24	24	Labor, spontaneous/induced
5	6188.....VAR		1687	1677	Labor, date of onset (m/d/yr)
6	1686..08-55	1354	27	28	Labor, onset, date (day)
7	1685..08-55	1354	24	26	Labor, onset, date (m)
8-10	6155.....VAR		1687	1650	Rupture of membranes, interval from ROM to onset of labor
10	1687..08-55	1354	24	30	Labor, onset, time (hr)
10	1688..08-55	1354	31	32	Labor, onset, time (min)
11	1688..08-55	1354	32	34	Labor, duration first stage (hrs)
11	1691..08-55	1354	35	36	Labor, duration first stage (mins)
11	6146.....VAR		1622	1625	Labor, duration of first stage (hrs/mins)
11-12	6151.....VAR		1627	1630	Labor, duration of first and second stages (hrs/mins)
12	6148.....VAR		1627	1630	Labor, duration of second stage (hrs)
12	1691..08-55	1354	37	38	Labor, duration second stage (hrs)
13	6150.....VAR		1631	1634	Labor, duration third stage (hrs)
13	1693..08-55	1354	41	42	Labor, duration third stage (mins)
13	1694..08-55	1354	43	44	Labor, duration third stage (hrs)
14	1694..08-55	1354	45	46	Labor, duration third stage (mins)
14	1695..08-55	1354	47	48	Labor, duration total (hrs)
14	6153.....VAR		1647	1645	Labor, total duration, first, second and third stages (hrs/mins)
15	1696..08-55	1354	54	55	Position at first exam
16	1705..08-55	1354	56	57	Position at first exam
17	1701..08-55	1354	54	60	Position before attempt of operative delivery
17	6054.....VAR		1321	1323	Position before attempt at delivery
18	1702..08-55	1354	61	62	Position at delivery
19	1703..08-55	1354	63	65	Presentation, cephalic
20	6074.....VAR		1340	1349	Rupture of membranes, date (day)
20	1706..08-55	1354	66	66	Rupture of membranes, date (mo)
21	1706..08-55	1354	69	70	Rupture of membranes, interval
21	1705..08-55	1354	67	68	Rupture of membranes, interval
21-22	6155.....VAR		1447	1450	Rupture of membranes, interval from ROM to onset of labor
21-22	6162.....VAR		1457	1460	Rupture of membranes, interval
22	1707..08-55	1354	71	72	Rupture of membranes, time (min)
23	1710..08-55	1354	73	74	Rupture of membranes, reason
23	6054.....VAR		1327	1327	Rupture of membranes, reason
23	1709..08-55	1354	74	75	Rupture of membranes, type of anesthesia
25	6052.....VAR		1314	1316	Uterine stimulants (oxytocic, agent)
25	1715..08-55	2353	17	16	Uterine stimulants (oxytocic, use)
25	1714..08-55	2354	16	16	Uterine stimulants (oxytocic, use)
26	1717..08-55	2354	20	22	Uterine stimulants (medication, other, agent)

Pop Item Numbers linked to Data Items on DR-45, Delivery Report

ITEM	DATA	CARD	FROM	TO	DATA ITEM NAME
NO	ITEM	NO	ITEM	ITEM	
26	1716..DR-45	2354	19	19	uterine stimulant; medication, other, use
27	1719..DR-45	2354	24	24	uterine stimulant, mechanical, other, use
27	1719..DR-45	2354	24	24	uterine stimulant, mechanical, other, use
28	1720..DR-45	2354	23	23	uterine stimulant, mechanical, use
29	6156.....VAR		27	27	uterine stimulant, number of attempts at induction
29	6157.....VAR		1451	1451	uterine stimulant, no response
29	6158.....VAR		1456	1456	uterine stimulant, other unusual reaction
29	6159.....VAR		1453	1453	uterine stimulant, persistent increased uterine tone
29	6160.....VAR		1367	1367	uterine stimulant, reacting to
29	1721..DR-45	2354	28	28	uterine stimulant, reactions, no uterine response
29	1726..DR-45	2354	33	33	uterine stimulant, reactions, other unusual reaction
29	1723..DR-45	2354	30	30	uterine stimulant, reactions, persistent increased uterine tone
29	1724..DR-45	2354	31	31	uterine stimulant, reactions, significant variation of fetal heart
29	1722..DR-45	2354	29	29	uterine stimulant, reactions, sustained contraction
29	1725..DR-45	2354	32	32	uterine stimulant, reactions, substituous labor/delivery
29	6150.....VAR		1454	1454	uterine stimulant, significant variation of fetal heart rate or rhythm
29	6157.....VAR		1452	1452	uterine stimulant, sustained contraction
29	6160.....VAR		1454	1454	uterine stimulant, prolonged labor and/or delivery
30	6177.....VAR		1481	1481	uterine stimulant, induction indication, other
30	1735..DR-45	2354	47	47	uterine stimulant, induction indication, other
30	1738..DR-45	2354	42	42	uterine stimulant, induction indication, other
30	6172.....VAR		37	37	uterine stimulant, induction indication, abruptio placentae
30	6173.....VAR		1476	1476	uterine stimulant, induction indication, abruptio placentae
30	1731..DR-45	2354	1477	1477	uterine stimulant, induction indication, abruptio placentae
30	6169.....VAR		38	38	uterine stimulant, induction indication, diabetes mellitus
30	6174.....VAR		1473	1473	uterine stimulant, induction indication, diabetes mellitus
30	1732..DR-45	2354	1474	1474	uterine stimulant, induction indication, diabetes mellitus
30	1736..DR-45	2354	39	39	uterine stimulant, induction indication, erythroblastosis
30	6176.....VAR		41	41	uterine stimulant, induction indication, erythroblastosis
30	6174.....VAR		1480	1480	uterine stimulant, induction indication, erythroblastosis
30	1733..DR-45	2354	1479	1479	uterine stimulant, induction indication, infection, intra uterine
30	1728..DR-45	2354	1479	1479	uterine stimulant, induction indication, infection, intra uterine
30	6171.....VAR		40	40	uterine stimulant, induction indication, infection, intra uterine
30	6170.....VAR		35	35	uterine stimulant, induction indication, myelomeningitis
30	1729..DR-45	2354	1474	1474	uterine stimulant, induction indication, myelomeningitis
30	1727..DR-45	2354	1475	1475	uterine stimulant, induction indication, myelomeningitis
31	1736..DR-45	2354	36	36	uterine stimulant, induction indication, ruptured esophagus
31	1745..DR-45	2354	34	34	uterine stimulant, induction indication, toxemia
31	1730..DR-45	2354	43	43	uterine stimulant, induction indication, toxemia
31	1740..DR-45	2354	42	42	uterine stimulant, induction indication, toxemia
31	1741..DR-45	2354	46	46	uterine stimulant, induction indication, toxemia
31	1743..DR-45	2354	47	47	uterine stimulant, induction indication, toxemia
31	1749..DR-45	2354	48	48	uterine stimulant, induction indication, toxemia
31	1749..DR-45	2354	49	49	uterine stimulant, induction indication, toxemia
31	1749..DR-45	2354	50	50	uterine stimulant, induction indication, toxemia

Fore Item Numbers linked to Data Items on OR-55, Delivery Report

ITEM NN PKM	DATA ITEM IN	CAEN MIN	FROM TO	DATA ITEM NAME
31	1744..OR-55	2355	51	51 Uterine stimulants; autonegation indications; labor, arrested
31	1742..OR-55	2355	49	49 Uterine stimulants; autonegation indications; overexhaustion
31	1737..OR-55	2355	44	44 Uterine stimulants; autonegation indications; ruptured membranes
31	1738..OR-55	2355	45	45 Uterine stimulants; autonegation indications; tosemia
32	1748..OR-55	2355	56	56 Uterine stimulants; autonegation indications; tosemia
34	1750..OR-55	2355	54	54 Labor, arrested progress, primary
34	1749..OR-55	2355	54	54 Labor, arrested progress, primary
34	0068.....VAR	2355	58	58 Labor, arrested progress, latent phase
34	1751..OR-55	2355	1336	1336 Labor, arrested progress, phase and stage
34	0165.....VAR	2355	1464	1464 Uterine dysfunction
34	1755..OR-55	2355	64	64 Labor, arrested progress, probable cause, other
34	1752..OR-55	2355	61	61 Labor, arrested progress, probable cause; fetopelvic disproportion
34	1753..OR-55	2355	62	62 Labor, arrested progress, probable cause; entrapment
34	1754..OR-55	2355	63	63 Labor, arrested progress, probable cause; uterine activity abnormal
34	0066.....VAR	2355	1334	1334 Labor, arrested progress; fetopelvic disproportion; cephalopelvic disproportion
34	0064.....VAR	2355	1332	1332 Labor, arrested progress; malrepresentation
40	1760..OR-55	3355	14	14 Vertex delivery, of head
41	1761..OR-55	3355	17	17 Vertex delivery, of head
42	1762..OR-55	3355	18	18 Vertex delivery, of head
43	1763..OR-55	3355	21	21 Vertex delivery, of head
43	1764..OR-55	3355	24	24 Vertex delivery, of head
45	1765..OR-55	3355	25	25 Vertex delivery, of head
46	1766..OR-55	3355	28	28 Vertex delivery, of head
47	1767..OR-55	3355	31	31 Vertex delivery, of head
48	1768..OR-55	3355	32	32 Vertex delivery, of head
49	0061.....VAR	3355	1320	1320 Vertex delivery, of head
49	1769..OR-55	3355	33	33 Vertex delivery, of head
50	1770..OR-55	3355	34	34 Vertex delivery, of head
51	1771..OR-55	3355	36	36 Vertex delivery, of head
52	1772..OR-55	3355	37	37 Vertex delivery, of head
53	1773..OR-55	3355	40	40 Vertex delivery, of head
54	1774..OR-55	3355	43	43 Vertex delivery, of head
54	1775..OR-55	3355	44	44 Vertex delivery, of head
54	1776..OR-55	3355	48	48 Vertex delivery, of head
54	1777..OR-55	3355	50	50 Vertex delivery, of head
54	0064.....VAR	3355	51	51 Vertex delivery, of head
54	0065.....VAR	3355	1358	1358 Vertex delivery, of head
57	1778..OR-55	3355	1359	1359 Vertex delivery, of head
58	1779..OR-55	3355	52	52 Vertex delivery, of head
58	0066.....VAR	3355	53	53 Vertex delivery, of head
58	0067.....VAR	3355	1360	1360 Vertex delivery, of head
58	0068.....VAR	3355	1357	1357 Vertex delivery, of head

Form Item Numbers Linked to Data Items on OR-55, Delivery Report

ITEM NO	FORM	DATA ITEM	CAHD NUM	FROM	TO	DATA ITEM NAME
59		1780..OR-55	3354	54	54	Vortex delivery; forceps, difficulty of traction
60		1781..OR-55	3354	54	54	Vortex delivery; forceps, indication, 1st
60		1782..OR-55	3354	59	59	Vortex delivery; forceps, indication, 2nd
61		1783..OR-55	3354	59	59	Vortex delivery; forceps, indication, further
61		1784..OR-55	3354	60	61	Vortex delivery; vacuum extractor, first application, distillation (CM)
62		1785..OR-55	3354	67	64	Vortex delivery; vacuum extractor, first application, position
63		1786..OR-55	3354	65	65	Vortex delivery; vacuum extractor, first application, position
64		1787..OR-55	3354	67	68	Vortex delivery; vacuum extractor, highest vacuum obtained (knew/used)
65		6062....VAR		1330	1330	Vortex delivery; vacuum extraction (OR-55)
65		1788..OR-55	3354	69	69	Vortex delivery; vacuum extractor
66		1789..OR-55	3354	70	71	Vortex delivery; vacuum extractor indication, 1st
66		1790..OR-55	3354	72	73	Vortex delivery; vacuum extractor indication, 2nd
66		1791..OR-55	3354	74	74	Vortex delivery; vacuum extractor indication, further
69		1796..OR-55	4354	16	16	Wrench delivery; version, internal nodalic, difficulty
69		6073....VAR		1347	1347	Wrench delivery; version, internal nodalic, difficulty
71		1797..OR-55	4354	20	21	Wrench delivery; version, internal nodalic, difficulty
71		1798..OR-55	4354	22	23	Wrench delivery; version, internal nodalic, difficulty
71		1800..OR-55	4354	24	24	Wrench delivery; version, internal nodalic, difficulty
72		1801..OR-55	4354	25	25	Wrench delivery; version, internal nodalic, difficulty
72		6075....VAR		1368	1368	Wrench delivery; altitude of breech
73		1802..OR-55	4354	26	26	Wrench delivery; complications
74		1803..OR-55	4354	27	27	Wrench delivery; fundal pressure
75		6077....VAR		1351	1351	Wrench delivery; procedures attempted for delivery of head
75		1804..OR-55	4354	28	28	Wrench delivery; of head
76		6076....VAR		1350	1350	Wrench delivery; procedures attempted for delivery of head
76		1805..OR-55	4354	29	29	Wrench delivery; of body
77		6078....VAR		1352	1352	Wrench delivery; difficulty with incision
77		1806..OR-55	4354	30	30	Wrench delivery; incision
78		6079....VAR		1353	1353	Wrench delivery; difficulty of partial extraction
78		1807..OR-55	4354	31	31	Wrench delivery; difficulty of partial extraction
79		6080....VAR		1354	1354	Wrench delivery; difficulty of total extraction
79		1808..OR-55	4354	32	32	Wrench delivery; difficulty of total extraction
80		6081....VAR		1355	1355	Wrench delivery; difficulty of total extraction
80		1809..OR-55	4354	33	33	Wrench delivery; difficulty of manual delivery of head
81		1810..OR-55	4354	34	34	Wrench delivery; forceps delivery of head, difficulty
81		6082....VAR		1356	1356	Wrench delivery; forceps delivery of head, difficulty
82		1811..OR-55	4354	35	35	Wrench delivery; indications for total extraction, first
82		1812..OR-55	4354	37	37	Wrench delivery; indications for total extraction, further
83		1817..OR-55	4354	13	16	Cesarean delivery; following attempt at vaginal delivery
83		6111....VAR		1387	1387	Cesarean section; following attempt at vaginal delivery
84		1818..OR-55	4354	17	17	Cesarean section; uterine incision type

Code Item Numbers linked to Data Items on OR-55, Delivery Report

ITEM OR FORM	DATA TYPE IN	CARD MEM	FROM TO	DATA ITEM NAME
05	1808..OR-55	6355	57	52 Cesarean section; surgery, other
05	1809..OR-55	6355	48	48 Cesarean section; tubal ligation
06	1853..OR-55	6355	16	16 Placenta delivery
100	6057.....VAR		1325	1325 Cord; prolapsed
100	1857..OR-55	6355	21	21 Cord; prolapsed, arrest
101	1858..OR-55	6355	22	22 Prolapsed cord, location
102	1860..OR-55	6355	24	24 Prolapsed cord, treatment, displacement of presenting part
102	1861..OR-55	6355	25	25 Prolapsed cord, treatment, knee chest position
102	1863..OR-55	6355	27	27 Prolapsed cord, treatment, external oxygen
102	1864..OR-55	6355	28	28 Prolapsed cord, treatment, other
U2	1850..OR-55	6355	23	23 Prolapsed cord, treatment, replacement
107	1862..OR-55	6355	24	24 Prolapsed cord, treatment, presentation position
101	1872..OR-55	6355	36	36 Cord pathology; other
101	1867..OR-55	6355	31	31 Cord pathology; armband body or extremities
101	1865..OR-55	6355	30	30 Cord pathology; armband neck, loose
103	6047.....VAR		29	29 Cord pathology; armband neck, tight
103	6048.....VAR		1313	1313 Cord pathology; coil; armband
101	6049.....VAR		1314	1314 Cord pathology; coil; armband body
101	6046.....VAR		1315	1315 Cord pathology; coil; armband neck, loose, number
101	6045.....VAR		1312	1312 Cord pathology; coil; armband neck, tight, number
101	1871..OR-55	6355	1311	1311 Cord pathology; other abnormality (OR-55)
101	1873..OR-55	6355	35	35 Cord pathology; ruptured cord vessel
101	1868..OR-55	6355	32	32 Cord pathology; true knot
101	1870..OR-55	6355	34	34 Cord pathology; true knot
101	6044.....VAR		1310	1310 Cord pathology; vein previa
101	1869..OR-55	6355	33	33 Cord pathology; vein previa, varices (OR-55)
101	6043.....VAR		1309	1309 Cord pathology; velamentous insertion
104	1871..OR-55	6355	37	37 Embryology
107	1874..OR-55	6355	38	38 Placenta previa
107	6053.....VAR		1319	1319 Placenta previa, degree
100	1878..OR-55	6355	42	42 Placenta abnormalities, other
100	1877..OR-55	6355	41	41 Placenta, retained
100	1876..OR-55	6355	40	40 Placenta; marginal sinus rupture
110	1879..OR-55	6355	43	43 Placenta, weight (GMB)
111	6071.....VAR		1345	1345 Bleeding before cord clamped (CC)
111	1840..OR-55	6355	46	46 Bleeding before cord clamped, amount (CC)
112	1887..OR-55	6355	56	56 Bleeding before cord clamped, cause, other
117	1881..OR-55	6355	50	50 Bleeding before cord clamped, cause, unknown
117	1883..OR-55	6355	52	52 Bleeding before cord clamped, cause; abruptio placentae
117	1885..OR-55	6355	54	54 Bleeding before cord clamped, cause; episiotomy
117	1886..OR-55	6355	55	55 Bleeding before cord clamped, cause; lacerations
117	1884..OR-55	6355	53	53 Bleeding before cord clamped, cause; marginal sinus rupture

Fora Item Numbers Linked to Data Items on OR-45, Delivery Report

ITEM OR FNW	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
112	1887..OR-55	6355	51	51	Bleeding before cord clamped, cause: placenta previa
113	6076....VAR		1334	1341	Bleeding after cord clamped (CC)
114	1888..OR-55	6355	57	60	Bleeding after cord clamped, amount (CC)
114	1891..OR-55	6355	65	65	Bleeding after cord clamped, cause, other
114	1892..OR-55	6355	64	64	Bleeding after cord clamped, cause, retained secundines
114	1897..OR-55	6355	67	62	Bleeding after cord clamped, cause: episiotomy
114	1891..OR-55	6355	61	63	Bleeding after cord clamped, cause: lacerations
115	1880..OR-55	6355	61	61	Bleeding after cord clamped, cause: uterine atony
115	6077....VAR		1346	1346	Hypertension, chronic disease
116	1895..OR-55	6355	67	67	Toxemia, acute
116	6063....VAR		1331	1331	Toxemia, acute
117	1896..OR-55	6355	68	68	Toxemia, hypertension, transient intrapartum
118	1897..OR-55	6355	69	69	Fetal death, intrauterine
118	1898..OR-55	6355	70	70	Heart rate abnormal
118	1899..OR-55	6355	71	71	Heart rhythm abnormal
118	1900..OR-55	6355	72	72	Meconium and/or meconium staining
119	1901..OR-55	6355	73	74	Lacerations
119	6068....VAR		1367	1362	Lacerations, perineal, degree
120	6080....VAR		1363	1363	Lacerations, site
120	1908..OR-55	7355	18	18	Amniocentesis, abnormal
120	1907..OR-55	7355	17	17	Blood administered
120	6069....VAR		1337	1337	Blood transfusion
120	1909..OR-55	7355	19	19	Labor, attempt to inhibit
120	1910..OR-55	7355	20	20	Oxygen therapy, uterine
120	1911..OR-55	7355	21	21	Procedure, other, 1st
120	1912..OR-55	7355	22	22	Procedure, other, 2nd
120	1913..OR-55	7355	23	23	Procedure, other, further
120	1906..OR-55	7355	16	16	Version, external
121	1917..OR-55	7355	27	27	Conjugation defect
121	1920..OR-55	7355	30	30	Complication, other, 1st
121	1921..OR-55	7355	31	31	Complication, other, 2nd
121	1922..OR-55	7355	32	32	Complication, other, further
121	1915..OR-55	7355	25	25	Dystocia, shoulder
121	6050....VAR		1316	1316	Dystocia, shoulder
121	1916..OR-55	7355	26	26	Fever, intrapartum
121	6091....VAR		1365	1365	Polymyositis
121	1918..OR-55	7355	24	24	Shock, intrapartum
121	1914..OR-55	7355	24	24	Shock, intrapartum
121	1919..OR-55	7355	29	29	Uterus, ruptured

Form Item Numbers linked to Data Items on 0A-56, Obstetric Summary

ITEM ON FORM	DATA ITEM ID	CAHS NUM	FROM	TO	DATA ITEM NAME
2	1020..0A-56	9354	15	15	Fetus number
3	1031..0A-56	9354	19	19	Pregnancy termination date (day)
3	1030..0A-56	9354	16	17	Pregnancy termination date (m)
3	1032..0A-56	9354	20	21	Pregnancy termination date (yr)
4	1033..0A-56	9354	27	23	Pregnancy termination date (yr)
4	1023..0A-56	7354	33	34	Gestation (wks)
5	1034..0A-56	9354	26	24	Liveborn
5	1026..0A-56	7354	35	35	Liveborn
6	1025..0A-56	7354	36	36	Pregnancy termination, place
6	1035..0A-56	9354	25	25	Pregnancy termination, place
7	1036..0A-56	9354	26	26	Form 0A-55 data not coded, reason

DEFINITION OF CODES
DELIVERY REPORT
FORM OB-55 CAED 1355

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 1	1
2. <u>Form Number</u> Code: 355	2-4
3. <u>Revision Number</u> Code: 2 - Form Dated: 4/62 3 - Form Dated: 4/62 "not according to protocol"	5
4. <u>NINDS Number</u> Item 1 Nine digit number for Patient Identification Code: As given	6-14
5. <u>Fetus Number</u> Item 2 Code: 0 - Single birth 1 - First of multiple 2 - Second of multiple 3 - Third of multiple 4 - Fourth of multiple 5 - Fifth of multiple 9 - Unknown	15
6. <u>Date Delivered</u> Item 3 Six digit code for Month (cols. 16-17), Day (cols. 18-19), and Year (cols. 20-21) Code: As given 99 - Month and/or day and/or year unknown	16-21

DEFINITION OF CODES (Continued)

FORM OB-55
Card 1355

FIELD

CARD
COLUMN

- | | | |
|-----|--|-------|
| 7. | <p><u>Delivered By</u>
Item 5</p> <p>Code: 1 - Obstetrician
2 - Resident
3 - Intern
4 - Medical student
5 - Physician
6 - Nurse, midwife
8 - Other
9 - Unknown</p> | 22 |
| 8. | <p><u>Type of Delivery</u></p> <p>Code: 1 - Vertex
2 - Breech
3 - Cesarean Section</p> | 23 |
| 9. | <p><u>LABOR</u>
<u>Labor</u>
Item 8</p> <p>Code: 0 - None
1 - Questionable
2 - Spontaneous
3 - Induced
4 - Present but unknown if spontaneous
or induced
9 - Unknown</p> | 24 |
| 10. | <p><u>Date of Onset</u>
Item 9</p> <p>Four digit code for Month (cols. 25-26)
and Day (cols. 27-28)</p> <p>Code: As given
0000 - No labor
99 - Month and/or day unknown</p> | 25-28 |
| 11. | <p><u>Time of Onset</u>
Item 10</p> <p>Code: 0000 - No labor
0001-2400 - As given based on 24-hour
clock
99 - Unknown hour and/or minutes</p> | 29-32 |

DEFINITION OF CODES (Continued)

FORM OB-55
Card 1355

FIELD

CARD
COLUMN

12. Duration of Labor (First Stage)
Item 11
Four-digit code for:
Hours (cols. 33-34)
Code: 00 - None
01-97 - As given
98 - 98 hours or more
99 - Unknown
Minutes (cols. 35-36)
Code: 00 - None
01-59 - As given
99 - Unknown

Note: 0's in entire field = no labor
13. Duration of Labor (Second Stage)
Item 12
Code: As given based on 24 hour clock
0000 - No second stage (C/Section);
not applicable
00 - No hours or minutes
99 - Unknown hours and/or minutes
14. Duration of Labor (Third Stage)
Item 13
Code: As given based on 24 hour clock
0000 - No third stage, vaginal deliveries
with placenta delivered with or before
infant; not applicable
00 - No hours or minutes
99 - Unknown hours and/or minutes
15. Total Duration of Labor
Item 14
Code: Same as in Field 12, cols. 33-36
16. Duration of Combined First and Second Stage
Code: Same as in Field 12, cols. 33-36 except
0000 - No labor, 1st and 2nd stages
reported separately

DEFINITION OF CODES (Continued)

FORM OB-55
 Card 1355

<u>FIELD</u>	<u>CAFD COLUMN</u>
<p>17. <u>POSITION, STATION</u> <u>Position at First Examination</u> Item 15 Code: See Attachment "Position Codes", page OB-55 - 33 Additional codes: 000 - Not applicable, no labor 555 - Compound (vertex or breech) 666 - Breech (position not specified) 777 - Vertex (position not specified), cephalic 888 - Transverse lie, oblique, shoulder 999 - Unknown</p>	53-55
<p>18. <u>Station at First Examination</u> Item 16 Code: See Attachment "Station Codes", page OB-55 - 34</p>	56-57
<p>19. <u>Position before Operative Delivery Attempt</u> Item 17 Code: See Attachment "Position Codes", page OB-55 - 33 Additional codes: Same as in Field 17 except 000 - Not applicable, spontaneous delivery</p>	58-60
<p>20. <u>Station before Operative Delivery Attempt</u> Item 18 Code: Same as in Field 18</p>	61-62
<p>21. <u>Delivered As</u> Item 19 Code: See Attachment "Position Codes", page OB-55 - 33 Additional codes: Same as in Field 17 except 000 - Not applicable, Cesarean Section</p>	63-65

DEFINITION OF CODES (Continued)

FORM OB-55
Card 1355

FIELD

CARD
COLUMN

22. Compound Presentation
Item 20
Code: 0 - None, not applicable
1 - Vertex with hand
2 - Vertex with arm
3 - Vertex with foot
4 - Breech with hand
5 - Breech with arm
8 - Unspecified compound presentation
in either vertex or breech
9 - Unknown
66
23. RUPTURE OF MEMBRANES
Date of Rupture
Item 21
Four digit code for Month (cols. 67-68)
and Day (cols. 69-70)
Code: As given
0000 - Not applicable, membranes did
not rupture
99 - Month and/or day unknown
67-70
24. Time of Rupture
Item 22
Code: As given based on 24-hour clock
0000 - Not applicable
99 - Hours and/or minutes unknown
71-74
25. Type of Rupture and Reason for Amniotomy
Item 23 and Item 24
Code: 0 - Spontaneous
1 - Artificial - terminal in delivery
room, Cesarean Section
2 - Artificial - Induction of Labor
3 - Artificial - Augmentation of Labor
4 - Artificial - Unintentional
7 - Artificial - Reason unknown
8 - Artificial - Other reason specified
9 - Unknown
75

DEFINITION OF CODES (Continued)

FORM OB-5
Card 2353

FIELD

CARD
COLUMNS

1. Card Number
Code: 2

1

2. Basic Data
Code: Same as in cols. 2-15 of Card 1

2-15

UTERINE STIMULANT

3. Oxytocic
Item 25

16-18

Three-digit code for:

Use (col. 15)

- Code: 0 - None used
1 - Induction
2 - Augmentation
3 - Combination of codes 1 and 2
8 - Used (unknown if for induction or augmentation)
9 - Unknown

Agent (cols. 17-18)

Code for col. 17:

- 0 - None listed
1 - Oxytocin, Pitocin
2 - Syntocin, Syntocinon
3 - Combination of codes 1 and 2
9 - Unknown

Code for col. 18:

- 0 - No other agents
1 - One or more other agents
9 - Unknown

Note: 0's in entire field = not used

4. Other Medicinal
Item 26

19-22

Four-digit code for:

Use (col. 19)

Code: Same as in Field 3, col. 16

Agent (cols. 20-22)

Code for col. 20:

- 0 - None listed
1 - Sparteine, Tocosamine, Spartocin
2 - Castor Oil
3 - Combination of codes 1 and 2
9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-55
Card 2355

FIELD

CARD
COLUMNS

4. **Other Medicinal (cont.)**
Agent (cols. 20-22) (cont.)
Code for col. 21:
0 - None listed
1 - Ergot, Ergonovine, Ergotrate,
Methergine
2 - Relaxin
3 - Combination of codes 1 and 2
9 - Unknown
Code for col. 22:
0 - None listed
1 - Saline
2 - Other stimulants
3 - Combination of codes 1 and 2
9 - Unknown

19-22

Note: 0's in entire field = not used

5. **Mechanical**
Item 27
Four-digit code for:
Use (col. 23)
Code: Same as in Field 3, col. 16
Method (cols. 24-26)
Code for col. 24:
0 - None listed
1 - Stripping of membranes
2 - Abdominal amniocentesis
3 - Combination of codes 1 and 2
9 - Unknown
Code for col. 25:
0 - None listed
1 - Vacuum extractor
2 - Other traction of fetus
3 - Combination of codes 1 and 2
9 - Unknown
Code for col. 26:
0 - None listed
1 - Artificial dilatation of the cervix,
including hydrostatic bag
2 - Other mechanical methods of uterine
stimulation
3 - Combination of codes 1 and 2
9 - Unknown

23-26

Note: 0's in entire field = not used

DEFINITION OF CODES (Continued)

FORM OB-55
Card 2355

FIELD

CARD
COLUMNS

6. Number of Attempts at Induction: By All Methods
Item 25
Code: 0 - None
1-8 - As reported
9 - Unknown 27
7. Reactions to Uterine Stimulant
Item 29 28-33
Six-digit code for:
No Uterine Response (col. 28)
Sustained Contraction (col. 29)
Persistent Increased Uterine Tone (col. 30)
Significant Variation of Fetal Fate (col. 31)
Ramultucus Labor (col. 32)
Other (col. 33)
Code for each column:
0 - No
1 - Yes
9 - Unknown
8. Indications for Uterine Stimulant for Induction
Item 30 34-42
Nine-digit code for:
Elective (col. 34)
Ruptured Membranes (col. 35)
Toxemia (col. 36)
Abruptio Placentae (col. 37)
Diabetes Mellitus (col. 38)
Erythroblastosis (col. 39)
Pyelonephritis (col. 40)
Intrauterine Infection (col. 41)
Other (col. 42)
Code for each column:
Same as in Field 7
9. Indications for Uterine Stimulant for Augmentation
Item 31 43-52
Ten-digit code for:
Elective (col. 43)
Ruptured Membranes (col. 44)
Toxemia (col. 45)
Abruptio Placentae (col. 46)
Diabetes Mellitus (col. 47)
Erythroblastosis (col. 48)
Pyelonephritis (col. 49)
Intrauterine Infection (col. 50)
Arrested Progress of Labor (col. 51)
Other (col. 52)
Code for each column:
Same as in Field 7

DEFINITION OF CODES (Continued)

FORM OB-55
Card 2355

FIELD

CARD
COLUMN

10. Other Indications
Item 31
Three-digit code for:
First Indication (cols. 53-54):
Code: See attachment "Other Indications",
pages OB-55 - 35, 36
Further Indication (col. 55)
Code: 0 - None
1 - More indications reported than
coded
8 - Elective
9 - Unknown
11. Primary Indication
Item 32
Code: See attachment "Other Indications",
pages OB-55 - 35, 36 except
01 - Elective
12. Arrested Progress of Labor
Item 38
Three-digit code for:
Latent Phase (col. 58)
Active Phase (col. 59)
Second Stage (col. 60)
Code for each column:
Same as in Field 7
13. Probable Causes
Item 39
Four-digit code for:
Fetopelvic Disproportion (col. 61)
Malpresentation (col. 62)
Abnormal Uterine Activity (col. 63)
Code for each column:
Same as in Field 7

Other Causes (col. 64)
Code: 0 - No other causes
1 - Other causes
9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-55
Card 3355

<u>FIELD</u>	<u>CARD</u> <u>CONTENTS</u>
1. <u>Card Number</u> Code: 3	1
2. <u>Basic Data</u> Code: Same as cols. 2-15 of card 1 VERTEX DELIVERY	2-15
3. <u>Delivery of Head</u> Item 40 Code: 1 - Uncontrolled 2 - Controlled manually 3 - Controlled with forceps or vacuum extractor 9 - Unknown	16
4. <u>Fundal Pressure</u> Item 41 Code: 0 - None 1 - Slight 2 - Moderate 3 - Strong 8 - Unknown degree 9 - Unknown	17
5. <u>Manual Rotation From</u> Item 42 Code: See Attachment "Position Codes", page OB-55 - 33 Additional codes: 000 - Manual rotation not attempted, not applicable, unable to rotate manually 777 - Manual rotation attempted from an unspecified position 888 - Operative rotation attempted (unknown if manual or forceps) 999 - Unknown	18-20

DEFINITION OF CODES (Continued)

FORM OB-55
Card 3355

<u>FIELD</u>	<u>CARD COLUMN</u>
6. <u>Manual Rotation To</u> Item 43 Code: Same as in Field 5 except 777 - Manual rotation attempted to an unspecified position	21-23
7. <u>Difficulty of Rotation</u> Item 44 Code: 0 - Rotation not attempted; not applicable 1 - Average 2 - Difficult 3 - Very difficult 4 - Failed (at all attempts) 9 - Unknown	24
8. <u>Manual Conversion From</u> Item 45 Code: See attachment "Position Codes", page OB-55 - 33 Additional codes: 000 - Manual conversion not attempted, not applicable, unable to convert 555 - Conversion attempted from compound presentation 777 - Conversion attempted from unknown position 888 - Conversion attempted, unknown if manual or forceps 999 - Unknown	25-27
9. <u>Manual Conversion To</u> Item 46 Code: Same as in Field 8 except 555 - Conversion attempted to compound presentation 777 - Conversion attempted to unknown position	28-30
10. <u>Difficulty of Conversion</u> Item 47 Code: Same as in Field 7 except 0 - Conversion not attempted; not applicable	31

DEFINITION OF CODES (Continued)

FORM OB-55
Card 3355

<u>FIELD</u>	<u>CARD COLUMN</u>
<p>11. <u>USE OF FORCEPS</u> <u>Number of Applications: Blades</u> Item 48</p> <p>Code: 0 - None 1-6 - As given 7 - 7 or more blades 8 - Forceps used, number of applications unknown 9 - Unknown</p>	32
<p>12. <u>First Application of Forceps</u> Item 49</p> <p>Code: 0 - None used 1 - Class I -outlet 2 - Class II -low 3 - Class III -mid 4 - Class IV -high 8 - Forceps used, class not specified 9 - Unknown</p>	33
<p>13. <u>Forceps Rotation From</u> Item 50</p> <p>Code: See Attachment "Position Codes", page OB-55 - 33</p> <p>Additional codes: 000 - Forceps rotation not attempted, not applicable, unable to rotate by forceps 777 - Forceps rotation attempted from unknown position 888 - Operative rotation attempted, unknown if by forceps or manually 999 - Unknown</p>	34-36
<p>14. <u>Forceps Rotation To</u> Item 51</p> <p>Code: Same as in Field 13 except 777 - Forceps rotation attempted to an unknown position</p>	37-39

DEFINITION OF CODES (Continued)

FORM OB-55
Card 3355

FIELD

CARD
COLUMN

15. Forceps Conversion From
Item 52

40-42

Code: See attachment "Position Codes",
page OB-55 - 33

Additional codes:

- 000 - Forceps conversion not attempted;
not applicable, unable to convert
by forceps
- 555 - Conversion attempted from compound
presentation
- 777 - Conversion attempted from unknown
presentation
- 888 - Conversion attempted (unknown if
manually or by forceps)
- 999 - Unknown

16. Forceps Conversion To
Item 53

43-45

Code: Same as in Field 15 except

- 555 - Conversion attempted to compound
presentation
- 777 - Conversion attempted to unknown
presentation

17. Type of Forceps Used
Item 54

46-49

Four-digit code for:

1st Type (cols. 46-47)

2nd Type (cols. 48-49)

Code for each two columns:

- 00 - None
- 01 - Axis Traction, (n.o.s.)
- 02 - Baby Elliots
- 03 - Baby Simpsons
- 04 - Bailey-Williamson
- 05 - Barton
- 06 - De Lee-Simpson
- 07 - De Wees
- 08 - Elliot (not specified as baby)
- 09 - Good
- 10 - Haig-Ferguson
- 11 - Hawks-Dennen
- 12 - Kielland
- 13 - Kielland-Barton
- 14 - Irving
- 15 - Laufe

DEFINITION OF CODES (Continued)

FORM OB-5
Card 3355

FIELD

CARD
COLUMN

17. Type of Forceps Used (continued) 46-49
- 15 - Luikart
 - 17 - Luikart-Tarnier
 - 18 - Labenstein-Tarnier
 - 19 - Schwarz
 - 20 - Simpson
 - 21 - Tarnier
 - 22 - Tucker
 - 23 - Tucker-McLean (Solid Blade Elliots)
 - 24 - Piper
 - 25 - Luikart-Tucker, T-H-L, Luikart-McLean
 - 26 - Gillespie
 - 77 - Type other than above
 - 99 - Unknown
- Additional code for cols. 48-49:
88 - 3 or more types
18. Axis-Traction Attachment 50
- Item 55
Code: 0 - Not used
1 - Used
9 - Unknown
19. Difficulty of Forceps Procedures 51-54
- Item 50
Four-digit code for:
Application (col. 51)
Rotation (col. 52)
Conversion (col. 53)
Traction (col. 54)
Code for each column:
Same as in Field 7 except
0 - Not applicable (forceps not used)
20. Indication for Use of Forceps 55-59
- Item 60
Five-digit code for:
First Indication (cols. 55-56)
Second Indication (cols. 57-58)
Code: See attachment "Other Indications",
pages OB-55 - 35, 36 except
88 - Elective
- Further Indications (col. 59)
Code: 0 - None
1 - More indications reported than coded
8 - Elective
9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-55
Card 3355

FIELD

CARD
COLUMN

VACUUM EXTRACTOR

21. Dilatation
Item 61

60-61

Code: 00 - Vacuum extractor not used
01 - No dilatation
05 - 1/2 cm.
10 - 10 cms., full, complete
11 - 1 cm.
15 - 1 1/2 cms.
21 - 2 cms.
25 - 2 1/2 cms.
31 - 3 cms.
35 - 3 1/2 cms.
41 - 4 cms.
45 - 4 1/2 cms.
51 - 5 cms.
55 - 5 1/2 cms.
61 - 6 cms.
65 - 6 1/2 cms.
71 - 7 cms.
75 - 7 1/2 cms.
81 - 8 cms.
85 - 8 1/2 cms.
91 - 9 cms.
95 - 9 1/2 cms.
98 - Vacuum extractor used -
dilatation unknown
99 - Unknown

22. Position
Item 62

62-64

Code: See attachment "Position Codes",
page OB-55 - 33
Additional codes:
000 - Not applicable
555 - Compound (vertex)
777 - Vertex (position not specified),
cephalic
888 - Transverse lie, oblique, shoulder
999 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-571
Card 3255

<u>FIELD</u>	<u>CARD COLUMN</u>
23. <u>Station</u> Item 63 Code: See attachment "Station Codes", page OB-55 - 34	65-66
24. <u>Highest Vacuum Attained</u> Item 64 Code: 00 - None 01-12 -0.1 to 1.2 as given in Kg/cm ² 88 - MMH 99 - Unknown	67-68
25. <u>Delivery with Vacuum Extractor</u> Item 65 Code: 0 - Not applicable 1 - Yes 2 - No - <u>unsatisfactory application</u> 3 - No - failure to rotate 4 - No - failure to descend 5 - No - other reason specified, elective non-delivery 8 - No - other reason unknown 9 - Unknown	69
26. <u>Indications for Use</u> Item 66 Five-digit code for: <u>First Indication</u> (cols. 70-71) <u>Second Indication</u> (cols. 72-73) Code for each: See attachment "Other Indications", pages OB-55 - 35, 36 <u>Further Indication</u> (col. 74) Code: 0 - None 1 - More indications reported than coded 8 - Elective 9 - Unknown	70-74

DEFINITION OF CODES (Continued)

FORM OB-55
Card 4355

FIELD

**CARD
COLUMNS**

1. Card Number
Code: 4 1
 2. Basic Data
Code: Same as in cols. 2-15 of Card 1 2-15
- BREACH DELIVERY**
3. Difficulty of Version
Item 69 16
Code: 0 - Not attempted
1 - Average
2 - Difficult
3 - Very difficult
4 - Failed (at all attempts)
8 - Difficulty unknown - version attempted
9 - Unknown
 4. Position Prior to Version
Item 70 17-19
Code: See attachment "Position Codes",
page OB-55 - 33
Additional codes:
000 - Not applicable (version not attempted)
555 - Compound (vertex)
777 - Vertex, position not specified,
(cephalic)
888 - Oblique, shoulder, transverse lie
999 - Unknown
 5. Indication for Version
Item 71 20-24
Five-digit code for:
First Indication (cols. 20-21)
Second Indication (cols. 22-23)
Code for each:
See attachment "Other Indications", pages OB-55-35,36
Further Indications (col. 24)
Code: 0 - None
1 - More indications reported than coded
8 - Elective
9 - Unknown
-

DEFINITION OF CODES (Continued)

FORM OB-55
Card 4355

<u>FIELD</u>	<u>CARD</u> <u>COLUMN</u>
6. <u>Attitude of Breech</u> Item 72 Code: 0 - Not applicable 1 - Frank 2 - Full or complete 3 - Single footling or knee 4 - Double footling or knee 9 - Unknown	25
7. <u>Complications of Breech</u> Item 73 Code: 0 - None 1 - Nuchal arm 2 - Hyperextended head 3 - Combination of codes 1 and 2 9 - Unknown	26
8. <u>Fundal Pressure</u> Item 74 Code: 0 - None 1 - Slight 2 - Moderate 3 - Strong 8 - Unknown degree 9 - Unknown	27
9. <u>Procedures Attempted for Delivery of Head</u> Item 75 Code: 0 - None - spontaneous 1 - Manual control 2 - Forceps 3 - Combination of codes 1 and 2 9 - Unknown	28
10. <u>Procedures Attempted for Delivery of Body</u> Item 76 Code: 0 - None - spontaneous 1 - Decomposition 2 - Partial extraction 3 - Total extraction 4 - Combination of codes 1 and 2 5 - Combination of codes 1 and 3 9 - Unknown	29

DEFINITION OF CODES (Continued)

FORM OB-55
Card 4355

<u>FIELD</u>	<u>CARD</u> <u>COLUMN</u>
11. <u>Difficulty of Breech Delivery Procedures: 30</u> <u>Decomposition</u> Item 77	
Code: 0 - Procedure not attempted	
1 - Average	
2 - Difficult	
3 - Very difficult	
4 - Failed	
8 - Difficulty unknown, procedure attempted	
9 - Unknown	
12. <u>Difficulty of Breech Delivery Procedures: 31</u> <u>Partial Extraction</u> Item 78	
Code: Same as in Field 11	
13. <u>Difficulty of Breech Delivery Procedures: 32</u> <u>Total Extraction</u> Item 79	
Code: Same as in Field 11	
14. <u>Difficulty of Breech Delivery Procedures: 33</u> <u>Manual Delivery of Head</u> Item 80	
Code: Same as in Field 11	
15. <u>Difficulty of Breech Delivery Procedures: 34</u> <u>Forceps Delivery of Head</u> Item 81	
Code: Same as in Field 11	
16. <u>Indication for Total Extraction</u> 35-37 Item 82	
Three-digit code for:	
<u>First Indication (cols. 35-36)</u>	
Code: See attachment "Other Indications", pages OB-55 - 35, 36	
<u>Further Indications (col. 37)</u>	
Code: 0 - None	
1 - More indications reported than coded	
8 - Fleeting	
9 - Unknown	

DEFINITION OF CODES (Continued)

FORM OB-55
Card 5355

<u>FIELD</u>		<u>CARD COLUMN</u>
1.	<u>Card Number</u> Code: 5	1
2.	<u>Basic Data</u> Code: Same as in cols. 2-15 of card 1	2-15
3.	<u>CESAREAN SECTION</u> <u>Section Following</u> Item 83 Code: 0 - No attempt at vaginal delivery 1 - Attempt to deliver as vertex 2 - Attempt to deliver as breech 3 - Attempt to deliver as vertex and breech 9 - Unknown	16
4.	<u>Type of Uterine Incision</u> Item 84 Code: 1 - Low, transverse 2 - Low, vertical 3 - Classical 4 - Extra-peritoneal 5 - Other, including T-incision 8 - Not applicable (total hysterectomy) 9 - Unknown	17
5.	<u>Placenta Underlying Incision</u> Item 85 Code: 0 - No 1 - Yes 9 - Unknown	18
6.	<u>Delivery of Infant: Head</u> Item 86 Code: 0 - Not applicable 1 - Manual 2 - Single vectus 3 - Forceps 4 - Vacuum extractor 9 - Unknown method	19

DEFINITION OF CODES (Continued)

**FORM OB-55
Card 535**

FIELD

**CARD
COLUMN**

7. Delivery of Infant: Body 20
 Item 87
 Code: 0 - Not applicable
 1 - Following the vertex
 2 - Breech extraction
 3 - Version and extraction
 9 - Unknown method
8. Difficulty of Delivery: Head 21
 Item 88
 Code: 0 - Not applicable
 1 - Average
 2 - Difficult
 3 - Very difficult
 9 - Unknown
9. Difficulty of Delivery: Body 22
 Item 89
 Code: Same as in Field 8
10. Indications for Cesarean Section 23-41
 Item 92
 Nineteen-digit code for:
 Previous Section (col. 23)
 Previous Myomectomy (col. 24)
 Cephalopelvic Disproportion (col. 25)
 Following Failed Pelvic Procedures (col. 26)
 Malversion (col. 27)
 Other Malpresentation (col. 28)
 Uterine Obstruction (col. 29)
 Fetal Distress (col. 30)
 Prolonged Labor (col. 31)
 Placenta previa (col. 32)
 Abnormal Placenta (col. 33)
 Elderly Primipara (col. 34)
 Poor OS History (col. 35)
 Obstructing Tumor (col. 36)
 Anemia (col. 37)
 Diabetes Mellitus (col. 38)
 Code for each column:
 0 - No
 1 - Yes
 9 - Unknown

IDENTIFICATION OF CASES (Continued)

FORM CB-5-
Card 3335

FIELD

CARD
NUMBER

10. Other Indications (continued)
First Indication (cols. 39-40)
 Refer: See attachment "Other Indications",
 pages OB-56 - 59, 36
Further Indications (col. 41)
 Code: 0 - None
 1 - More indications reported
 than coded
 2 - Elective
 3 - Unknown
11. Second Indication
 Item 43
 Refer: See attachment "Other Indications",
 pages OB-59 - 61, 36
12. Third Indication
 Item 44
 Refer: 0000-0000 - As given in cc.
 0001 - Mexico
 0002 - Maritime
 0007 - Geneva
 0008 - Quantity reported other than cc.
 0009 - Unknown
13. Other Procedures at Section
 Item 45
 Following code for:
Orbal Location (col. 48)
Aluminum (col. 49)
Carbon Dioxide (col. 50)
Water (col. 51)
 Code for each column:
 0 - No
 1 - Yes
 2 - Unknown
Carbon Dioxide (col. 51)
 Code:
 0 - Not done
 1 - Total
 2 - Subtotal
 3 - Unknown
 4 - Unknown

42-43

44-47

48-52

DEFINITION OF CODES (Continued)

FORM OB-55
Card 6355

FIELD

CARD
COLUMNS

- | | | |
|----|--|------|
| 1. | <u>Card Number</u>
Code: 6 | 1 |
| 2. | <u>Basic Data</u>
Code: Same as in cols. 2-15 of Card 1 | 2-15 |

PLACENTA

- | | | |
|----|--|-------|
| 3. | <u>Delivery of Placenta</u>
Item 96
Code: 0 - Spontaneous delivery
1 - Manual separation with or without extraction
2 - Manual extraction only
8 - Not applicable (placenta not removed from uterine cavity)
9 - Unknown | 16 |
| 4. | <u>Condition of Placenta</u>
Item 97
Code: 1 - Intact
2 - Not intact
8 - Not applicable (placenta not removed from uterine cavity)
9 - Unknown | 17 |
| 5. | <u>Oxytocic for Placenta</u>
Item 98
Two-digit code for:
<u>IV</u> (col. 18)
<u>IM</u> (col. 19)
Code for each column:
0 - None
1 - Pitocin-like
2 - Ergotrate-like
3 - Combination of codes 1 and 2
4 - Type unspecified
5 - Pitocin-like (unknown if IV or IM)
6 - Ergotrate-like (unknown if IV or IM)
7 - Unknown type or route - oxytocic given
9 - Unknown | 18-19 |

DEFINITION OF CODES (Continued)

FORM OB-55
Card 6355

<u>FIELD</u>	<u>CARD</u> <u>COLUMN</u>
6. <u>CORD</u> <u>Umbilical Cord</u> Item 99 Code: 1 - Not stripped, not applicable 2 - Stripped 9 - Unknown	20
7. <u>Prolapsed Cord</u> Item 100 Code: 0 - No prolapse 1 - Occult 2 - Into vagina 3 - Through introitus 8 - Prolapse - degree unspecified 9 - Unknown	21
8. <u>When First Noted</u> Item 101 Code: 0 - No prolapse 1 - Pulsating 2 - Not pulsating 9 - Unknown	22
9. <u>Treatment Prior to Delivery</u> Item 102 Six digit code for: <u>Replacement</u> (col. 23) <u>Displacement of Presenting Part</u> (col. 24) <u>Knee-Chest Position</u> (col. 25) <u>Trendelenburg Position</u> (col. 26) <u>Maternal Oxygen Therapy</u> (col. 27) <u>Other</u> (col. 28) Code for each column: 0 - No 1 - Yes 9 - Unknown	23-28

DEFINITION OF CODES (Continued)

FORM OB-55
Card 6355

FIELD

CARD
COLUMN

10. Cord Pathology
Item 103 29-36
Eight-digit code for:
Around Neck Tight (col. 29)
Around Neck Loose (col. 30)
Code for each column:
0 - None
1-6 - 1-6 times as given
7 - 7 or more times
8 - Around neck but number of times
not specified
9 - Unknown
Around Body or Extremities (col. 31)
True Knot (col. 32)
Code for each column:
0 - No
1 - Loose or tension unknown
2 - Tight
9 - Unknown
Veinamentous Insertion (col. 33)
Varices (col. 34)
Ruptured Cord Vessel (col. 35)
Other Cord Pathology (col. 36)
Code for each column:
0 - No
1 - Yes
9 - Unknown
11. Episiotomy
Item 104 37
Code: 0 - None
1 - Medio-lateral
2 - Median
3 - Combination of codes 1 and 2
8 - Unknown type
9 - Unknown if done
12. Placenta Previa
Item 107 38
Code: 0 - None
1 - Total
2 - Partial
3 - Marginal
4 - Low implantation
8 - Unclassified type
9 - Unknown

DEFINITION OF CODES (Continued)

FORM CB-55
Card 6355

<u>FIELD</u>	<u>CARD COLUMN</u>
<p>13. <u>Abruptio Placentae</u> Item 108 Code: 0 - None 1 - Partial 2 - Complete 8 - Unknown degree 9 - Unknown if occurred</p>	39
<p>14. <u>Other Placental Abnormalities</u> Item 109 Three-digit code for: <u>Marginal Sinus Rupture</u> (col. 40) <u>Retained Placenta</u> (col. 41) Code for each column: 0 - No 1 - Yes 9 - Unknown <u>Other</u> (col. 42) Code: 0 - None 1 - Placenta accreta, increta, percreta 2 - Other 9 - Unknown</p>	40-42
<p>15. <u>Placental Weight</u> Item 110 Code: 001-997 - As given in grams 998 - 998 grams or more 999 - Unknown</p>	43-45
<p>16. <u>Estimated Bleeding before Cord Clamped</u> Item 111 Code: 0000 - None 0001-4000 - As given in cc. 9995 - Spotting 9996 - Moderate 9997 - Severe 9998 - Bleeding - quantity not specified 9999 - Unknown</p>	45-49

DEFINITION OF CODES (Continued)

FORM OB-55
Card 6355

FIELD

CARD
COLUMN

17. Causes of Bleeding before Cord Clamped
Item 112 50-56
- Seven-digit code for:
- | | |
|-------------------------------|-----------|
| <u>Unknown</u> | (col. 50) |
| <u>Placenta Praevia</u> | (col. 51) |
| <u>Abruptio Placentae</u> | (col. 52) |
| <u>Marginal Sinus Rupture</u> | (col. 53) |
| <u>Episiotomy</u> | (col. 54) |
| <u>Lacerations</u> | (col. 55) |
- Code for each column:
- 0 - No
 - 1 - Yes
 - 9 - Unknown if bleeding occurred
- Other (col. 56)
- Code: 0 - None
- 1 - Other than Cesarean Section
 - 2 - Cesarean Section only (operative)
 - 9 - Unknown if bleeding occurred
18. Estimated Bleeding after Cord Clamped
Item 113 57-60
- Code: 0000 - None
- 0001-4000 - As given in cc.
 - 9995 - Spotting
 - 9996 - Moderate
 - 9997 - Severe
 - 9998 - Bleeding - quantity not specified
 - 9999 - Unknown
19. Cause of Bleeding after Cord Clamped
Item 114 61-65
- Five-digit code for:
- | | |
|----------------------------|-----------|
| <u>Uterine Atony</u> | (col. 61) |
| <u>Episiotomy</u> | (col. 62) |
| <u>Lacerations</u> | (col. 63) |
| <u>Retained Secundines</u> | (col. 64) |
- Code for each column:
- 0 - No
 - 1 - Yes
 - 9 - Unknown
- Other (col. 65)
- Code: 0 - None
- 1 - Other than Cesarean Section
 - 2 - Cesarean Section only (operative)
 - 9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-55
Card 6355

<u>FIELD</u>	<u>CARD COLUMN</u>
<p>20. <u>Chronic Hypertensive Disease</u> Item 115 Code: 0 - None 1 - Yes, by patient history only 2 - Yes, by documented evidence 8 - Uncertain 9 - Unknown</p>	66
<p>21. <u>Acute Toxemia</u> Item 116 Code: 0 - None 1 - Possible pre-eclampsia 2 - Pre-eclampsia - mild 3 - Pre-eclampsia - severe 4 - Eclampsia 9 - Unknown</p>	67
<p>22. <u>Transient Intrapartum Hypertension Only</u> Item 117 Code: 0 - No 1 - Yes 9 - Unknown</p>	68
<p>23. <u>Fetal Condition</u> Item 118 Four digit code for: <u>Intrauterine Death</u> (col. 69) Code: 0 - No 1 - Before labor 2 - First stage 3 - Second stage 4 - At unknown time 9 - Unknown <u>Abnormal Fetal Heart Rate</u> (col. 70) <u>Abnormal Fetal Heart Rhythm</u> (col. 71) <u>Meconium and/or Meconium</u> (col. 72) <u>Staining</u> Code for each column: 0 - No 1 - Yes 9 - Unknown</p>	69-72

DEFINITION OF CODES (Continued)

FORM OB-55
Card 6355

FIELD

CAFO
COLINE

24.

Lacerations

Item 119

Two-digit code for:

Perineal Lacerations: Degree (col. 73)

- Code: 0 - None
1 - First degree
2 - Second degree
3 - Third degree
4 - Fourth degree
8 - Unknown degree
9 - Unknown

Other than Perineal (col. 74)

- Code: 0 - not applicable, no lacerations
1 - Vaginal-sulcus
2 - Peri-urethral
3 - Cervical
4 - Other
7 - More than one site
9 - Unknown

73-74

DEFINITION OF CODES (Continued)

FORM OB-55
Card 7355

FIELD

**CARD
COLUMNS**

- | | | |
|----|--|-------|
| 1. | <u>Card Number</u>
Code: 7 | 1 |
| 2. | <u>Basic Data</u>
Code: Same as in cols. 2-15 of Card 1 | 2-15 |
| 3. | <u>Other Procedures</u>
Item 120
Eight-digit code for:
<u>External Version</u> (col. 16)
<u>Administration of Blood</u> (col. 17)
<u>Abdominal Amniocentesis</u> (col. 18)
<u>Attempt to Inhibit Labor</u> (col. 19)
<u>Maternal Oxygen Therapy</u> (col. 20)
Code for each column:
0 - Not attempted
1 - Attempted
9 - Unknown
<u>Other Procedures than Above: First</u> (col. 21)
<u>Other Procedures than Above: Second</u> (col. 22)
Code for each column:
0 - None
1 - Delivery procedures involving cervix
2 - Other procedures for delivery of breech
3 - Other procedures for delivery of vertex
4 - Intrapartum operations to fetus
5 - Intrapartum operations to gravida
6 - Post partum operations to gravida
7 - Special or study procedures
9 - Unknown

<u>Other Procedures than Above: Further</u> (col. 23)
0 - Not applicable, only 2 other procedures attempted
1 - 3 or more other procedures attempted
9 - Unknown | 15-23 |

DEFINITION OF CODES (Continued)

FORM OB-55
Card 7355

FIELD

CARD
COLUMN

4. **Other Complications**
Item 121
Nine-digit code for:
- Intrapartum Shock (col. 24)
 - Shoulder Dystocia (col. 25)
 - Intrapartum Fever (col. 26)
 - Coagulation Defect (col. 27)
 - Polyrhannios (col. 28)
 - Ruptured Uterus (col. 29)
- Code for each column:
- 0 - No
 - 1 - Yes
 - 9 - Unknown
- Other Complications than Above: First (col. 30)
Other Complications than Above: Second (col. 31)
- Code for each column:
- 0 - None
 - 1 - Complications involving cervix
 - 2 - Uterine complications and those involving the mechanism of labor
 - 3 - Precipitate labor or delivery
 - 4 - Intentional delay of delivery process
 - 5 - Complications associated with twins
 - 6 - Maternal complications associated with delivery
 - 7 - Severe maternal medical complications
 - 8 - Oligohydrannios
 - 9 - Unknown
- Other Complications than Above: Further (col. 32)
Code: 0 - Not applicable, only 2 other complications
1 - 3 or more other complications
9 - Unknown
5. **Weeks of Gestation**
Code: 01-50 - As given
88 - Term
99 - Unknown
6. **Liveborn**
Code: 1 - Yes
2 - No
9 - Unknown
7. **Place of Termination of Pregnancy**
Code: 0 - Study hospital
1 - Other hospital
2 - Not in hospital
9 - Unknown

33-34

35

36

DEFINITION OF CODES (Continued)

FORM OB-55-56
Card 9355

<u>FIELD</u>	<u>CARD</u> <u>COLUMN</u>
1. <u>Card Number</u> Code: 9	1
2. <u>Basic Data</u> Code: Same as in cols. 2-15 of card 1 Additional code for col. 5: 4 - No delivery form submitted Additional code for col. 15: 0 - Abortion or single birth	2-15
3. <u>Date of Termination*</u> Item 3 Code: Same as in cols. 16-21 of card 1	16-21
4. <u>Weeks Gestation*</u> Item 4 Code: 01-50 - As given 88 - Term 99 - Unknown	22-23
5. <u>Liveborn*</u> Item 5 Code: 1 - Yes 2 - No 9 - Unknown	24
6. <u>Place of Termination of Pregnancy*</u> Item 6 Code: 0 - Study hospital 1 - Other hospital 2 - Not a hospital 9 - Unknown	25
7. <u>Reason No OB-55 Coded*</u> Item 7 Code: 1 - Abortion or probable abortion 2 - Ectopic pregnancy 3 - Mole or choriocarcinoma 4 - Maternal death prior to delivery 5 - Insufficient data to code	26

* Item numbers refer to codesheet for OB-55-56

ATTACHMENT A
POSITION CODES

011 - CA
012 - OT
013 - OP
020 - chin, face
021 - MA
022 - MT
023 - MP
030 - brow
031 - brow Anterior
032 - ST
062 - ST
063 - SP
068 - Shoulder

111 - LCA
112 - LOT
113 - LCP
121 - LMA
122 - LMT
123 - LMP
161 - LSA
162 - LST
163 - LSP
181 - LAA
183 - LAP

211 - RGA
212 - ROT
213 - ROP
221 - RMA, RFA
222 - RMT
223 - RMP
231 - R brow ant.
261 - RSA
262 - RST
263 - RSP
281 - RAA, RADA, RScA
283 - RAP, RAIP, RScP

Revised December 1966

**ATTACHMENT B
STATION CODES**

00 - not applicable

61 = -1

62 = -2

63 = -3

64 = -4, -5

70 = zero

71 = +1

72 = +2

73 = +3

74 = +4, +5, at perineum

99 - unknown

December 1964

ATTACHMENT C
OTHER INDICATIONS

Other Indications

- 00 - Not applicable
- 01 - Elective indication [Item 32 only (card 2: cols. 56-57)]
- 02 - Ruptured membranes
- 03 - Tokemia
- 04 - Abruptio placentae
- 05 - Diabetes mellitus (diagnosed)
- 06 - Erythroblastosis
- 07 - Pyelonephritis
- 08 - Intrauterine infection
- 09 - Arrested progress of labor

- 10 - Bleeding, other cause or unknown cause
- 11 - Previous section
- 12 - Previous myomectomy
- 13 - Cephalopelvic disproportion
- 14 - Following failed pelvic procedure
- 15 - Transverse lie
- 16 - Malpresentation (other than transverse lie)
- 17 - Uterine dysfunction
- 18 - Fetal distress
- 19 - Prolapsed cord

- 20 - Placenta previa
- 21 - Elderly primipara
- 22 - Fear OB history
- 23 - Tumor, obstructing
- 24 - Tumor(s), non-obstructing
- 25 - Previous vaginal or cervical surgery
- 26 - Heart disease
- 27 - Acute maternal disease
- 28 - CA of cervix
- 29 - Prolonged second stage labor

December 1964

ATTACHMENT C
OTHER INDICATIONS (Cont.)

- 30 - Transverse arrest (BWT with or without arrest)
- 31 - Persistent posterior
- 32 - Anesthesia
- 33 - Second twin
- 34 - Prematurity
- 35 - Postmaturity
- 36 - Fetal death
- 37 - Fetal malformation
- 38 - Hydrocephalus

- 70 - Following internal version
- 71 - Other

- 98 - Elongate [Not used for item 92 (card 2: cols. 66-67)]
- 99 - Unknown indication

December 1964

DELIVERY REPORT

OB-55

<p>DATE OF DELIVERY</p>		<p>TIME OF DELIVERY</p>		<p>PLACE OF DELIVERY</p>		<p>NAME OF DELIVERER</p>		<p>NAME OF PATIENT</p>		<p>AGE OF PATIENT</p>		<p>PARITY</p>		<p>SEX OF CHILD</p>		<p>WEIGHT OF CHILD</p>		<p>LENGTH OF CHILD</p>		<p>HEAD CIRCUMFERENCE</p>		<p>ARM CIRCUMFERENCE</p>		<p>LEG CIRCUMFERENCE</p>		<p>PLACENTA</p>		<p>MEMBRANES</p>		<p>AMNIOTIC FLUID</p>		<p>PERIOD OF GESTATION</p>		<p>PRESENTATION</p>		<p>POSITION</p>		<p>DEGREE OF FLEXION</p>		<p>PRESENTATION AT DELIVERY</p>		<p>POSITION AT DELIVERY</p>		<p>DEGREE OF FLEXION AT DELIVERY</p>		<p>PRESENTATION AT PARTURITION</p>		<p>POSITION AT PARTURITION</p>		<p>DEGREE OF FLEXION AT PARTURITION</p>	
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>											
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
<p>31 00 89</p>		<p>12</p>		<p>31</p>		<p>20</p>		<p>29</p>		<p>26</p>		<p>25</p>		<p>5</p>		<p>MALE</p>		<p>7.5</p>		<p>20</p>		<p>10</p>		<p>30</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>		<p>10</p>													
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OB-55 DELIVERY REPORT

I. Purpose of form For the detailed summarization of:

- a. The course of and events associated with the labor and/or delivery of the Study patient
- b. Specified conditions known at the time of delivery.

II. General instructions This form is to be completed with full knowledge of events of labor and delivery. All available information is to be utilized. If the entire labor and delivery is not observed, form is stamped "Not according to protocol."

III. Specific instructions

Item Number

2. Single or multiple birth.

- a. If pregnancy terminated in delivery of a single fetus or infant, record by marking the box labeled "single birth."
- b. If a multiple birth, complete a separate Delivery Report (pages 1-5) for each fetus or infant. Mark the box labeled "twin A", or "twin B", to indicate to which infant the information on that sheet pertains. If more than two infants, write in under item #2 on an additional sheet (for each page of the report) "infant C", etc.

3. Date delivered. Record.

4,5. Delivered by. Enter the name and title or position of the person who actually delivered the patient, regardless of that person's status.

6,7. Form completed by. Enter the name and title or position of the person accepting responsibility for the information recorded on pages 1-5 of Delivery Report. This does not refer to the medical editor who will later review this form.

Items 8-32: Complete for all deliveries.

LABOR

8. Onset of labor.

- a. If no labor, so mark and go to item #15, leaving items #9-14 blank.
- b. Mark "questionable labor" (and go to item #15) if, utilizing all information available, one is unable to determine the presence or absence of labor prior to Cesarean section.
- c. Mark "induced" when labor has been successfully induced. Successful induction is defined as the onset of labor:

(1) within 12 hours of any mechanical procedure performed for induction, or

(2) within the 12 hours following the termination of any medication given to attempt induction, regardless of the number of unsuccessful attempts previous.

9,10. Date and time of onset. Determine retrospectively from all available information the best estimate of date and time of onset of actual labor. (This may differ from the onset as determined by admission history.)

Onset of labor is defined as the onset of regular uterine contractions which are of increasing intensity and duration, which result in progress as measured by effacement and/or dilatation of the cervix or descent of the presenting part.

11-14. Duration of labor.

1. Utilizing the onset of labor as recorded in items #9 and 10 and the delivery time recorded by the Study observer, calculate the duration of each stage of labor and record in the space provided. Report the total duration if all stages are known, or if the third stage and the combined first and second stages are known. Record "unknown" for any stage not able to be determined.

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OB-55 DELIVERY REPORT (Continued)

Item Number

11-14. Duration of labor (continued).

2. The stages of labor are defined as follows: (Report duration pertaining to each infant on that infant's sheet, if a multiple birth.)

a. First stage: Onset of true labor to full dilatation of the cervix. If labor was interrupted by Cesarean section prior to full dilatation, record here the time from onset of true labor to time of delivery of that infant.

b. Second stage: From the end on the first stage to complete delivery of the infant (each infant in a multiple birth.) If labor was interrupted by Cesarean section before full dilatation, record as "0"; if after full dilatation, record time interval to C/S.

c. Third stage: From complete delivery of infant (the last infant in a multiple birth) to delivery of placenta and membranes.

POSITION, STATION

15,16. At first examination after admission in labor.

a. Record the position and station considered retrospectively to have been present at the time of first examination in labor or in questionable labor. (This may not be the same as that recorded on OB-52).

b. If labor was induced, record immediate pre-induction findings.

c. If there was no labor prior to Cesarean section, mark "NA".

d. If an examination in labor was not made prior to the one recorded in items #17 and 18, record "UNK".

15. Position. Utilize standard terminology to designate the fetal position, such as LOA, ROP, LMA, LSA. When a relatively precise position cannot be determined retrospectively, record the presentation (breech, transverse lie, etc.).

Item Number

16. Station. Station refers to the relationship of the leading bony portion of the presenting part to the ischial spines. It is recorded as centimeters above (minus) or below (plus) the level of the ischial spines. The term "floating" may be used to designate that the presenting part is 3 or more centimeters above the ischial spines (-3). If the presenting part is on the perineum, mark the box so labeled. If the presenting part is crowning at the vulva, write "crowning." If the estimate of station is based on abdominal examination only, describe as "floating", "dipping", "fixed", "engaged."

17,18. Immediately before any attempt at operative delivery. Record the position and station of the presenting part immediately prior to any manual or instrumental operation in the delivery procedure. If presenting part was on the perineum, mark box so labeled; optionally, also record the station.

a. In the case of a spontaneous delivery without prior operative procedure, mark these spaces as not applicable ("NA").

b. In the case of Cesarean section without prior attempt at vaginal delivery, record the last observations made prior to the Cesarean section.

19. Delivered as. Record the position in which the infant was actually delivered, if delivered vaginally. If delivered by Cesarean section, mark "NA". If, for any reason, position is unknown, record "UNK" but record the presentation.

20. Compound presentation. If presentation was not compound, mark "none". Otherwise, record the nature of the compound presentation by marking all applicable boxes. If prolapse of an extremity occurred, note this fact.

Rupture of membranes. Record only the initial rupture.

21,22. Date and time of rupture. Record the date and time membranes ruptured (for each fetus, in a multiple birth). If unknown, record "UNK".

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OB-55 DELIVERY REPORT (Continued)

Item Number

23. Type of rupture. Mark the appropriate box to indicate the method of original rupture. If spontaneous, do not complete item #24.

24. Reason for amniotomy. Indicate the primary reason or intent for amniotomy by marking the one appropriate box.

a. Mark other and specify such reasons as to note the character of amniotic fluid, to apply fetal scalp electrodes, for tamponade, etc.

b. Record abdominal amniocentesis in item #120, rather than here.

UTERINE STIMULANT This section refers to the use of uterine stimulants ~~other than amniotomy~~ for the induction or augmentation of labor.

If uterine stimulants were not used, mark none and leave remainder of page blank.

25-27. For each item, if that method of uterine stimulation is not used, mark none. For each method used, mark one or both boxes provided as follows:

a. Mark for induction if agent or method was used to induce (successfully or unsuccessfully) labor in a patient not considered prior to that time to be in true labor.

b. Mark for augmentation if given to augment spontaneous or induced labor.

c. Induction or augmentation, as reported here, should be consistent with the time of onset of labor reported in item #10.

28. Oxytocic. Record only the name(s) of natural or synthetic derivatives of the posterior pituitary gland.

29. Other Medicinal. Record here other uterotonic drugs, such as sparteine, quinine, castor oil, relaxin, etc., which one considers capable of stimulating the gravid uterus.

30. Mechanical. Record those mechanical procedures (other than amniotomy) which

Item Number

27. Continued are used with intent of induction or augmentation of labor. These may include: stripping of membranes, hydrostatic bag, Willet's forceps, fillets, vacuum extractor, etc.

28. Number of attempts at induction with oxytocic.

a. If item #25 reports no oxytocic used, record "0".

b. If oxytocic was used, report here the total number of attempts at induction during this or prior hospitalizations in the current pregnancy, regardless of success. Include the successful attempt terminating in delivery.

c. Consider one unsuccessful attempt as one course of continuous or intermittent administration which did not result in the onset of labor within 12 hours of completion. If the course or series is re-started at any time following its termination, consider this to be the start of a new attempt at induction.

29. Reactions to uterine stimulant.

a. Mark "no unusual reaction" if there was no unusual or unusual reaction to the uterine stimulant used.

b. Mark "no uterine response" if no palpable or demonstrable contractions resulted from the uterotonic agent.

c. Mark one or more of the remaining boxes to describe any unusual reaction.

30-31. Indications for uterine stimulant.

a. When a uterine stimulant is initiated for the induction of labor, mark all appropriate boxes in the column, "for induction" denoting the indications for the induction.

b. When a uterine stimulant is initiated to supplement or augment labor, mark all the appropriate boxes in the column, "for augmentation" denoting the indications.

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OB-55 DELIVERY REPORT (Continued)

Item Number

Item Number

30,31. Indications for uterine stimulant. (Cont.)

c. "Elective" refers to the use of a uterine stimulant without specific obstetrical or medical indication.

32. Primary indication. Record, if there are multiple indications, write in the one most important.

33-35. Editing.

a. Medical editor records signature and medical position; lay editor records initials, following completion of editing procedure on all pages of Delivery Report.

b. Editing procedures consist of reviewing forms OB-55 and OB-56 together, using the remainder of the Study delivery admission record and the hospital record.

37. Multiple birth. If a multiple birth, here and on each following page mark the box to indicate to which fetus or infant the sheet pertains.

ARRESTED PROGRESS OF LABOR

38. Mark *any* one or more of the boxes, the definition of which describes the patient's labor. If none do, mark "none defined" and leave item #39 blank. Do not use patient's history of labor as basis for this information.

39. Probable cause(s). Mark all applicable and specify.

a. Fetopelvic disproportion. Report here relative or absolute disproportion between the presenting part (cephalic or breech) and the space available within the maternal pelvis. Include arrested progress due to positional dystocia, i.e., occiput transverse, occiput posterior.

b. Malpresentation. Report here abnormality of fetal presentation considered to be causative of arrested progress, such as transverse lie, compound presentation, brow, face. Do not include breech presentation or positional dystocias.

39. Probable cause(s). (Continued)

c. Abnormal uterine activity. Abnormal uterine activity may be defined as hypotonicity or hypertonicity resulting in uterine forces insufficient to overcome the natural resistance offered to the birth of the fetus by the maternal soft parts and the bony birth canal.

d. Other. Consider as probable causes of arrested progress of labor such other conditions as uterine tumors, cervical dystocia, abnormalities of the generative tract, etc.

VAGINAL VERTEX PROCEDURES AND/OR DELIVERY

a. Mark "NA" if delivery was not vertex and there were no attempts at vaginal delivery with the fetus in vertex presentation.

b. If "NA", go to page 3.

40. Delivery of head.

a. Report manner in which the presenting vertex was delivered vaginally by marking one of the three boxes provided.

b. If delivery of head was by another route, item #40 will remain blank.

41. Fetal pressure. If fetal pressure was utilized in any attempt to deliver the head, indicate the amount of pressure by marking the appropriate box. Otherwise, mark none.

a. Slight indicates just enough pressure to hold the presenting part in place.

b. Moderate indicates enough pressure to appreciably augment the force of contractions, without undue exertion.

c. Strong indicates the use of marked exertion to effect or assist delivery of the head.

MANUAL ROTATION. If not attempted, mark box so labeled and leave items #42-44 blank.

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OB-65 DELIVERY REPORT (Continued)

Item Number

42,43. From. To.

- a. Indicate in item #42 the position prior to manual rotation attempt, using standard terminology.
- b. Indicate in item #43 the position to which head was rotated.
 - (1) If attempt was unsuccessful, leave item blank and record under item #44 that rotation failed.
 - (2) If, although rotation was accomplished, the position to which the head was rotated was not maintained, record here the position to which the head was rotated, and (45a) record under item #44 that rotation failed.

44. Difficulty of rotation. Evaluate the degree of difficulty encountered in the attempted procedure by marking the appropriate box.

- a. Average
- b. Difficult (bordered)
- c. Very difficult (extremely bordered)
- d. Failed (failed to rotate, or reverted)

MANUAL CONVERSION

- a. Manual conversion refers to a change effected manually in the attitude of the head. (b) not include spontaneous change in attitude effected by maternal forces alone.
- b. If not attempted, mark the box so labeled and leave items #45-47 blank.

45,46. From. To.

- a. Indicate in item #45 the attitude of the head at each attempt.
- b. Indicate in item #46 the position to which the head was converted.
 - (1) If attempt was unsuccessful, leave item #45 blank and record under item #47 that conversion failed.

5. One might consider a very difficult procedure (or attempt) as that in which one wonders retrospectively whether another method of delivery might not have been preferable.

Item Number

45,46. From. To. (Continued)

b. Continued

(2) If, although conversion was accomplished, the position to which the head was converted was not maintained, record here the position to which the head was converted, and also record under item #47 that conversion failed.

47. Difficulty of conversion. Evaluate the degree of difficulty encountered in the attempted procedure by marking the appropriate box.

- a. Average
- b. Difficult (bordered)
- c. Very difficult (extremely bordered)
- d. Failed (failed to convert, or reverted).

USE OF FORCEPS: Use of forceps is defined here as the attempted application of forceps to a presenting vertex, regardless of the reason for or the success of the attempted procedure.

a. If forceps were not used, mark "not used" and leave items #48-50 blank.

48. Number of applications.

- a. Considering one forceps to be one-half a forceps application, record the total number of applications. Forceps application is defined as the introduction of the tip of a blade past the biparietal diameter of the head.
- b. If forceps were not successfully applied, record in item #50 failed application.

49. First application of forceps. The classification listed is used in all cases, regardless of the definitions used locally. Mark the class which describes the situation existing at the time forceps were first applied for, if application was unsuccessful, at the time of first attempt. This is to be compatible with items #19 and 20.

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OB-55 DELIVERY REPORT (Continued)

Item Number

FORCEPS ROTATION. If not attempted, mark box so labeled and leave items #50, 51, and 57 blank.

50,51. From, To.

- a. If manual rotation was also accomplished, record here only that change in position effected by forceps.
- b. Indicate in item #50 the position prior to attempted rotation.
- c. Indicate in item #51 the position to which the head was rotated with forceps.
 - (1) If attempt was unsuccessful, leave item #51 blank and record under item #57 that rotation failed.
 - (2) If, although forceps rotation was accomplished, the position to which the head was rotated was not maintained, record here the position to which the head was rotated and also record under item #57 that rotation failed.

FORCEPS CONVERSION. (A change in attitude of the head effected with forceps.) If not attempted, mark box so labeled and leave items #52, 53 and 58 blank.

52,53. From, To.

- a. Indicate in item #52 the attitude prior to attempted forceps conversion.
- b. Indicate in item #53 the position to which the head was converted.
 - (1) If attempt was unsuccessful, leave item #53 blank and record under item #58 that conversion failed.
 - (2) If, although forceps conversion was accomplished, the position to which the head was converted was not maintained, record here the position to which the head was converted and also record under item #58 that conversion failed.

1/ See footnote 1, page 12.

Item Number

54. Type(s) forceps used. Write in the space provided the name(s) of the forceps used for any of the procedures described.

55. Axis traction attachment. Regardless of the type forceps used, record whether or not an axis traction attachment was utilized.

56-59. Difficulty of forceps procedures. The degree of difficulty for each procedure represents the overall difficulty encountered in the performance of that procedure. A "failed" procedure is marked only when total failure of the forceps procedure occurs. Thus, when a forceps procedure fails with one type of forceps, but is successful with the use of a second or third type, that procedure cannot be marked as "failed".

- a. Average
- b. Difficult (forceful)
- c. Very difficult (extremely forceful) 1/
- d. Failed

60. Indications for use of forceps. If used, either mark "elective" or specify all indications. Do not mark if forceps not used.

VACUUM EXTRACTOR. If vacuum extractor was not used, mark box so labeled and leave items #61-66 blank.

61-63. When first applied. Record under the appropriate item the cervical dilatation, and the position and station of the vertex when first applied.

64. Highest vacuum attained. Record the highest negative pressure attained, marking the appropriate box to describe units in which pressure was measured.

65. Delivery with vacuum extractor. Mark the appropriate box to indicate whether or not delivery was actually effected by use of vacuum extractor. If "no", specify reason.

OB-55 DELIVERY REPORT (Continued)

Item Number

66. Indications for use. Mark "elective" or specify all indications for use of vacuum extractor.

NOTE: In the case of vacuum extractor use, describe procedure in detail in narrative summary, specifically reporting cup size and difficulty of the procedure.

BREECH DELIVERY (Including Version and Extraction)

- a. If internal podalic version or vaginal delivery of a breech presentation was not attempted, mark "not applicable" and go to item #83 (Cesarean section).
- b. In the event that any vaginal procedure for breech delivery or internal version was attempted, complete items #69-72 as appropriate.

INTERNAL PODALIC VERSION: If internal version was not attempted, mark box so labeled and leave items #69-71 blank.

69. Difficulty of version. Evaluate the degree of difficulty encountered in the attempted procedure by marking the appropriate box:
- a. Average
 - b. Difficult (forceful)
 - c. Very difficult (extremely forceful) ^{1/}
 - d. Failed
70. Position or presentation immediately prior to version. Record position using standard terminology. Record presentation whenever position is not known.
71. Indications for version. If attempt at version was elective (teaching purposes), mark box provided. In all cases, specify the indication.
72. Attitude of breech. Mark the appropriate box to indicate the attitude or posture of the breech, before any attempt at delivery. (If internal version was performed, mark "NA".)

Item Number

73. Complications of breech. Mark the appropriate box.

74. Fundal pressure. Mark the box most descriptive of the amount of fundal pressure applied for delivery during second stage of labor.

75. Procedures attempted for delivery of head.

a. Mark "none" if:

(1) Delivery of after-coming head was spontaneous, with no assistance from the physician.

(2) There was no attempt at vaginal delivery of the head.

- b. Mark one or both remaining boxes to indicate procedures attempted to deliver the after-coming head. "Manual control" refers to manual assist from the physician, regardless of the degree of control effected.

76. Procedures attempted for delivery of body.

- a. Mark "none" if body was delivered spontaneously; i.e., delivery of the entire body, up to the head, by maternal forces only with no help from the physician other than support of the infant.

- b. Indicate procedures attempted for delivery of body (regardless of success) by marking other appropriate box(es):

(1) Decomposition: Refers to changing the attitude or posture of the fetus in breech presentation. Mark this box whenever decomposition precedes or is associated with any other type of breech delivery procedure.

(2) Partial extraction: Body extruded to the level of the umbilicus by maternal forces; remainder of the body extracted by the physician.

(3) Total extraction: Delivery of entire body assisted by the physician.

^{1/} See footnote 1, p. 32

OB-55 DELIVERY REPORT (Continued)

Item Number

77-81. Difficulty of breech delivery procedures. For each of the five items, mark one box to note the most difficult attempt at completion of the procedure. (Make no marks in any item unless that procedure was attempted.)

- a. Average
- b. Difficult (forceful)
- c. Very difficult (extremely forceful) 1/
- d. Failed

82. Indications for total extraction. If done following version or as an elective procedure, mark appropriate box. If done for other reasons, specify.

CESAREAN SECTION

a. If mode of delivery was not Cesarean section, mark "not applicable" and go next to item #96; (All Deliveries).

b. In event delivery was by Cesarean section, complete items #83-95 as appropriate.

83. Section following. Mark the appropriate box and complete any applicable portions of Delivery Report if any attempts at vaginal delivery were made prior to Cesarean section.

84. Type of uterine incision. Indicate by marking the appropriate box the type of uterine incision utilized. If "other" type, specify. Note that a "T" incision is one in which a vertical extension is added to a transverse incision.

85. Placenta underlying incision. Record the presence or absence of the placenta beneath the uterine incision.

86. Delivery of infant: Head. Indicate the method by which the head was delivered. If a method other than that resulting in delivery was attempted, describe in narrative summary, OB-56.

Item Number

86. Continued

- a. Manual: without instruments
- b. Single vectus: with use of a single forceps blade or lever (Coyne spoon)
- c. Forceps: with use of both forceps blades.

87. Delivery of infant: Body. Indicate the manner in which the body of infant was delivered.

- a. Following the vertex: head presenting to incision delivered first, followed by body.
- b. Breech extraction: Breech presenting to incision and delivered first, without version being performed.
- c. Version and extraction: fetus presenting to incision longitudinally or transversely, and version utilized to deliver the fetus through the uterine incision.

88,89. Difficulty of delivery at Cesarean section. Describe by marking the appropriate box the difficulty encountered in delivery of head and body.

92. Indications for Cesarean section.

a. Mark boxes which describe pre-operative conditions or situations on which the obstetrician based his decision to terminate pregnancy by Cesarean section, specifying "other indication".

b. If pre-operative indication was not substantiated by findings at delivery, elaborate in summary (OB-56).

93. Primary indication. Write in the space provided the primary indication among those marked in item #92.

94. Operative blood loss. Estimate and record in cc's the total blood loss due to the operative procedure itself.

1/ See footnote 1, page 32

OB-55 DELIVERY REPORT (Continued)

Item Number

95. Other procedures at section. If there were no other procedures performed, mark "none". Indicate by appropriate marking all additional procedures performed at the time of Cesarean section. Specify type where indicated.

Items #96-104: Complete for all deliveries

96. Delivery of placenta. Mark one of the three boxes to indicate the method of placental delivery.
- Spontaneous; use of maternal forces of Cr6d6 maneuver alone to express the placenta.
 - Manual separation and extraction: introduction of the hand into the uterine cavity to remove a placenta adherent to the uterine wall.
 - Manual extraction only: introduction of the hand into the uterine cavity to remove a placenta not adherent to the uterine wall.
97. Condition of placenta at delivery. Record whether or not placenta and membranes as delivered were intact; if not intact, describe condition.
98. Oxytocic for placenta.
- If oxytocic agents were not administered to produce or accelerate placental separation and delivery, mark "none".
 - In each column (pitocin-like, ergotrate-like), mark the box(es) labeled "IV", "IM", as appropriate to denote route of administration.
99. Umbilical cord. Mark the appropriate box to indicate if cord was stripped or milked prior to clamping.
100. Prolapsed cord.
- If prolapse was not present, mark "no prolapse" and leave items #101 and 102 blank.
 - If a prolapsed cord was noted, mark one of the three boxes in item #100 to indicate the extent of prolapse.

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101. When first noted. Indicate the presence or absence of pulsations in the cord when prolapse was first noted. If not determined or uncertain, mark "unknown".
102. Treatment prior to delivery.
- Mark "no treatment" if there was none given specifically for the prolapse. This will include those cases in which no treatment was possible or indicated, since prolapse was first noted as infant was being delivered.
 - Report all procedures carried out. "Other" forms of treatment will include such things as internal version, manual dilatation of the cervix, D6hrs-sen's incision, Cesarean section, Class III forceps delivery, etc.
103. Cord pathology. Mark all appropriate boxes.
- If there were no abnormalities of the cord, mark "none".
 - Record the number of times the cord was wrapped about the neck tightly and/or loosely.
 - Mark the box(es) descriptive of a cord wrapped around the infant's body or extremities.
 - Record a true knot in the cord by marking the appropriate box. A knot is considered "tight" if there is any compression of vessels, the degree of tightness being governed by the tightest loop.
 - Record ruptured varix as ruptured cord vessel.
 - Other cord pathology:
 - Record here such conditions as hematoma, vasa previa without bleeding, short cord which interferes with delivery, etc.
 - Do not record here meconium staining, edematous or shriveled cord, excessive Wharton's jelly, false knots, eccentric insertion, excessively long cord, or short cord not sufficiently short to interfere with delivery.

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Item Number

104. Episiotomy. Mark the appropriate box.

107. Placenta previa.

a. If patient had no evidence of placenta previa, mark "none".

b. Mark the box which best classifies extent of previa when most extensive. If bleeding occurred, report in item #112.

(1) Total (complete): placenta completely covers the internal os

(2) Partial: internal os is partially covered by placenta

(3) Marginal: edge of placenta is at the margin of the internal os

(4) Low implantation: the region of the internal os is encroached upon by the placenta so that the placental edge can be palpated by the examining finger when introduced through the cervix, but the placenta does not extend beyond the margin of the internal os.

(5) Unclassified: previa is considered to be present, but there is inadequate information to differentiate as to type.

108. Abruptio placentae. Record whether or not premature separation of a normally implanted placenta occurred, and if so, the degree of separation. (Record marginal sinus rupture in item #109.)

109. Other placental abnormalities. If no other placental abnormalities were grossly evident, mark "none". Otherwise, mark and specify when necessary. (e.g., battledore, succenturiate lobe, circumvallate, etc.)

110. Placental weight. If placenta was weighed in the delivery room and weight is available, record; otherwise leave blank.

BLEEDING BEFORE CORD CLAMPED

Report here the estimated amount of bleeding from all sources, not including normal show, observed from time of admission to the time the cord was clamped. This applies to Cesarean section as well as vaginal deliveries.

Item Number

111. Amount of bleeding: Record the estimated amount of total blood lost prior to clamping of the cord in both abdominal and vaginal deliveries.

112. Causes of bleeding (before cord clamped). Mark all boxes which describe probable causes for the bleeding reported in item #111. These causes refer to free bleeding only, not to "show".

a. If "other" is marked, specify cause.

b. If bleeding was observed which could not be attributed to any known cause, mark "unknown".

c. In event of multiple birth, Delivery Report of twin B will include any bleeding following delivery of twin A.

BLEEDING AFTER CORD CLAMPED

113. Estimated amount. Record the estimated amount lost from all causes during the period from clamping of cord, to the patient's transfer from the delivery or operating room (Subsequent vaginal hemorrhage is recorded on form OB-56.)

114. Cause.

a. If 500 cc's or more blood loss is reported in item #113, mark all appropriate boxes to indicate the probable cause(s).

b. If there is another known cause of bleeding, mark the box labeled "other" and specify etiology. Note that placenta previa or abruptio placentae are not direct causes of third stage bleeding but, rather, often produce uterine atony or other complications resulting in hemorrhage. Causes other than those listed would include inversion of the uterus, ruptured uterus, placenta accreta, hypofibrinogenemia, etc.

TOXEMIA. Note carefully the specific directions listed below for completion of items #115, 116 and 117 which are based on the American Committee on Maternal Welfare classification of toxemia. If, by

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OB-55 DELIVERY REPORT (Continued)

Item Number

114. Cause (Continued).

these criteria, no affirmative mark is warranted in items #115, 116, or 117. Mark the box labeled "none" directly beneath toxemia, and do not complete these three items.

Note: If information subsequently collected makes the classifications recorded here erroneous, medical editor should correct in light of the additional findings.

115. Chronic hypertensive disease.

a. Mark "none" if:

(1) There is no reasonably reliable history of pre-existing hypertensive disease, or

(2) There is no documented evidence of pre-existing hypertensive disease, or

(3) The criteria for "Uncertain" as listed below are not present.

b. Mark "yes, by patient history only" if the patient gives a reasonably reliable history of a pre-existing hypertensive disease when not pregnant, but documented history is not available.

c. Mark "yes, by documented evidence" if:

(1) Blood pressures prior to the 24th week of this pregnancy exceeded 140 mm. systolic or 90 mm. diastolic, or

(2) There is evidence of persistence of these levels for at least six weeks postpartum, or

(3) Available hospital or physician's records indicate that the diagnosis of pre-existing hypertensor has been established, provided that this evidence does not pertain exclusively to previous pregnancies.

Item Number

115. Chronic hypertensive disease (Continued).

d. Mark "uncertain" if:

(1) Reasonably reliable information is inconsistent, but still highly suggestive, or

(2) In the absence of any other information, there is:

(a) Systolic blood pressure of 200 mm. or higher.

(b) The presence of retinal exudate or hemorrhages as well as narrowing and tortuosity of the vessels.

(c) Cardiac enlargement.

(d) Multipara over 30 years of age.

(e) Repeated episodes of acute toxemia.

(f) Presence of edema and proteinuria.

116. Acute toxemia.

a. Mark "none" if suggestive or diagnostic signs and symptoms of pre-eclampsia (as listed) are not present.

b. Mark "possible pre-eclampsia" when there is insufficient information available to definitely classify the case as one of pre-eclampsia, mild, but evidence is strongly suggestive of the diagnosis.

c. Pre-eclampsia, mild: The development after the 24th week of pregnancy (in a woman previously normal in these respects), of one or more of the following:

(1) Systolic blood pressure 140 or over, or rise of 30 mm. Hg. or more above the usual level on at least two occasions at least six hours apart.

(2) Diastolic blood pressure 90 or over, or rise 15 mm. Hg. or more above the usual level on at least two occasions at least six hours apart.

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Item Number

116. Acute toxemia (Continued).

- (3) Proteinuria of "significant degree" (+.5 or more; more than "trace" or 30 mgm.) in clean-voided or catheterized specimen, on two or more successive days, in absence of urinary tract infection.
- (4) Persistent edema of hands and face.
- d. Pre-eclampsia, severe: Pre-eclampsia is classified as "severe" if any one of the following signs or symptoms is present:
 - (1) Blood pressure 160 or over systolic or 110 or over diastolic, on at least two occasions at least six hours apart, with the patient at bed rest.
 - (2) Proteinuria of 5 Gms. or more in 24 hours (in the absence of urinary tract infection) in clean-voided or catheterized specimens. (+3 to +4)
 - (3) Oliguria (400 cc. or less excreted in a 24 hour period)
 - (4) Cerebral or visual disturbances, retinopathy, headache, associated epigastric pain.
 - (5) Pulmonary edema or cyanosis.
- e. Chronic hypertensive disease with superimposed pre-eclampsia: The patient with chronic hypertensive disease is classified as suffering from superimposed pre-eclampsia if there is, after the 24th week of pregnancy, one or more of the following.
 - (1) Elevation in systolic blood pressure of 30 mm. Hg. or more, or elevation in diastolic blood pressure of 15 mm. Hg. or more over the previous level.
 - (2) The development of a significant degree of proteinuria.
 - (3) Classify as mild or severe pre-eclampsia or eclampsia according to the criteria listed for these entities.

Item Number

116. Acute toxemia (Continued).

- f. Eclampsia: Acute toxemia of pregnancy characterized by convulsion or coma (usually both).
- 117. Transient intra-partum hypertension only. Mark this box to report transient hypertension which occurred intra-partum only, considered by the obstetrician to be indicative of neither chronic hypertensive disease nor pre-eclampsia.
- 118. Fetal condition.
 - a. If none listed are appropriate to the case, mark box so labeled.
 - b. Mark all applicable boxes descriptive of the fetus' condition during the delivery admission (during or in the absence of labor). If there is evidence of fetal distress not reportable here, describe in narrative summary (OB-56).
 - (1) Intrauterine death. In the event of fetal death, record time of demise. If unknown, mark box as labeled.
 - (2) Abnormal fetal heart rate. For purpose of coding here mark the box provided if fetal heart rate was under 110/min., or over 160/min. (counted between contractions), irrespective of whether fetal distress was believed present. If, in a multiple birth, one is not able to attribute abnormal rate to a particular twin, report for both twins.
 - (3) Abnormal fetal heart rhythm. Marked irregularity or alteration in rhythm is reportable here. If unable to attribute to a particular twin in a multiple birth, report for both twins.
 - (4) Meconium and/or meconium staining. Mark this box whenever amniotic fluid, membranes, cord and/or infant are meconium-stained (regardless of degree), or when frank meconium is recognized prior to delivery. This is to include breech presentation.

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OB-55 DELIVERY REPORT (Continued)

Item Number

119. Lacerations.

- a. If no lacerations were sustained during the delivery procedure, mark "none".
- b. Mark all appropriate boxes to indicate the location and severity of the lacerations sustained, using traditional definitions for terms supplied.

120. Other procedures. This item provides for the indexing of infrequently performed procedures not recorded elsewhere on OB-55. Included here are some procedures performed during the prenatal period, in addition to labor and delivery. Mark all appropriate boxes according to instructions below; further description is appropriate in the narrative summary. If none listed or appropriate to report were performed, mark "none".

- a. External version. Report attempt at any time during the current pregnancy, regardless of success.
- b. Administration of blood or blood derivatives during delivery admission. Report blood or blood derivatives (fibrinogen, plasma, packed cells, gamma globulin) successfully administered during the delivery admission to the time, post-delivery, of transfer from the delivery or operating room. Specify the type administered.
- c. Abdominal amniocentesis. Report all attempts at abdominal amniocentesis at any time during the current pregnancy.
- d. Attempt to inhibit labor. Report any attempts (such as hormones, narcotics) to inhibit labor at any time.
- e. Maternal oxygen therapy. Report maternal oxygen therapy (or prophylactic use) during labor or delivery, or within the 24 hours prior to labor (or delivery, if no labor), to the time of cord clamping.
- f. Other. Specify any other non-routine or unusual procedure(s) performed during the delivery admission. Suggestions for inclusion and exclusion are listed below:

Item Number

120. Other procedures. (Continued)

INCLUDE:

- (1) Removal of cervical sutures; other operative procedures prior to delivery events.
- (2) Manual dilatation of the cervix
- (3) DeLee's incision
- (4) Destructive operations
- (5) Disengagement of impacted shoulders
- (6) Unusual operative procedures, such as application of Wilex forceps, fillet traction, etc.

EXCLUDE:

- (1) Medications, anesthesia, intravenous fluid, x-rays, laboratory procedures, double set-up examinations, etc.
- (2) Procedures recorded elsewhere on OB-55, or universally and routinely performed.

121. Other complications. Index here complications of labor and delivery not reported elsewhere on OB-55. In each case, describe in narrative summary. If there were no other complications, mark "none".

- a. Items listed. Mark all appropriate boxes, utilizing instructions printed on the form.
- b. Other complications. Record here any other complication which occurred or was first noted during labor or the 24 hours prior to onset of labor, (or to Cesarean section), but prior to clamping of the cord. List those events which have potential relationship to abnormal pregnancy outcome. Suggestions for inclusion are provided below:

INCLUDE:

- (1) Sustained or intermittent tetanic uterine contractions not related to oxytocic administration.

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OB-56 OBSTETRIC SUMMARY

I. Purpose of form

- A. To report the termination of a Study of pregnancy whenever and wherever such occurs.
- B. To summarize the course of and events associated with labor and delivery, supplementing data reported on Delivery Report (OB-55) when that form is used.
- C. To describe the pregnancy ending as abortion, nonviable ectopic, or hydatidiform mole.

II. Specific Instructions

Item Number

2. Date delivered.

- a. Record the date liveborn or stillborn infant was delivered.
- b. Record the date abortive process was completed.

ITEMS #3-8: Complete for all terminations of pregnancy in the Study institution.

- 3. Date of summary. Record the date this summary (or descriptive note for abortion) was dictated or written by the physician.

- 4, 5. Physician in charge of delivery. Record the name and title or position of the senior physician present at delivery and directly assuming responsibility for the conduct of the delivery. (This may or may not be the person completing summary.) If no physician was present during the delivery, record "none."

- 6, 7. This summary by. Record the name and title or position of the physician responsible for or supervising completion of the summary. If items #4 and 5 report that a physician was not present at delivery, the physician responsible for or supervising the completion of the summary is to explain the source of information in the summary portion of the form.

- 8. Weeks gestation as estimated after delivery.^{2/} The senior physician assuming

Item Number

responsibility for conduct of the delivery estimates and records in weeks gestation the duration of pregnancy, utilizing all clinical and historical information, as well as appearance of the infant.

OUTCOME (Items #9-12): Report outcome in all cases.

- a. Report for single birth or twin A in items #9 and 10.

- b. Report for twin B in items #11 and 12, (If a single birth, these items will remain blank.)

- 9, 10. Liveborn. Report "Yes" or "No."^{3/}

- 11, 12. Sex. Mark the correct box.

- 13. Medical edit. Indicate whether or not the hospital chart was used in the editing procedure. If OB-55 was completed, editing of both forms is done together.

- 14, 15. Medical edit by. Medical editor records name and title or position following completion of editing.

- 16-18. For lay editor. Lay editor completes items #16-18 after editing is completed, marking the appropriate box(es) to indicate attachments.

(See Procedure Manual)

III. Narrative summary of labor and delivery:

A. Completion

- 1. Dictate or write summary as soon after delivery as possible (but no later than 24 hours following delivery).
- 2. Use non-structured narrative description.
- 3. If the patient was admitted to the Study institution immediately postpartum,

^{2/} "Term" is 40 full weeks since LMP, or 38 weeks since conception.

^{3/} Signs of life are: respiratory activity, heart beat, cord pulsations, definite movements of voluntary muscles.

OB-56 OBSTETRIC SUMMARY (Continued)

report on OB-56 all information obtainable concerning pregnancy termination. Report the source of information. See Procedure Manual for unobserved labor and delivery routine. (III, E).

B. Content

1. Summarize briefly the course of and events associated with labor and delivery, with special emphasis on:
 - a. unusual or abnormal events or conditions
 - b. non-routine treatments and operative procedures
 - c. information reported on Delivery Report (OB-55) which requires further description, clarification, explanation.
2. Avoid re-iteration of facts already reported elsewhere in the Study record which require no further detail, description, or explanation.
3. If summary is used as part of the hospital record, include that information required locally.

IV. Description of abortion ^{1/}

- A. Report briefly any information about the preceding events and factors (related to etiology) of the abortion not recorded elsewhere in the Study record, including any information which tends to establish the diagnosis and classification of the case as one of abortion.
- B. Report any diagnoses made or confirmed (or, in their absence, diagnostic impressions) since admission.
- C. If fetal demise was known to have occurred earlier than date abortive process was completed, report approximate date.
- D. Report any medical care received from any source since the patient was last seen in the Study institution, prenatally.
- E. Report whether or not a D & C was performed.

^{1/} See Procedure Manual for Study definition of abortion.

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