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**NINCDS COLLABORATIVE
PERINATAL PROJECT
A User's Guide to the Project and Data**

**Volume II: Project Study Forms
and Documentation of Transfer
to Computerized Data Items
in Master File**

Part B: Labor and Delivery

December 1983

**Prepared for
the National Institute of Neurological
and Communicative Disorders and Stroke
under Contract 2311105150**

 **Battelle**
Pacific Northwest Laboratories

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**NINCDS COLLABORATIVE PERINATAL PROJECT:
A USER'S GUIDE TO THE PROJECT AND DATA**

**Volume II. Project Study Forms and Documentation
of Transfer to Computerized Data Items
in Master File**

Part B. Labor and Delivery

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December 1983

**Prepared for
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INTRODUCTION

DOCUMENT OBJECTIVES AND READER ASSUMPTIONS

Volume II, Project Study Forms and Documentation of Transfer to Computerized Data Items in Master File, provides researchers with detailed documentation for how data were collected, coded and stored on the data base. Volume II will help investigators decide: if data were collected in a suitable way for addressing particular research questions; if revision of forms affected the collection of specific data items; if data were coded on master, variable or work files, or are available only on microfilm. The reader is assumed to be the principal investigator for a project in which data from the data base will be used.

DOCUMENT STRUCTURE

Because of its size, this volume is divided into ten separate parts, each containing material on a group of forms related by subject. Each part groups together similar study forms. Generally, a part covers a single time period. The parts do not correspond exactly to the hierarchical classification structure described in Volume I. The parts of Volume II include:

- A. Prenatal Record and Medical History
- B. Labor and Delivery
- C. Pathological Exams and Autopsies
- D. Family and Socioeconomic History
- E. Neonatal Exams and Observations
- F. Pediatric and Neurological Exams, Four Months - One Year
- G. Pediatric Neurological Exams, Seven Years
- H. Psychological Exams, Eight Months
- I. Psychological Exams, Four Years and Seven Years
- J. Speech, Language and Hearing Exams, Three Years and Eight Years (Final)

This part of Volume II contains Part B: Labor and Delivery and includes Forms OB-30, OB-50, OB-31, OB-51/52, OB-32, OB-33, OB-34, OB-55/56, OB-35/57, ADM-49, ADM-50, ADM-51, OB-58 and OB-60.

To allow easy access to the data as they appear on the master file, all documentation for each form or form grouping representing a card series on the master file is identified by form number appearing at the bottom of each page. Forms are arranged in what may appear to be illogical numerical order in some cases, but the arrangement presented here ties forms and their revisions together and allows an investigator to trace an item through all revision cycles. Thus, in Part A of Volume II, OB-42 follows OB-9 and OB-10 appears next to OB-44 and OB-45. (For an explanation of how the master file was organized to result in this ordering, see the next section of the Introduction.)

All material related to a form is organized as a single unit within each part of Volume II. The material included for each form is given below in the order it appears:

- **Descriptive Summary of Form.** Includes purpose of form, history of use, revisions and location of records stored on Master File. A table is provided for each form (except those on microfilm only) showing the number of records available for each revision.
- **Data Items Referencing Form.** A list of all data items in computer files originating from form. List ordered by data item identification with reference to item number on form.
- **Form.** Copy of last revision of form.
- **Form item numbers linked to data items.** A list organized by form item numbers of all computerized data items originating from the form.
- **Definition of codes.** Coding instructions detailing the codes assigned to each computerized data item from the form.
- **Master File Card Image.** Illustrates transfer of data on form to Master File card.
- **Instructions for Completing Form.** The instructions used by study personnel to complete the form for each case.
- **Earlier Forms or Manuals.** Copies of earlier versions of forms or manuals that were used during the study.

MASTER FILE ORGANIZATION AND REVISION OF FORMS

Some understanding of how the master file was organized should aid investigators who want to trace the entry of data into computerized study files. The numbering system used both on forms and cards provides information on how data may be retrieved from the master file.

Forms

The first forms used in the study were the OB forms; as a consequence, this group of forms underwent the most revision. At first glance, it appears that forms disappear from the file and reappear in strange or bewildering places. In actuality, revisions were made according to a specific method.

Two types of revision and subsequent recodes appear in the master file, both of which appear in the OB series. In the first type of revision, radical changes in the concept of a form created a need for new coding in the computer file. Form OB-9, for example, was replaced by forms OB-40 (an optional form retained by the institution), OB-42, and OB-43 in April 1962. Data for earlier patients were recorded on OB-9 and entered on cards 1309, 2309, 3309 and 4309 of the master file; after April 1962, data was recorded on OB-42 and OB-43 and were entered on cards 0342, 1343 and 2343 of the master file.

In the second type of revision, the Collaborative Perinatal Task Force considered revisions important enough to warrant the distinction of a new form number, but considered the data for both forms to be similar enough to allow combining of data from both the old and new forms on the same card series. An example of this type of revision is form OB-35, replaced by OB-57 in April 1962. Records for both OB-35 and OB-57 are entered on cards 0357, 1357, 2357, 3357, 4357, and 5357 in the master file.

In assigning numbers to forms and their revisions, designers of the study followed a plan: prenatal records, history, and summaries of the prenatal period received numbers 1 through 15; when revised, these forms were assigned numbers in the forties. Labor and hospital records appeared on the 30 series of forms. When these forms were revised, they were assigned numbers in the fifties. Some OB data in the master file were abstracted by NIKCDS staff members from forms filled out at the hospital. Cards derived from this procedure were designated as coming from forms ADM-49, 50 and 51 (which were actually ABSTRACT SHEETS). Autopsy protocol and laboratory exams of the placenta were recorded on forms PATH-1, PATH-2 and PATH-3.

Forms for recording family health history and genetic information during pregnancy also received a fair amount of revision. Early records appear on forms FHH-1,2,3 and 4. With revisions in April 1962, form SE-1 replaces part of FHH-1 and FHH-3; FHH-2, FHP-4 and parts of FHH-1 and FHH-3 were replaced by

forms GEN-5 through GEN-8 in May 1961. Form FHH-9, initiated in November 1965 for collection of socioeconomic data at time the child was seven years of age, was not replaced or revised.

The PED series of forms underwent little revision. Records for newborn babies appeared in PED-1 through PED-8; records for children up to age one and interval records were placed on PED-10 through PED-29. Seven year records were included in the series numbered PED-74 and up. Only one pediatrics form was radically revised: PED-7 was replaced by PED-8 in March 1963.

No replacements occur in the PS series, where results of psychological and speech, language and hearing tests were recorded. The PS forms are divided into distinct groups based on time of testing and subject of testing. Psychological testing occurred at 8 months, 4 years and 7 years; speech, language and hearing exams were administered at ages 3 and 8. Only the 8 month psychological examination underwent substantial revisions.

Master File Card Number and NINDB Case Number Rationale

Computer cards for each NCPP study form are numbered to reflect their origin and possible revisions. Card numbers are assigned to identify the type of data (subject), the presence of multiple cards in a series, NCPP study form and form revisions. The first five digits of each card on the master file are the card number. The study forms and card numbers are given in Figure 1.

The first fourteen columns of each master file computer card contain the master file card number and the NINDB case number. Table 1 identifies the function of each of these columns.

Column 1 identifies multiple cards in a series. It contains a zero for cards unique to a particular form (that is, no other cards are present), for example OB-3, or for cards where repetitive data are contained. Cards for OB-2 are an example of this second type; no new categories of information are included on successive cards, but previous births in excess of four must be recorded on an add-on card. For card series where data entered are unique to a card and more than one card is required to complete the series, a "1" is used to designate the first card, for example OB-5. OB-57, PATH-7 and PED-14 are exceptions to these rules.

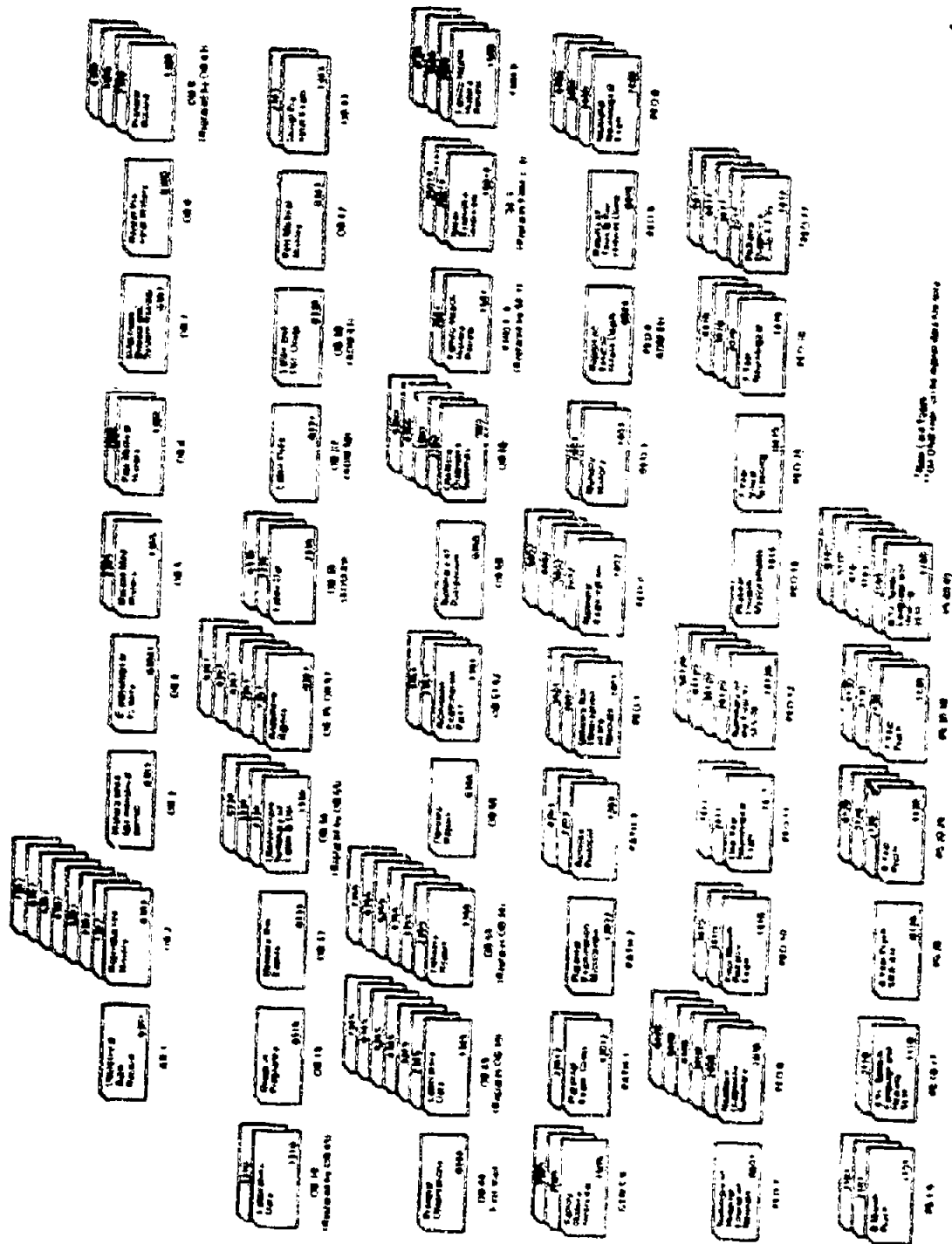


FIGURE 1. Cards on the Master Data File

TABLE 1. Derivation of Master File Card Number and NINDB Case Number.

<u>Contents</u>	<u>Columns</u>
Master File Card Number	
card identifier	1
general subject matter	2
form number	3-4
revision code	5
NINDB Case number	
collaborating institution	6-7
type of patient selection	8
gravida identification number	9-12
order of the pregnancy	13
identifies child or gravida	14

The second digit on the card reveals the general subject matter covered by data on the card. All cards containing information pertaining to obstetrics, for example, are designated by a "3" in column 2; family histories are designated by a "5"; pathology with a "2"; pediatrics, with a "4"; and psychological testing with a "1".

Columns three and four reveal the form number. In the case of forms where old and new forms having different numbers are included together, the number of the latest form appears on the master file. This rule does not apply to data abstracted from several forms by NINCDS staff (ADM forms).

Column 5 of the card contains a revision code indicating which form or combination of forms was used in arriving at data on a particular card. A typical card will have one to three revision codes, with a zero indicating the first version of a form and "1", "2", and "3" indicating later revisions. As a rule, revision codes used on cards differ from card to card; investigators should check the definition of codes provided in Volume II to determine the meaning of revision codes used.

Each woman and child studied in the project received a unique case number (NINDB case number) composed of nine digits, recorded in columns 6 through 14 of all master file cards. The case number identified the institution, the mother and the child. The first two digits represented the collaborating institution (see Table 2). The third digit indicated the type of patient

selection. A "1" was used for patients selected for the central core study; a "6" indicated that a patient had been transferred from one institution to another, and a "7" indicated that the patient was part of a special study undertaken by the collaborating institution. The fourth through seventh digits were used to identify the gravida, while the eighth digit identified the order of the pregnancy of a given gravida in the project. The ninth digit was used to identify the gravida or child of the pregnancy; "9" indicated the gravida, "0" indicated the child of a single birth, "1" indicated the first child of a multiple birth, "2" indicated the second child of a multiple birth, etc.

TABLE 2. Collaborating Institutions and Their Code Number
(Columns six and seven of all master file cards.)

05 - <u>Boston, Massachusetts</u> Harvard Medical School Boston Lying-In Hospital Children's Hospital Medical Center	50 - <u>Minneapolis, Minnesota</u> University of Minnesota Hospital Health Sciences Center
10 - <u>Buffalo, New York</u> University of Buffalo Children's Hospital	55 - <u>New York, New York</u> New York Medical College Metropolitan Hospital
15 - <u>New Orleans, Louisiana</u> Charity Hospital Tulane University School of Medicine Medical Center Louisiana State University	60 - <u>Portland, Oregon</u> University of Oregon Medical School
21 - <u>New York, New York</u> Columbia University College of Physicians & Surgeons Columbia-Presbyterian Medical Center	66 - <u>Philadelphia, Pennsylvania</u> University of Pennsylvania Pennsylvania Hospital The Children's Hospital of Philadelphia
37 - <u>Baltimore, Maryland</u> The Johns Hopkins University School of Medicine The Johns Hopkins Hospital	71 - <u>Providence, Rhode Island</u> Brown University Child Study Center
45 - <u>Richmond, Virginia</u> Virginia Commonwealth University Medical College of Virginia	82 - <u>Memphis, Tennessee</u> University of Tennessee College of Medicine Callor Hospital

Data Item Identification and Naming

The NPP data base contains over 6700 different data items and blank filler locations on computer files. We have assigned each of these a unique identification and a terse, stylized name. Because names were chosen to facilitate use of this guide, they do not duplicate names used by NINDB during the active phase of the project. Users should consult appropriate documentation before using data items from the master, variable or work files (Volumes II, III and IV).

The data item identifiers consist of 11 characters. At the far left are four unique numbers that were assigned sequentially. The next character is always a period and is followed by up to six characters. For data items on the master file, these characters describe the data collection form from which a data item was derived; for data items on the variable (VAR) or work (WXX) files, these characters indicate the appropriate file. If the right side is less than six characters, periods are inserted as shown in these examples:

850..OB-34	an item from OB-34; on the master file
3650.PATH-3	an item from PATH-3; on the master file
5223....VAR	an item on the variable file
6340...K-10	an item on work file 10, Rupture of Membranes

We assigned the numbers sequentially as they appear in Volume V. For the master file, we followed the order in which the cards would be found within an NINDB case. All card columns are accounted for by one of our data item identifications. For the variable and work files, the numbers were assigned in the order that data items appear within a case.

We categorized each data item according to the person to whom the data refer, by the time of measurement and/or the time to which the item applies and by general type or subject area (Table 3). Then we assigned names to the data items using the following guidelines:

- The name and the three associated categories had to stand alone - they must describe the data item out of context.
- The first word in the data item name had to be an important or key word when all names were listed alphabetically as in Volumes VI and VII. Thus "cry, abnormal" was used rather than "abnormal cry" because a

researcher is more likely to look for this item under "C" than under "A" in an alphabetic list.

- Secondary key words were preceded with a semicolon to facilitate preparation of the permuted index. For example, "abruptio; placenta" will be found under both the "A" and "P" portion of Volume VI.
- Qualifying words are delimited by commas and will not appear as keywords in Volume VI. Thus "abruptio; placenta, degree" will not be found in the "D" section.
- If medical terminology or usage has changed since the study was conducted, modern terms may be included and will be enclosed in brackets. Thus "mongolism; [Down's syndrome]" will appear under both the "M" and "D" portions of Volume VI.
- If measurement units are associated with a data item name, they are enclosed in parentheses and placed at the end of the name as in "Birthdate (yr)."
- The categories (person, time and subject) are appended to the right of the data item name.

Definitions for each category used in naming data items are given in Table 4 at the end of this introduction. Additional information is found in Chapter 4 of Volume I.

Data item names thus assigned are terse and highly stylized; as we have already indicated, they are not the names used by NINDS during the active phase of the project. Our aim was to develop standardized names that would stand alone. These names are intended to facilitate a user's search for data items potentially useful in a research project. Before an item is used, a researcher should consult its complete description. For a data item from the master files, e.g., 850..03-34, the data item should be traced to the appropriate study form, e.g., 03-34, located in Volume II. A variable file data item, e.g., 5223....VAR, is traced to Volume III, where it is defined and its original source given. A data item from a work file is traced to Volume IV for its description.

Some data items contained in the indexes may include the notation "DO NOT USE." These items are either inaccurate or an alternative data item is available that gives better information. Users will find more appropriate data items by consulting one of the indexes to the data items (Volumes, V, VI and VII).

Tables of Data Items: Column Headings

For each form, two sets of computer generated pages list all data items in either the master, variable or work files derived from this form. These lists enable a user to track form items to computerized data items listed in other volumes of the User's Guide and vice versa. The computer listings have the following information.

<u>Column Heading</u>	<u>Description</u>
DATA ITEM ID	A unique identifier for this data item. See Data Item Identification and Naming above for details.
ITEM ON FORM	An identifier used on the NIPP study form to identify the question or group of questions which was used to generate this data item.
CARD NUM	Identifies the master file card on which this data item is located. See Master File Card Number and NINDS Case Number Rationale above for a description of card number.
FROM	Beginning card column for this data item.
TO	Ending card column for this data item.
DATA ITEM NAME	Brief stylized name for this data item. See Data Item Identification and Naming above for details.

ASSOCIATED DOCUMENTS

By examining the tables provided for each, investigators will be able to determine which computer files contain data of interest. For data contained in the variable file, see Volume III of this guide; for data contained in work files, see Volume IV.

TABLE 3. Abbreviations for Person, Time and Subject Categories

<u>Person</u>	<u>Time</u>	<u>Subject</u>
Mother	General	Administrative
Father	Preconception	Anesthesia
Placenta	Registration	Clin. Impression
Fetus	Prenatal	Clinical Lab
Child	Admission	Current Pregnancy
M Surrogate	Intrapartum	Environ. Exposure
Family	Delivery	Events
Sibship	Post Partum	Hearing
	Neonatal	Hospitalizations
	Four month	Language
	Eight month	Linkage
	One year	Malformations
	Three year	Diag. & Cond.
	Four year	Med. History
	Seven year	Medications
	Eight year	Neurological Exam
		Observations
		Pathology
		Physical Exam
		Procedures
		Psych. Exam
		Reproductive Hist.
		Serology
		Socioecon. info
		Speech
		Vision
		Work History
		X-ray
		Summary
		Gyn. History
		Special Studies
		Fam/Genetic Hist.
		SLH Exam

TABLE 4. Definition of Person, Time and Subject Categories

<u>PERSON</u>	<u>DEFINITION</u>
Mother	Study registrant bearing the "study pregnancy"; biologic mother of the "study child"; gravida.
Father	Biologic father of the study child or study pregnancy; in the case of socioeconomic data, this category may indicate either the "father of baby" (not necessarily husband of the mother) or the "husband" (not necessarily related biologically to the study child).
Placenta	The organ of metabolic and gaseous interchange between the fetus and mother; also included in this category are gross and microscopic pathologic data from examination of the umbilical cord.
Fetus	Conceptus; the product of conception including the embryonic stage, i.e., from conception to the moment of birth.
Child	Product of the study pregnancy from the moment of birth onward; study child.
N Surrogate	Person or persons substituting for the mother of a study child, e.g., adoptive parents, foster parents or guardian.
Family	Person or persons biologically related to the mother or father of the study child.
Siblings	Child or children having one or both of the same biologic parents as the study child; siblings, half siblings; full siblings.

**TABLE 4. Definition of Person, Time
and Subject Categories (Cont.)**

<u>TIME</u>	<u>DEFINITION</u>
General	Data with no pertinent time period or data pertaining to more than one time period.
Preconception	Data pertaining to the period prior to conception of the study pregnancy.
Registration	Data collected at the time of study mother's registration in the study.
Prenatal	Data pertaining to the period from conception of the study pregnancy to delivery of the study child.
Admission	Data collected at the time of study mother's admission to the hospital for delivery of the study child.
Intrapartum	Data pertaining to the period from admission for delivery or onset of labor to delivery of the study child.
Delivery	Data pertaining to the time period during which delivery of the study child occurred.
Post Partum	Data (pertaining to the study mother) collected during the period immediately following birth of the study child.
Neonatal	Data pertaining to the study child during the period from birth to one month of age; the majority of these data were collected prior to or at the time a study child was discharged from the hospital.
Four Month	Data collected at the time of the four month examination of the study child.
Eight Month	Data collected at the time of the eight month examination of the study child.
One Year	Data collected at the time of the one year examination of the study child.
Three Year	Data collected at the time of the three year examination of the study child.
Four Year	Data collected at the time of the four year examination of the study child.
Seven Year	Data collected at the time of the seven year examination of the study child.
Eight Year	Data collected at the time of the eight year examination of the study child.

**TABLE 4. Definition of Person, Time
and Subject Categories (Cont.)**

SUBJECT	DEFINITION
Administrative	Data pertaining to the administrative aspects of the study.
Anesthesia	Data on medications and procedures used to obtain anesthesia.
Clin. Impression	Impression of abnormality or dysfunction gained by an examiner following evaluation of clinical signs and symptoms and including a subjective component.
Clinical Lab	Data obtained from laboratory examination of clinical specimens.
Current Pregnancy	Personal data and medically relevant information pertaining to the study pregnancy for which the mother is enrolled.
Environ. Exposure	Data on exposure to occupational or other environmental entities or hazards.
Events	Data related to a specific event, occurrence or incidence.
Hearing	Data obtained from examination and testing of hearing function.
Hospitalizations	Data on specific hospital admissions or the number of hospitalizations.
Language	Data obtained from examination and testing of language function.
Linkage	Data on the genetic relationships of family members to the study mother, father or child.
Malformations	Data on the conditions in which failure of normal development has resulted in abnormal physical traits existing at the time of birth.
Diag. & Cond.	Data on specific diagnoses or conditions obtained from past medical history or examination during the study.
Med. History	Data obtained from the study participant or medical records relevant to past or current medical diagnoses or conditions.
Medications	Data on drugs or medications used.
Neurological Exam	Data obtained from observation and physical examination of the central nervous system.
Observations	Data obtained from observations not categorized elsewhere.
Pathology	Data obtained from clinical and anatomical pathological examination.
Physical Exam	Data obtained from physical examination of the study participant.
Procedure	Data relating to specific procedures performed on the study participant prior to or during the period of enrollment in the study.
Psych. Exam	Data obtained from the psychological examinations and observations.

TABLE 4. Definition of Person, Time and Subject Categories. (Cont.)

SUBJECT	DEFINITION
Reproductive Hist.	Data pertaining to the outcome of pregnancies prior to and or during the period of enrollment in the study.
Serology	Data obtained from the laboratory examination of serum by specific immunologic methods.
Socioecon. Info	Data related to the social and economic characteristics and environment of the study participant.
Speech	Data obtained from examination and observation of speech function.
Vision	Data obtained from examination of the eyes.
Work History	Data pertaining to occupation and employment prior to and during the period of enrollment in the study.
X-Ray	Data on diagnostic x rays and diagnostic or therapeutic radiological procedures.
Summary	Data presented as a summary of data collected and recorded elsewhere.
Gyn. History	Medical history specifically related to the female genital tract, reproductive physiology and endocrinology.
Special Studies	Data pertaining to participation in other special organized studies conducted during the period of enrollment in the study.
Fam/Genetic Hist.	Data on the medical histories of family members genetically related to the study child.
SLH Exam	Data obtained from the speech, language and hearing examinations not specifically or exclusively related to one of these areas.

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OB-30	Admitting Record	II.B.1
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OB-31	Admitting Exam by Obstetrician	II.B.13
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OB-58	Summary of Puerperium	II.B.287
OB-60	Obstetric Diagnostic Summary	II.B.299

OB-30 Admitting Record

Form OB-30 provided for the mandatory reporting of each study gravida admitted to the hospital obstetrical service. It was to be used when the patient was admitted for any obstetrical service, and could be used optionally when a patient was admitted for any other service. (OB-30 was considered an admission record; OB-12, Summary of Hospitalization for any Antepartum Condition, was considered a discharge summary.) Form OB-30 was introduced in January 1959, revised in July 1959, and was finally replaced in April 1962 by form OB-50, Admission History. Records of both forms are available on microfilm only, though some data from OB-30 was abstracted on the ADM-50 form and punched in card 0337 of the master file (see Table ADM-50.1, this volume).

ADMITTING RECORD BY OBSTETRICIAN

part

PATIENT IDENTIFICATION

1. RECEIVED BY

2. DATE
Mo Day Year

3. TITLE OR POSITION

Admission 08-50 (0-62)

4. THIS FORM WAS COVERED BY:

- Filled out at time of admission
- Copied from other records

USE 24 HOUR CLOCK FOR ALL DATES

5. TIME OF RECEIPT AT HOSPITAL

7. DATE
Mo Day Year

6. ONSET OF LABOR
This must be determined as accurately as is possible at time of admission

8. DATE
Mo Day Year

11. GRS ADMISSION

- 20. VAGINAL PRACT
- 21. VAGINAL SUPPLIES
- 22. UTERINE CONTRA INDICATIONS SUPPLIES
- 23. SUPPLIES
- 24. TIME
- 25. DATE

12. SUPPLIES OTHER ADMISSION

- 26. NONE
- 27. SICKING OR "SHOW ONLY"
- 28. FREE FLOW
- 29. APPROPRIATE USE OF SUPPLIES
- 30. DATE
- 31. Mo
- 32. Day

13. REASON FOR DELIVERY METHOD

- 33. NO LABOR
- 34. FOR INDICATION OF LABOR
- 35. FOR DELIVERING OBSTETRIC SECTION
- 36. RESPONSIBLE LABOR
- 37. FOR OTHER REASON (SEE OB-12)

14. CHARACTERISTICS OF LABOR

- 38. TORSA
- 39. DIAPHR
- 40. BLEEDING
- 41. RESOURCES SUPPLIES OF MEDICATIONS
- 42. OTHER (Specify)

FALSE LABOR. If patient is admitted in false labor and is discharged undelivered, check here and forward this record, the prenatal history (OB-4) that was filled out at admission, the admitting memorandum (OB-31) and labor room record (OB-12) to Central Office. Use new history, admitting record and memorandum (OB-4, 30 and 31) for next admission.

*Form OB-30 superseded
by OA-50 (4-62)*

INSTRUCTIONS
OB-30, ADMITTING RECORD
(Revised February, 1960)

*∴ This manual superseded
by Institute's Procedures Manual
each dated 10-62 for
use with OB-50 (4-62)*

(For Form Revision of July, 1959)

I. NOTES:

Purpose - This form provides for the mandatory reporting of each study **gravida** admitted to the hospital obstetrical service.

Examiner - Admitting physician.

When to use - At the time of any admission to the hospital obstetrical service. Optionally, it may be used when the patient is admitted to any other service of the hospital. In addition, OB-12 (summary of hospitalization for any antepartum condition) is to be used for summarizing any antepartum admission, to any service of any hospital, terminating in the discharge of a patient who is either undelivered or delivered of a fetus of 400 grams weight or less, or less than 20 weeks gestational age (based on L.M.P.). Therefore, OB-30 is an admission record while OB-12 is a discharge summary. (However, OB-12 is not required for admissions for false labor).

II. INSTRUCTIONS FOR USE OF OB-30:

Note: Use a 24-hour clock for all times recorded.

Item No.

1. **Patient identification.** Print first and last name of patient and patient NINDS No. Use addressograph stamp whenever possible.
2. **Recorded by.** First and last name of the admitting physician.
3. **Date.** Record numerically the date this form is filled out.
4. **Title or position.** Give your official title, such as "intern," "resident," "attending obstetrician," etc.
5. **This form was.** Check whether this form was filled out at the time of admission or copied from other records. (As a matter of routine, the information on this form should not be copied from other records.)
6. **Time of hospital admission.** Use 24-hour clock.
7. **Date.** Enter numerically the date patient was admitted to the hospital.
8. **Onset of labor.** Determine at the time of admission, as accurately as is then possible. Do not change this date or time, even if subsequent events prove it to be incorrect.

Instructions, OB-30 (con't)

Item No.

9. Time. Use the 24-hour clock.
 10. Date. Record numerically.
 11. On Admission. Attempt to determine whether or not the membranes have ruptured and check the appropriate box.
 12. Time. Fill in only if membranes have ruptured. Check "unknown" if time of rupture unknown.
 13. Date. Fill in only if membranes have ruptured.
 14. Bleeding before admission. This refers to vaginal bleeding only. "Bleeding, amount unknown" should be checked only when the patient has bled prior to admission and you are unable to determine whether spotting or free flow has taken place.
 15. Approximate time of onset. Record only if patient reports free flow of blood. Use 24-hour clock.
 16. Date. Record only if patient reports free flow of blood.
 17. Reason for hospital admission. Check appropriate box. When a patient is admitted for a reason other than those stated in the boxes under Item 17, write in "other" and specify. Disregard the statement: "If for other reason use OB-12."
- NOTE: If the patient is known not to be in labor, progress notes are to be made on Form CP-5 (Continuation Sheet). Continue these notes until the patient is discharged from the hospital, unless labor starts, at which time OB-32 (Labor Room Record) is initiated.
18. Complications at admission. Check appropriate box. If box for "other" is checked, specify the complication.

Unnumbered item

False labor.

- A. Check this box if patient is admitted in false labor and is discharged from the hospital undelivered.
- B. Forward any of the following forms that have been filled out to the Central Office:
 - (1) OB-30, Admitting Record.
 - (2) OB-8, Repeat prenatal history (obtained at time of admission).
 - (3) OB-31, Admitting physical examination.
 - (4) OB-32, Labor room record.
 - (5) CP-5, Progress notes (if any)
- C. When the patient is next admitted, a new set of forms must be used.

ADMITTING RECORD BY OBSTETRICIAN

RECORDED BY _____

DATE (Mo-Da-Yr) _____ TITLE OR POSITION _____

Amplified by 7-54 rsc

THIS FORM WAS FOLDED BY:
 Placed out of date of admission Came from other source

USE 24 HOUR CLOCK FOR ALL TIMES

1. TIME OF HOSPITAL ADMISSION _____ 2. DATE (Mo-Da-Yr) _____

3. ONSET OF LABOR (This must be determined as accurately as is possible at time of admission) TIME _____ DATE (Mo-Da-Yr) _____

ON ADMISSION

- 4. MEMBRANES INTACT
- 5. MEMBRANES RUPTURED TIME _____ DATE (Mo-Da-Yr) _____
- 6. UNKNOWN WHETHER MEMBRANES RUPTURED

BLEEDING BEFORE ADMISSION

- 7. NONE
- 8. SPOTTING OR "SHOW" ONLY
- 9. FREE FLOW OF BLOOD 10. APPROXIMATE TIME OF ONSET _____ 11. DATE (Mo-Da-Yr) _____

REASON FOR HOSPITAL ADMISSION

- 12. IN LABOR
- 13. FOR INDUCTION OF LABOR
- 14. FOR ELECTIVE CESAREAN SECTION
- COMPLICATIONS
 - 15. TOXEMIA
 - 16. DIABETES
 - 17. BLEEDING
 - 18. PREMATURE RUPTURE OF MEMBRANES
 - 19. OTHER (Specify)

FALSE LABOR. If patient is admitted in false labor and is discharged unwell, please refer one copy of this record, the prenatal history (OB-3) that was filled out at admission, the admitting examination (OB-4), and one copy record (OB-12) to Central Office. Use new history, admitting record and examination (OB-3, 4, 11 and 12) for next admission.

Department of Health, Education and Welfare
 Public Health Service

0930

OB-50 Admission History

Form OB-50 was used to record the admission history of a patient, as well as the physician's admitting impression. It was first implemented in April 1962 as a replacement for OB-30, Admitting Record; changes in September 1962 did not alter the form. Records for both of these forms are available on microfilm only.

COLR-50040
12/19/60 (4-61)

OB-50

ADMISSION HISTORY

1. PATIENT IDENTIFICATION

ADMISSION

2. HISTORY TAKEN BY

3. DATE

Mo. Day Yr.

4. TITLE OR POSITION

5. TIME

6. THIS HISTORY TAKEN

7. THIS HISTORY IS

OBTAINED USING THIS FORM

ABSTRACTED FROM OTHER RECORDS

Use 10 (a) (2) (a) or (b) (2) (a) (2) (b)

FOR HOSPITAL USE ONLY

<p>TOTAL PREGNANCIES</p> <p>MULTIPLE PREGNANCIES</p> <p>MATURE INFANTS</p> <p>PREMATURE INFANTS</p> <p>IMMATURE INFANTS</p> <p>ABORTIONS</p> <p>BORN ALIVE</p> <p>NOT LIVING</p>	<p>BIRTH DATE</p> <p>Mo. Day Yr.</p>	<p>FELVIC SIMULATION</p> <p>HEAD AND PELVIS OUTLET</p> <p><input type="checkbox"/> ANOMALY <input type="checkbox"/> NORMAL <input type="checkbox"/> ANOMALY</p> <p><input type="checkbox"/> OBSTRUCTED <input type="checkbox"/> UNOBSTRUCTED <input type="checkbox"/> UNOBSTRUCTED</p> <p><input type="checkbox"/> CONTRACTED <input type="checkbox"/> CONTRACTED <input type="checkbox"/> CONTRACTED</p>
	<p>LVD</p> <p>Mo. Day Yr.</p>	<p>X-RAY PELVIMETRY <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>BLOOD GROUP</p> <p>Mo. Day Yr.</p>	<p>SEIDIOLOGY</p> <p>LACTACT. OR NEG.</p>
	<p>LAST SOLID TAKEN: DATE</p> <p>Mo. Day Yr.</p>	<p>LAST FLUID TAKEN: DATE</p> <p>Mo. Day Yr.</p>

8. HISTORY OF LABOR

NO YES

NOT OBTAINED QUESTIONABLE

IF YES OR QUESTIONABLE NOTE DATE AND TIME:

9. DATE

Mo. Day Yr.

10. TIME

Mo. Day Yr.

11. HISTORY OF RUPTURE OF MEMBRANE

NO YES

NOT OBTAINED QUESTIONABLE

IF YES OR QUESTIONABLE NOTE DATE AND TIME:

12. DATE OF RUPTURE

Mo. Day Yr.

13. TIME OF RUPTURE

Mo. Day Yr.

14. HISTORY OF VAGINAL BLEEDING (during last year)

NO YES ONLY

QUESTIONABLE POST FLUX

NOT OBTAINED

IF YES (HOW CHARACTERIZED BY OCCASION), HOW DO YOU (GRADE) AS TO AMOUNT, FREQUENCY, QUANTITY, AND CHARACTER (SEE COMMENT BOX IN THIS CASE).

DO NOT USE

15. REASON FOR HOSPITAL ADMISSION (check (X) all applicable)

QUESTIONABLE LABOR VAGINAL BLEEDING

LABOR DELIVERY PROBLEMS

RUPTURED MEMBRANE HYDRAEMNIOTIC DEBRITY

HEMORRHOID OBSTRUCTED PREGNANCY

OBSTRUCTED ACETION ABORTION

POST DELIVERY ECTOPIC PREGNANCY

TOXEMIA PREMATURE LABOR

ANEMIA DIABETES MELLITUS

HEART DISEASE OBSTETRIC ONLY

OTHER (Specify)

16. COMMENTS

ADMISSION BY

COOPERATIVE RESEARCH
PERINATAL RESEARCH GROUP, NINDS, NIH
BETHESDA, MARYLAND

FORM
NUMBER 5-60

OB-50

OB-50 ADMISSION HISTORY

I. Purpose of form To record the admission history and physician's admitting impressions.

Item Number

"Regular uterine contractions occurring every 5-10 minutes of increasing intensity and duration."

If date and/or time cannot be determined, mark the box(es) labeled "unknown."

II. General Instructions

A. Regardless of subsequent events or findings, data entered on this form are to reflect the patient's history at the time admission history is taken on the hospital service.

B. Items labeled "For Hospital Use Only" are provided to record information at those institutions utilizing this form as a hospital record. Directions for completion are provided locally.

11. History of rupture of membranes. Record the status of membranes by history.

12, 13. If the patient's history indicates that membranes have ruptured or may have ruptured, record the date and time. If unable to ascertain, mark the box(es) labeled "unknown."

III. Specific Instructions

Item Number

2, 3. Admission date and time. Record the date and time of admission or transfer to that service of the Study hospital.

4. Time history taken. Record time this history is actually obtained from the patient.

5, 6. History taken by. Record the first initial and last name and title or position of the interviewing physician.

7. This history was. Mark appropriate box.

On admission, determine by history the following items:

8. History of Labor. Mark box which best indicates the patient's status regarding labor on admission.

9, 10. If the patient is in labor or in questionable labor, record in: date and time of onset. To historically estimate the onset of labor, use the following guide:

14. History of vaginal bleeding. Record the history for the interval since the patient was last seen. Mark only one box.

Any amount of bleeding other than "show" is considered "free flow."

If there is a questionable or definite history of free flow, mark the appropriate box and describe in "Admission note," including time(s) of onset, duration, and estimation of blood loss to the time the history is taken. Such estimate may be made in terms most familiar to the patient; i.e., pint, cupful, soaked towel, etc.

15. Reason for hospital admission. Mark all boxes which describe the reason for the patient's admission to the hospital. If all reasons cannot be found in the list provided, mark "other" and specify the reason below.

Admission note: Utilize this space to:

a. Elaborate upon significant events leading to hospitalization.

b. Record information as prescribed by the local institution.

October 1962

OB-50 ADMISSION HISTORY

1. ADMISSION DATE _____

2. DATE _____

3. TIME _____

4. TIME HISTORY TAKEN _____

5. TIME HISTORY TAKEN _____

*amended by OB-50 (9-62)
(change 9-62)*

FOR HOSPITAL USE ONLY

TOTAL PREGNANCIES _____ MULTIPLE PREGNANCIES _____ MATURE INFANTS _____ PREMATURE INFANTS _____ MATURE INFANTS _____ ABOYIONS _____ DEAD ALIVE _____ NOW LIVING _____	GAIN DATE _____ LBP _____ USC _____ No. Day Yr. _____	PULVIC EXAMINATION RECTUM _____ VAGINA _____ CERVIX _____ VULVA _____ PERINEUM _____ ANUS _____ RECTUM _____ VAGINA _____ CERVIX _____ VULVA _____ PERINEUM _____ ANUS _____
	BLOOD GROUP _____ Rh (POSITIVE) _____ Rh (NEGATIVE) _____	X-RAY PELVIMETRY _____ DATE _____ TIME _____
	LAST BLOOD TAKEN: DATE _____ TIME _____ LAST FLUID TAKEN: DATE _____ TIME _____	LAST MCT. _____ ON _____

6. HISTORY OF LABORS

NO YES
 NOT DETAINED DETAINED

IF YES OR QUESTIONABLE NOTE DATE AND TIME:
 8. DATE _____
 9. TIME _____

7. HISTORY OF RUPTURE OF MEMBRANE

NO YES
 NOT DETAINED DETAINED

IF YES OR QUESTIONABLE NOTE DATE AND TIME:
 12. DATE OF RUPTURE _____
 13. TIME OF RUPTURE _____

8. HISTORY OF VAGINAL BLEEDING (IMMEDIATE PREVIOUS)

NO BLOOD ONLY
 BLOOD & MUCUS PURE FLOW

IF YES (AND IDENTIFICATION OF CHARACTER, TIME AND COLOR) (SEE INSTRUCTIONS) NOTE DATE AND TIME:
 14. DATE _____
 15. TIME _____

9. REASON FOR HOSPITAL ADMISSION
(Mark (X) all appropriate)

QUESTIONABLE LABOR FETAL BLEEDING
 LABOR POLYHYDRAMNIOS
 MULTIPLE PREGNANCY HYDRAEMIO
 OBSTRUCTION ABNORMAL PRESENTATION
 CERVICAL DYSFUNCTION ACETIC
 PROLONGED LABOR STUPOROUS FETAL HEART
 FETAL DEATH PROMPT CLINICAL IMPROVEMENT
 MISCARRIAGE DISTORTED PELVIMETRY
 PLACENTAL PROBLEMS OBSTRUCTED PELVIMETRY
 OTHER (SPECIFY) _____

ADMISSION NOTE

RELAYED BY _____

OB-31 Admitting Examination by Obstetrician

The purpose of form OB-31 was to provide information gathered by an obstetrician during the admission physical examination. It was completed whenever form OB-30, Admitting Record, was filled out. First implemented at the beginning of the study, form OB-31 was revised once in July 1959 and replaced in April of 1962 by form OB-51 (General Examination) and form OB-52 (Obstetric Examination). Records for form OB-31 are available on microfilm only, although some data from OB-31 were abstracted on the ADM-50 form and punched on card 0337 of the master file (see Table ADM-50.1, this volume).

ADMITTING EXAMINATION BY OBSTETRICIAN

PATIENT IDENTIFICATION

1. EXAMINED BY _____

2. TYPE OF POSITION _____ DATE _____
Mo Day Year

3. WEIGHT ON ADMISSION _____ TEMP _____ PULSE _____ FETAL HEART RATE _____
 Not Measured Not Checked

4. THIS FORM WAS (Check one)
 Filled out at time of admission Copied from other records

*replaced by 08-51 (9-62)
and
08-52 (4-62)*

11. PELVIC EXAMINATION

RECTAL VAGINAL NOT DONE

12. SPACEMETER _____ 13. DILATATION _____

14. PRESENTATION _____ 15. STATION _____

21. HEART

NORMAL ABNORMAL NOT EVALUATED

MURMUR

MIBBULAR MURMUR

OTHER (Specify) _____

16. GENERAL EXAMINATION

17. GENERAL CONDITION

NORMAL ABNORMAL NOT EVALUATED

Sore

Cough

Other (Specify) _____

22. BLEEDING NOTED ON EXAMINATION

NONE MEDIUM NOT EVALUATED

Spotting or "Streak" only

Free flow of blood

18. EYES

NORMAL ABNORMAL NOT EVALUATED

Inflammation

Other (Specify) _____

23. MECONIUM MEMBRANES INTACT

MEMBRANES RUPTURED - NO MECONIUM

MEMBRANES RUPTURED - MECONIUM PRESENT

19. UPPER RESPIRATORY

NORMAL ABNORMAL NOT EVALUATED

Inflammation of Pharynx

Abnormal Breath Sounds

Rales

Crackles or Wheezes

Other (Specify) _____

24. SKIN

NORMAL ABNORMAL NOT EVALUATED

Jaundice

Rash

Lesion

Other (Specify) _____

20. LYMPH NODES

NORMAL ABNORMAL NOT EVALUATED

Enlarged locally

Enlarged generally

Other (Specify) _____

25. LYMPHATIC SYSTEM

NORMAL ABNORMAL NOT EVALUATED

Swollen

Venous

Other (Specify) _____

27. LIST BY ITEM NUMBER AND DESCRIBE ANY ABNORMAL FINDINGS.

26. OTHER SYSTEMS NOT EVALUATED ABOVE

NONE ABNORMAL (Describe System and Abnormality Below)

28. RECORD ANY CLINICAL DIAGNOSIS MADE _____ DATE OF ONSET _____ DO NOT USE
 Mo Day Year

INSTRUCTIONS

OB-31, ADMITTING EXAMINATION BY OBSTETRICIAN

(Revised June, 1960)

(For Form Revision of July, 1959)

*Form OB-31 superseded
by OB-51 and OB-52
; this manual superseded
by Quater. & Procedures Manual
each dated 10-62 for use
with OB-51 and OB-52 (9-61)*

I. NOTES:

Purpose - This form provides for the admission physical examination by an obstetrician.

Examiner - Admitting obstetrician.

When to use - This form is to be used for a general and pelvic examination whenever a patient is admitted to the obstetrical service. Whenever Form OB-30 is filled out, OB-31 should also be completed.

II. INSTRUCTIONS FOR USE OF OB-31

Item No.

1. **Patient identification.** Print first and last name of patient and patient NINDB No. Use addressograph stamp whenever possible.
2. **Examined by.** The first and last name of the examining physician, clearly printed.
3. **Title or position.** Give your official title, such as "intern," "resident," "attending obstetrician," etc.
4. **Date.** Record numerically the date of the examination.
5. **Weight on admission.** Attempt to secure this weight if at all possible. It should be recorded in pounds.
6. **Temperature.** Temperature may be recorded as either fahrenheit or centigrade. If obtained orally, no notation is necessary. If obtained rectally, follow the value with an "R", if axillary, with an "A".
7. **Pulse.** Obtain at least a 30-second count.
Blood pressure. Obtain and note under Item 27.
8. **Fetal heart rate.** The fetal heart rate should be obtained between contractions. Start counting at least 30 seconds after the end of a contraction. Attempt to count for 30 seconds in order to obtain a good estimate of the rate, and record as beats per minute. If after a thorough attempt fetal heart cannot be heard, check the box labelled "Not Heard." If for any reason no attempt can be made to obtain a fetal heart rate at the time of admission, check the box labelled "Not Checked."

Instructions, OB-31 (con't)

Item No.

9. **This form was.** Check whether this form was filled out at the time of admission or copied from other records. (As a matter of routine, the information on this form should not be copied from other records.)
10. **Pelvic examination** - ("Rectal, Vaginal, Not done"). Check the appropriate box. If both rectal and vaginal examinations are done, check both boxes but record only the findings of the vaginal examination. Any abnormal findings noted during the pelvic examination should be reported in detail under Item 27 on this form.
12. **Effacement.** Express this as a percentage.
13. **Dilatation.** Record this to the nearest centimeter.
14. **Presentation.** Be as exact as possible as to presentation and position. If an abnormal presentation is encountered, describe it fully under Item 27.
15. **Station.** This is expressed as centimeters above (negative values) or below (positive values) the ischial spines. If the vertex or breech is more than 3 centimeters above the spines, record this as "floating." If an estimate of the station is not obtained, write unknown in this space. If the station has no meaning, write "NA" (not applicable) in this space.
16. **General examination.** This includes Items 17 through 26. If no general examination is made, each of these items should be checked "not evaluated." If any abnormality is found, it should be described in as much detail as seems necessary in Item 27 at the bottom of this form.
17. **General condition.** If any abnormalities are noted, be as specific as possible in describing them.
18. **Eyes.** If a funduscopic is done, note this fact under Item 18. If any abnormality is found on funduscopic examination, check the box marked "Other abnormal" and describe findings in detail under Item 27. If a funduscopic is done and no abnormalities are noted, check the box marked "normal."
22. **(Vaginal) Bleeding noted on examination.** This refers only to vaginal bleeding. Any history of bleeding obtained at this time if not confirmed by observation should be reported as no bleeding on examination.
23. **Meconium.** Check the condition of the membranes and whether or not meconium is present in the amniotic fluid. If meconium is noted, describe in Item 27 the quantity and quality.
26. **Other system not evaluated above.** If no other abnormalities are found, check "none." If any special examinations (neurological,

Instructions, OB-31 (con't)

Item No.

etc.,) are done, note in this space what these examinations were. If the findings were normal, check Item 26 as "none;" if the findings were abnormal, check "abnormal" and report findings in Item 27.

27. List by item number and describe any abnormal findings. If additional space is needed Form CP-5 (continuation sheet) should be used.
28. Record any clinical diagnoses made. All diagnoses and impressions, (including all obstetrical diagnoses) made or confirmed at the time of this examination should be recorded in Item 28. Be as specific as possible. For each diagnosis record your best estimate of the date of onset.

EXAMPLE: Normal intra-uterine pregnancy, 40 weeks.
Not in labor.
Ruptured membranes.
Healed pulmonary tuberculosis.
Iron-deficiency anemia.

ADMITTING EXAMINATION BY OBSTETRICIAN

TITLE OR POSITION _____ DATE _____

supervised by 7-59-68

1. HEIGHT ON ADMISSION: FEET: _____ INCHES: _____ PULSE: _____ PETAL HEART RATE: _____

THIS PREGNANCY WAS: Spontaneous Induced
 First Subsequent Cesarean Section

- 2. PELVIC EXAMINATION**
- RECTAL
 - VAGINAL
 - EFFACEMENT _____ C
 - DILATATION _____ CM
 - PRESENTATION _____
 - STATION _____

- GENERAL EXAMINATION (Continued)**
- 10. HEART**
- NORMAL
 - ABNORMAL
 - MURMUR
 - IRREGULAR RHYTHM
 - OTHER
 - Not Evaluated

- GENERAL EXAMINATION**
- 6. GENERAL CONDITION**
- NORMAL
 - ABNORMAL
 - Swell
 - Cough
 - Other
 - Not Evaluated

- 11. BLEEDING NOTED ON EXAMINATION**
- NONE
 - PRESENT
 - Spotting or "Show" only
 - Prep flow of blood
 - Not Evaluated

- 7. EYES**
- NORMAL
 - ABNORMAL
 - Conj
 - Other
 - Not Evaluated

- 12. MECONIUM**
- MEMBRANES INTACT
 - MEMBRANES RUPTURED - NO MECONIUM
 - MEMBRANES RUPTURED - MECONIUM PRESENT

- 8. UPPER RESPIRATORY**
- NORMAL
 - ABNORMAL
 - Inflammation of Pharynx
 - Abnormal Breath Sounds
 - Cough
 - Crepses and Rhales
 - Other
 - Not Evaluated

- 13. SKIN**
- NORMAL
 - ABNORMAL
 - Anemia
 - Rash
 - Lesion
 - Other
 - Not Evaluated

- 9. LYMPH NODES**
- NORMAL
 - ABNORMAL
 - ENLARGED LOCALLY
 - ENLARGED GENERALLY
 - OTHER
 - NOT EVALUATED

- 14. EXTREMITIES**
- NORMAL
 - ABNORMAL
 - Edema
 - Varicosities
 - Other
 - Not Evaluated

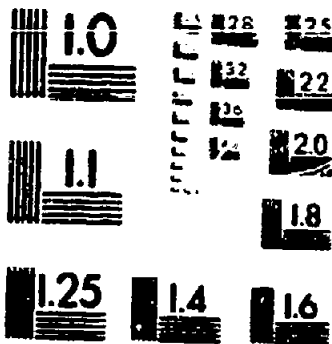
LIST BY BOX NUMBER AND DESCRIBE ANY ABNORMAL FINDINGS:

- 15. OTHER SYSTEM, NOT EVALUATED ABOVE**
- ABNORMAL (Describe System and Abnormality below)

RECORD ANY CLINICAL DIAGNOSES MADE

DATE OF ONSET DO NOT USE

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MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
ANSI AND ISO TEST CHART No. 2

CONTINUED ON NEXT FICHE



LITTERA
SCRIPTA
MANET

THE NATIONAL ARCHIVES OF THE UNITED STATES

★ 1934 ★

OB-57 Anesthetic Agents and OB-35 Anesthesia Record

Form OB-57 was used to report the use of all anesthetic agents administered during the study patient's pregnancy and delivery. It was also used to report anesthetic agents administered postpartum (after cord clamping) at local option. First implemented in April 1962, form OB-57 replaced form OB-35, Anesthesia Record.

Form OB-35, implemented in January 1959, was completed at delivery and at any other time a study patient was given anesthesia during pregnancy. This form was used without revision until it was replaced by OB-57. Data from form OB-35 were combined with data from OB-57 for inclusion on the master file (Table OB-57.1). Information from OB-35 was also abstracted on form ADM-51.

Form OB-57 was revised in December 1962; revisions did not affect the items on the form at all, though some coding differences exist on the December 1962 version.

TABLE OB-57.1 Cards and Data Records by Revision for Forms OB-57 and OB-35

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-57: Anesthesia Reports	0357	0	21,482
		1	8,404
		2	27,678
			----- 57,564
OB-57: Gaseous Agents, Intravenous Agents	1357	0	9,294
		1	2,962
		2	7,549
			----- 19,805
OB-57: Conduction Agents	2357	0	12,088
		1	5,078
		2	18,619
			----- 35,785

OB-57: Response of Patient	3357		
		0	18,039
		1	6,957
		2	23,453
			<u> </u>
			48,449
OB-57: Gaseous Agents, Intravenous Agents	4357		
		0	33
		1	1
		2	3
			<u> </u>
			37
OB-57: Conduction Agents	5357		
		0	1
			<u> </u>
			1
	total for form		161,641

Data Items Referencing Form OR-35, Anesthetic Agents

DATA ITEM ID	ITEM CN FORM	CARD NUM	FROM TO	DATA ITEM NAME
--------------------	--------------------	-------------	------------	----------------

c158.....VAR			1453 1453	Uterine stimulant, persistent increased uterine tone
--------------	--	--	-----------	--

Data Items Referencing Form OB-57, Anesthetic Agents

DATA ITEM YD	ITEM JN FORM	CARD NNN	FROM TO	DATA ITEM NAME
1939.....		0357	1	5 Card number (sequence, form type, form number, revision number)
1939.....		0357	6	14 HINDB case number
1940..08-57	2	0357	15	16 Anesthetic agents, date administered, (md)
1941..08-57	2	0357	17	18 Anesthetic agents, date administered, (day)
1942..08-57	2	0357	19	20 Anesthetic agents, date administered, (yr)
1943..08-57	3	0357	21	21 Anesthetic agents, delivery/pre-delivery, yes/no
1944..08-57	1	0357	22	22 Anesthetic, gaseous agent used
1945..08-57	1	0357	23	23 Anesthetic, intravenous agent used
1946..08-57	24	0357	24	24 Anesthetic, conduction agent used
1947..08-57	4	0357	25	25 Anesthetic agents, administered by
1948..08-57	5	0357	26	26 Anesthetic agents, information obtained from
1949.....		0357	27	78 Blank
1950..08-57		0357	79	79 Plurality
1951..08-57		0357	80	80 Anesthesia reports, number
1952.....		1357	1	5 Card number (sequence, form type, form number, revision number)
1953.....		1357	6	14 HINDB case number
1956..08-57	6	1357	15	16 Anesthetic, gaseous agent, nth
1955..08-57	7	1357	17	20 Anesthetic, gaseous agent, nth, time started, intermittent
1956..08-57	8	1357	21	24 Anesthetic, gaseous agent, nth, time started, continuous
1957..08-57	9	1357	25	28 Anesthetic, gaseous agent, nth, time stopped
1958..08-57	6	1357	29	30 Anesthetic, gaseous agent, nth
1959..08-57	7	1357	31	34 Anesthetic, gaseous agent, nth, time started, intermittent
1960..08-57	8	1357	34	38 Anesthetic, gaseous agent, nth, time started, continuous
1961..08-57	9	1357	36	42 Anesthetic, gaseous agent, nth, time stopped
1962..08-57	6	1357	43	44 Anesthetic, gaseous agent, nth
1963..08-57	7	1357	45	48 Anesthetic, gaseous agent, nth, time started, intermittent
1964..08-57	8	1357	49	52 Anesthetic, gaseous agent, nth, time started, continuous
1965..08-57	9	1357	53	56 Anesthetic, gaseous agent, nth, time stopped
1966..08-57	10	1357	57	58 Anesthetic, intravenous agent, nth
1967..08-57	11	1357	59	62 Anesthetic, intravenous agent, nth, time started
1968..08-57	12	1357	63	66 Anesthetic, intravenous agent, nth, total dosage before clamping of cord
1969..08-57	10	1357	67	68 Anesthetic, intravenous agent, nth
1970..08-57	11	1357	69	72 Anesthetic, intravenous agent, nth, time started
1971..08-57	12	1357	73	76 Anesthetic, intravenous agent, nth, total dosage before clamping of cord
1972..08-57	13	1357	77	77 Anesthesia, report prior to cord clamping
1973.....		1357	78	78 Blank
1974..08-57		1357	79	79 Plurality
1975..08-57		1357	80	80 Anesthetic reports, number
1976.....		2357	1	5 Card number (sequence, form type, form number, revision number)
1977.....		2357	6	14 HINDB case number

Ref Items Referencing Form OB-57, Anesthetic Agents

DATA ITEM TO	1974 34 F304	CARD NUM	FROM TO	DATA ITEM NAME
1978..08-57	14	2357	14	16 Anesthetic, conduction agent, n/a, type
1979..08-57	15	2357	17	17 Anesthetic, conduction agent, n/a, route
1980..08-57	16	2357	18	25 Anesthetic, conduction agent, n/a, time started
1981..08-57	17	2357	22	25 Anesthetic, conduction agent, n/a, total dosage before cord clamping
1982..08-57	18	2357	26	26 Anesthetic, conduction agent, n/a, how used
1983..08-57	14	2357	27	28 Anesthetic, conduction agent, n/a, type
1984..08-57	15	2357	28	29 Anesthetic, conduction agent, n/a, route
1985..08-57	16	2357	30	33 Anesthetic, conduction agent, n/a, time started
1986..08-57	17	2357	34	37 Anesthetic, conduction agent, n/a, total dosage before cord clamping
1987..08-57	18	2357	38	38 Anesthetic, conduction agent, n/a, how used
1988..08-57	14	2357	39	40 Anesthetic, conduction agent, n/a, type
1989..08-57	15	2357	41	41 Anesthetic, conduction agent, n/a, route
1990..08-57	16	2357	42	45 Anesthetic, conduction agent, n/a, time started
1991..08-57	17	2357	46	49 Anesthetic, conduction agent, n/a, total dosage before cord clamping
1992..08-57	18	2357	50	50 Anesthetic, conduction agent, n/a, how used
1993..08-57	18	2357	51	52 Anesthetic, conduction agent, n/a, type
1994..08-57	15	2357	53	53 Anesthetic, conduction agent, n/a, route
1995..08-57	16	2357	54	57 Anesthetic, conduction agent, n/a, time started
1996..08-57	17	2357	58	61 Anesthetic, conduction agent, n/a, total dosage before cord clamping
1997..08-57	18	2357	62	62 Anesthetic, conduction agent, n/a, how used
1998..08-57	14	2357	63	64 Anesthetic, conduction agent, n/a, type
1999..08-57	15	2357	65	65 Anesthetic, conduction agent, n/a, route
2000..08-57	16	2357	66	69 Anesthetic, conduction agent, n/a, time started
2001..08-57	17	2357	70	73 Anesthetic, conduction agent, n/a, total dosage before cord clamping
2002..08-57	18	2357	74	74 Anesthetic, conduction agent, n/a, how used
2003..08-57	19	2357	75	76 Anesthesia, highest level prior to cord clamping
2004.....		2357	77	78 Blank
2005..08-57		2357	79	79 Plurality
2006..08-57		2357	80	80 Anesthesia reports, number
2007.....		3357	1	5 Card number (sequence, for type, case number, revision number)
2008.....		3357	6	14 WFNH case number
2009..08-57	20	3357	15	15 Anesthesia; response of patient, unusual, before cord clamped
2010..08-57	20	3357	16	16 Anesthesia; response of patients; cyanosis, slight, before cord clamped
2011..08-57	20	3357	17	17 Anesthesia; response of patients; cyanosis, moderate, before cord clamped
2012..08-57	20	3357	18	18 Anesthesia; response of patients; cyanosis, generalized, before cord clamped

Data Items Referencing Form DR-57, Anesthetic Agents

DATA ITEM ID	ITEM	FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2013..08-57	20	3357	19	19	19	Anesthesia; response of patient; hypotension, before cord clamped
2014..08-57	20	3357	20	20	20	Anesthesia; response of patient; vomiting, before cord clamped
2015..08-57	20	3357	21	21	21	Anesthesia; response of patient; laryngospasm, before cord clamped
2016..08-57	20	3357	22	22	22	Anesthesia; response of patient; aspiration, before cord clamped
2017..08-57	20	3357	23	23	23	Anesthesia; response of patient; tachycardia, before cord clamped
2018..08-57	20	3357	24	24	24	Anesthesia; response of patient; bradycardia, before cord clamped
2019..08-57	20	3357	25	25	25	Anesthesia; response of patient; cardiac arrhythmia, before cord clamped
2020..08-57	20	3357	26	26	26	Anesthesia; response of patient; apnea, before cord clamped
2021..08-57	20	3357	27	27	27	Anesthesia; response of patient; cardiac arrest, before cord clamped
2022..08-57	20	3357	28	28	28	Anesthesia; response of patient; other, before cord clamped
2023..08-57	20	3357	29	29	29	Anesthesia; response of patient; unusual, after cord clamped
2024..08-57	20	3357	30	30	30	Anesthesia; response of patient; cyanosis, slight, after cord clamped
2025..08-57	20	3357	31	31	31	Anesthesia; response of patient; cyanosis, moderate, after cord clamped
2026..08-57	20	3357	32	32	32	Anesthesia; response of patient; cyanosis, generalized, after cord clamped
2027..08-57	20	3357	33	33	33	Anesthesia; response of patient; hypotension, after cord clamped
2028..08-57	20	3357	34	34	34	Anesthesia; response of patient; vomiting, after cord clamped
2029..08-57	20	3357	35	35	35	Anesthesia; response of patient; laryngospasm, after cord clamped
2030..08-57	20	3357	36	36	36	Anesthesia; response of patient; aspiration, after cord clamped
2031..08-57	20	3357	37	37	37	Anesthesia; response of patient; tachycardia, after cord clamped
2032..08-57	20	3357	38	38	38	Anesthesia; response of patient; bradycardia, after cord clamped
2033..08-57	20	3357	39	39	39	Anesthesia; response of patient; cardiac arrhythmia, after cord clamped
2034..08-57	20	3357	40	40	40	Anesthesia; response of patient; apnea, after cord clamped
2035..08-57	20	3357	41	41	41	Anesthesia; response of patient; cardiac arrest, after cord clamped
2036..08-57	20	3357	42	42	42	Anesthesia; response of patient, other, after cord clamped
2037.....		3357	43	43	43	Blank
2038..08-57		3357	79	79	79	Plurality
2039..08-57		3357	80	80	80	Anesthesia reports, number
2040.....		3357	1	1	1	Card number (sequence, form type, form number, revision number)
2041.....		3357	6	6	6	Form number
2042..08-57	6	3357	14	14	14	Anesthetic, gaseous agent, nth
2043..08-57	7	3357	17	17	17	Anesthetic, gaseous agent, nth, time started, intermittent
2044..08-57	8	3357	21	21	21	Anesthetic, gaseous agent, nth, time started, continuous
2045..08-57	9	3357	25	25	25	Anesthetic, gaseous agent, nth, time stopped
2046..08-57	6	3357	29	29	29	Anesthetic, gaseous agent, nth
2047..08-57	7	3357	31	31	31	Anesthetic, gaseous agent, nth, time started, intermittent
2048..08-57	8	3357	35	35	35	Anesthetic, gaseous agent, nth, time started, continuous
2049..08-57	9	3357	39	39	39	Anesthetic, gaseous agent, nth, time stopped

Data Items Referencing Form DR-57, Anesthetic Agents

DATA ITEM ID	ITEM JW FJON	CARD NUM	FROM TO	DATA ITEM NAME
2050..08-57	6	4357	43	44 Anesthetic, gaseous agent, nch
2051..08-57	7	4357	45	48 Anesthetic, gaseous agent, nch, time started, intermittent
2052..08-57	8	4357	40	52 Anesthetic, gaseous agent, nch, time started, continuous
2053..08-57	9	4357	53	56 Anesthetic, gaseous agent, nch, time stopped
2054..08-57	10	4357	57	58 Anesthetic, intravenous agent, nch
2055..08-57	11	4357	59	62 Anesthetic, intravenous agent, nch, time started
2056..08-57	12	4357	61	60 Anesthetic, intravenous agent, nch, total dosage before clamping of cord
2057..08-57	10	4357	67	68 Anesthetic, intravenous agent, nch
2058..08-57	11	4357	69	72 Anesthetic, intravenous agent, nch, time started
2059..08-57	12	4357	73	76 Anesthetic, intravenous agent, nch, total dosage before clamping of cord
2060..08-57	13	4357	77	77 Anesthesia, deepest prior to cord clamping
2061.....		4357	78	78 Blank
2062..08-57		4357	79	79 Plurality
2063..08-57		4357	80	80 Anesthesia reports, number
2064.....		5357	1	5 Card number (sequence, form type, case number, revision number)
2065.....		5357	6	14 WING case number
2066..08-57	14	5357	15	16 Anesthetic, conduction agent, nch, type
2067..08-57	15	5357	17	17 Anesthetic, conduction agent, nch, route
2068..08-57	16	5357	18	21 Anesthetic, conduction agent, nch, time started
2069..08-57	17	5357	22	25 Anesthetic, conduction agent, nch, total dosage before cord clamping
2070..08-57	18	5357	26	26 Anesthetic, conduction agent, nch, how used
2071..08-57	14	5357	27	28 Anesthetic, conduction agent, nch, type
2072..08-57	15	5357	29	29 Anesthetic, conduction agent, nch, route
2073..08-57	16	5357	30	33 Anesthetic, conduction agent, nch, time started
2074..08-57	17	5357	34	37 Anesthetic, conduction agent, nch, total dosage before cord clamping
2075..08-57	18	5357	38	38 Anesthetic, conduction agent, nch, how used
2076..08-57	14	5357	39	40 Anesthetic, conduction agent, nch, type
2077..08-57	15	5357	41	41 Anesthetic, conduction agent, nch, route
2078..08-57	16	5357	42	45 Anesthetic, conduction agent, nch, time started
2079..08-57	17	5357	46	49 Anesthetic, conduction agent, nch, total dosage before cord clamping
2080..08-57	18	5357	50	50 Anesthetic, conduction agent, nch, how used
2081..08-57	14	5357	51	52 Anesthetic, conduction agent, nch, type
2082..08-57	15	5357	53	53 Anesthetic, conduction agent, nch, route
2083..08-57	16	5357	54	57 Anesthetic, conduction agent, nch, time started
2084..08-57	17	5357	58	61 Anesthetic, conduction agent, nch, total dosage before cord clamping
2085..08-57	18	5357	62	62 Anesthetic, conduction agent, nch, how used
2086..08-57	14	5357	63	64 Anesthetic, conduction agent, nch, type

Data Items Referencing Form UR-57, Anesthetic Agents

DATA ITEM ID	FORM CM FORM	CARD MIN	FROM TO	DATA ITEM NAME
2087..NB-57	15	5357	65	65 Anesthetic, conduction agent, nth, route
2088..NB-57	16	5357	66	69 Anesthetic, conduction agent, nth, time started
2089..NB-57	17	5357	70	73 Anesthetic, conduction agent, nth, total dosage before cord clamping
2090..NB-57	18	5357	74	74 Anesthetic, conduction agent, nth, how used
2091..NB-57	19	5357	75	76 Anesthetic, highest level prior to clamp of cord
2092.....		5357	77	78 Blank
2093..NB-57		5357	79	79 Plurality
2094..NB-57		5357	80	80 Anesthesia reports, number
6094.....VAR	15		1368	1368 Anesthetic agents, conduction, route of agent 1
6095.....VAR	3		1369	1369 Anesthetic agents, conduction, route of agent 2
6096.....VAR	3		1370	1370 Anesthetic agents, conduction, route of agent 3
6097.....VAR	15		1371	1371 Anesthetic agents, conduction, route of agent 4
6098.....VAR	3		1372	1372 Anesthetic agents, conduction, route of agent 5
6099.....VAR	3		1373	1373 Anesthetic agents, conduction, route of agent 6
6100.....VAR	3		1374	1374 Anesthetic agents, conduction, route of agent 7
6101.....VAR	3		1375	1375 Anesthetic agents, conduction, route of agent 8
6102.....VAR	3		1376	1376 Anesthetic agents, conduction, route of agent 9
6103.....VAR	15		1377	1377 Anesthetic agents, conduction, route of agent 10
6104.....VAR	6-7		1378	1378 Anesthetic agents, aqueous
6125.....VAR	3-10		1379	1379 Anesthetic agents, intravenous
6166.....VAR	3		1465	1465 Anesthesia during delivery

ANESTHETIC AGENTS

1. PATIENT IDENTIFICATION

OB-57 At delivery, if anesthetic agents are not administered, mark items 1, 2, and 3, and do not complete rest of form.

2. DATE ADMINISTERED OR DATE OF DELIVERY

3. THIS FORM REPORTS:

ANESTHETIC AGENTS AT DELIVERY

NO ANESTHETIC AGENTS AT DELIVERY

PRE-DELIVERY ANESTHETIC AGENTS

Mo. Day Year

Use 24 hour clock for all times. If time anesthesia is stopped to allow clamping of cord, the letters "A.C." may be entered in that space.

4. ADMINISTERED BY:

ANESTHESIOLOGIST

PHYSICIAN DELIVERING

NURSE ANESTHETICIST

OTHER: _____ TITLE _____

5. THIS INFORMATION OBTAINED FROM:

PERSON SPECIFIED IN ITEM 4

HOSPITAL RECORD

OBSERVATION BY ANESTHESIOLOGIST

OTHER: _____ (Specify)

6. GASEOUS AGENTS

NOT USED

AGENT	7. TIME STARTED - INTERMITTENT	8. TIME STARTED - CONTINUOUS	9. TIME STOPPED
<input type="checkbox"/> NITROUS OXIDE			
<input type="checkbox"/> CYCLOPROPANE			
<input type="checkbox"/> ETHER			
<input type="checkbox"/> TRICHLOROETHYLENE			
OTHER: Specify _____			

10. RESPONSE OF PATIENT

NO UNUSUAL RESPONSE

BEFORE CORD CLAMPED **AFTER CORD CLAMPED**

STANDARD:

SLIGHT: PERI-ORAL, FINGER TIP

MODERATE: NOT GENERALIZED

GENERALIZED

HYPOTENSION (DEEP OF MORE THAN 30 MILLIMETERS SYSTOLIC OR 15 MILLIMETERS DIASTOLIC BELOW PRE-ANESTHETIC LEVEL)

VOMITING

LARYNGOSPASM

POSSIBLE ASPIRATION

TACHYCARDIA

BRADYCARDIA

CARDIAC ARRHYTHMIA

APNEA

CARDIAC ARREST

OTHER (Specify)

10. INTRAVENOUS AGENTS

NOT USED

11. TIME STARTED _____

12. TOTAL DOSE BEFORE CLAMPING OF CORD _____

(Admin)

13. DEEPEST ANESTHESIA PRIOR TO CLAMPING OF CORD

ANESTHESIA NOT ATTAINED

UNKNOWN

FIRST STAGE: FIRST STAGE

SECOND STAGE: SECOND STAGE

THIRD STAGE: FIRST PLANE, SECOND PLANE, THIRD PLANE

14. CONDUCTION AGENTS

NOT USED

15. ROUTE: _____

16. TIME STARTED _____

17. TOTAL DOSE BEFORE CLAMPING OF CORD _____

18. HOW USED: CONTINUOUS, SINGLE DOSE

(Admin)

ROUTE: 1 - SPINAL, 2 - CAUDAL, 3 - EPIDURAL, 4 - LOCAL, 5 - PNEUMATIC BLOCK, 6 - PERI-NEURAL

19. HIGHEST LEVEL OF ANESTHESIA PRIOR TO CLAMPING OF CORD

UNKNOWN

21. OTHER MEDICATION

(Given by anesthesiologist, not noted elsewhere. Specify time, dosage, route.)

22. LAY BY

EDIT BY _____

(REV. 12-68)

Form Item Numbers linked to data items on 3A-15, Anesthetic Agents

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
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6158.....VAR		1453	1453		uterine stimulant, persistent increased uterine tone
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Form Item Numbers Linked to Data Items on JR-57, Anesthetic Agents

ITEM NO FORM	DATA ITEM ID	CAHM NUM	FROM	DATA ITEM NAME
1	2096..OR-57	5357	80	80 Anesthesia reports, number
1	2063..OR-57	4357	80	80 Anesthesia reports, number
2	2096..OR-57	2357	80	80 Anesthesia reports, number
2	2034..OR-57	3357	80	80 Anesthesia reports, number
2	1051..OR-57	0357	80	80 Anesthesia reports, number
2	1075..OR-57	1357	80	80 Anesthetic reports, number
2	2067..OR-57	4357	70	79 Plurality
2	2093..OR-57	5357	70	79 Plurality
2	2038..OR-57	3357	70	79 Plurality
2	2005..OR-57	2357	70	79 Plurality
2	1058..OR-57	0357	70	79 Plurality
2	1074..OR-57	1357	70	79 Plurality
2	1046..OR-57	0357	22	22 Anesthetic, gaseous agent used
2	1045..OR-57	0357	23	23 Anesthetic, intravenous agent used
2	1041..OR-57	0357	17	18 Anesthetic agents, date administered, (day)
2	1040..OR-57	0357	15	16 Anesthetic agents, date administered, (mo)
2	1042..OR-57	0357	14	20 Anesthetic agents, date administered, (yr)
3	6166.....VAR		1465	1465 Anesthesia during delivery
3	6094.....VAR		1368	1368 Anesthetic agents, conduction, route of agent 1
3	6103.....VAR		1377	1377 Anesthetic agents, conduction, route of agent 10
3	6095.....VAR		1369	1369 Anesthetic agents, conduction, route of agent 2
3	6096.....VAR		1370	1370 Anesthetic agents, conduction, route of agent 3
3	6097.....VAR		1371	1371 Anesthetic agents, conduction, route of agent 4
3	6098.....VAR		1372	1372 Anesthetic agents, conduction, route of agent 5
3	6100.....VAR		1373	1373 Anesthetic agents, conduction, route of agent 6
3	6101.....VAR		1374	1374 Anesthetic agents, conduction, route of agent 7
3	6102.....VAR		1375	1375 Anesthetic agents, conduction, route of agent 8
3	1063..OR-57	0357	1376	1376 Anesthetic agents, conduction, route of agent 9
3-6	6100.....VAR		21	21 Anesthetic agents, delivery/pre-delivery, yes/no
3-10	6105.....VAR		1378	1378 Anesthetic agents, gaseous
4	1047..OR-57	0357	25	25 Anesthetic agents, administered by
5	1048..OR-57	0357	26	26 Anesthetic agents, information obtained from
6	2050..OR-57	0357	43	44 Anesthetic, gaseous agent, nth
6	2042..OR-57	0357	15	16 Anesthetic, gaseous agent, nth
6	1962..OR-57	1357	43	44 Anesthetic, gaseous agent, nth
6	1954..OR-57	1357	15	16 Anesthetic, gaseous agent, nth
6	1958..OR-57	1357	20	30 Anesthetic, gaseous agent, nth
5-7	6104.....VAR		1378	1378 Anesthetic agents, gaseous
7	1955..OR-57	1357	17	20 Anesthetic, gaseous agent, nth, time started, intermittent
7	1950..OR-57	1357	31	34 Anesthetic, gaseous agent, nth, time started, intermittent
7	1963..OR-57	1357	45	38 Anesthetic, gaseous agent, nth, time started, intermittent

Form Item Numbers Linked to Data Items on OR-57, Anesthetic Agents

ITEM OR FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
7	2051..OR-57	4357	45	48	Anesthetic, gaseous agent, nth, time started, intermittent
7	2047..OR-57	4357	31	34	Anesthetic, gaseous agent, nth, time started, intermittent
7	2043..OR-57	4357	17	20	Anesthetic, gaseous agent, nth, time started, intermittent
8	1960..OR-57	4357	35	38	Anesthetic, gaseous agent, nth, time started, intermittent
8	2052..OR-57	4357	49	52	Anesthetic, gaseous agent, nth, time started, continuous
8	2044..OR-57	4357	21	24	Anesthetic, gaseous agent, nth, time started, continuous
8	1956..OR-57	4357	21	24	Anesthetic, gaseous agent, nth, time started, continuous
8	2048..OR-57	4357	35	38	Anesthetic, gaseous agent, nth, time started, continuous
8	1964..OR-57	4357	49	52	Anesthetic, gaseous agent, nth, time started, continuous
9	2053..OR-57	4357	53	56	Anesthetic, gaseous agent, nth, time started, continuous
9	1961..OR-57	4357	39	42	Anesthetic, gaseous agent, nth, time stopped
9	2049..OR-57	4357	39	42	Anesthetic, gaseous agent, nth, time stopped
9	1957..OR-57	4357	25	28	Anesthetic, gaseous agent, nth, time stopped
9	2045..OR-57	4357	25	28	Anesthetic, gaseous agent, nth, time stopped
10	1965..OR-57	4357	53	56	Anesthetic, gaseous agent, nth, time stopped
10	1966..OR-57	4357	57	58	Anesthetic, intravenous agent, nth
10	2054..OR-57	4357	57	58	Anesthetic, intravenous agent, nth
10	2057..OR-57	4357	67	68	Anesthetic, intravenous agent, nth
11	1969..OR-57	4357	67	68	Anesthetic, intravenous agent, nth
11	1967..OR-57	4357	59	62	Anesthetic, intravenous agent, nth, time started
11	2058..OR-57	4357	69	72	Anesthetic, intravenous agent, nth, time started
11	1970..OR-57	4357	69	72	Anesthetic, intravenous agent, nth, time started
11	2055..OR-57	4357	59	62	Anesthetic, intravenous agent, nth, time started
12	2059..OR-57	4357	73	76	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
12	1971..OR-57	4357	73	76	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
12	2056..OR-57	4357	63	66	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
12	1968..OR-57	4357	63	66	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
13	2060..OR-57	4357	77	77	Anesthesia, deepest prior to cord clamping
13	1972..OR-57	4357	77	77	Anesthesia, deepest prior to cord clamping
14	2071..OR-57	5357	27	28	Anesthetic, conduction agent, nth, type
14	1968..OR-57	2357	39	40	Anesthetic, conduction agent, nth, type
14	1983..OR-57	2357	27	28	Anesthetic, conduction agent, nth, type
14	2066..OR-57	5357	15	16	Anesthetic, conduction agent, nth, type
14	2081..OR-57	5357	51	52	Anesthetic, conduction agent, nth, type
14	1998..OR-57	2357	63	64	Anesthetic, conduction agent, nth, type
14	1978..OR-57	2357	15	16	Anesthetic, conduction agent, nth, type
14	2086..OR-57	5357	63	64	Anesthetic, conduction agent, nth, type
14	2076..OR-57	5357	39	40	Anesthetic, conduction agent, nth, type
15	6094.....VAH		1368	1368	Anesthetic agent, conduction, route of agent

Form Item Numbers Linked to Data Items on DR-57, Anesthetic Agents

ITEM DN FORM	DATA ITEM ID	CARD NUM	FROM TO	DATA ITEM NAME
15	6103.....VAR		1377 1377	Anesthetic agents, conduction, route of agent 10
15	6095.....VAR		1369 1369	Anesthetic agents, conduction, route of agent 2
15	6096.....VAR		1370 1370	Anesthetic agents, conduction, route of agent 3
15	6097.....VAR		1371 1371	Anesthetic agents, conduction, route of agent 4
15	6098.....VAR		1372 1372	Anesthetic agents, conduction, route of agent 5
15	6099.....VAR		1373 1373	Anesthetic agents, conduction, route of agent 6
15	6100.....VAR		1374 1374	Anesthetic agents, conduction, route of agent 7
15	6101.....VAR		1375 1375	Anesthetic agents, conduction, route of agent 8
15	6102.....VAR		1376 1376	Anesthetic agents, conduction, route of agent 9
15	2087..OR-57 5357		65 65	Anesthetic, conduction agent, nth, route
15	1974..OR-57 2357		17 17	Anesthetic, conduction agent, nth, route
15	1999..OR-57 2357		65 65	Anesthetic, conduction agent, nth, route
15	2072..OR-57 5357		29 29	Anesthetic, conduction agent, nth, route
15	2077..OR-57 5357		41 41	Anesthetic, conduction agent, nth, route
15	1989..OR-57 2357		41 41	Anesthetic, conduction agent, nth, route
15	2067..OR-57 5357		17 17	Anesthetic, conduction agent, nth, route
15	2082..OR-57 5357		53 53	Anesthetic, conduction agent, nth, route
15	1994..OR-57 2357		53 53	Anesthetic, conduction agent, nth, route
16	1995..OR-57 2357		54 54	Anesthetic, conduction agent, nth, route
16	1985..OR-57 2357		30 30	Anesthetic, conduction agent, nth, time started
16	2068..OR-57 5357		18 21	Anesthetic, conduction agent, nth, time started
16	2083..OR-57 5357		54 57	Anesthetic, conduction agent, nth, time started
16	1990..OR-57 2357		42 45	Anesthetic, conduction agent, nth, time started
16	2000..OR-57 2357		66 69	Anesthetic, conduction agent, nth, time started
16	1980..OR-57 2357		18 21	Anesthetic, conduction agent, nth, time started
16	2073..OR-57 5357		30 33	Anesthetic, conduction agent, nth, time started
17	1991..OR-57 2357		46 49	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	2001..OR-57 2357		70 73	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	2080..OR-57 5357		70 73	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	1981..OR-57 2357		22 25	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	2074..OR-57 5357		34 37	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	2079..OR-57 5357		46 49	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	1986..OR-57 2357		34 37	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	2069..OR-57 5357		22 25	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	1996..OR-57 2357		58 61	Anesthetic, conduction agent, nth, total dosage before cord clamping

Form Item Numbers linked to Date Items on OR-57, Anesthetic Agents

ITEM ON FORM	DATA ITEM ID	CARR MIN	FROM	TO	DATA ITEM NAME
18	2085..OR-57	5357	62	62	Anesthetic, conduction agent, nth, how used
18	2002..OR-57	2357	74	74	Anesthetic, conduction agent, nth, how used
18	1987..OR-57	2357	38	38	Anesthetic, conduction agent, nth, how used
18	1997..OR-57	2357	62	62	Anesthetic, conduction agent, nth, how used
18	2080..OR-57	5357	50	50	Anesthetic, conduction agent, nth, how used
18	2070..OR-57	5357	26	26	Anesthetic, conduction agent, nth, how used
18	1982..OR-57	2357	26	26	Anesthetic, conduction agent, nth, how used
18	1992..OR-57	2357	50	50	Anesthetic, conduction agent, nth, how used
18	2075..OR-57	5357	38	38	Anesthetic, conduction agent, nth, how used
18	1993..OR-57	2357	51	52	Anesthetic, conduction agent, nth, how used
19	2003..OR-57	2357	75	76	Anesthetic, highest level prior to cord clamping
19	2091..OR-57	5357	75	76	Anesthetic, highest level prior to clamp of cord
20	2016..OR-57	3357	22	22	Anesthesia; response of patient, aspiration, before cord clamped
20	2036..OR-57	3357	42	42	Anesthesia; response of patient, other, after cord clamped
20	2017..OR-57	3357	23	23	Anesthesia; response of patient, tachycardia, before cord clamped
20	2009..OR-57	3357	15	15	Anesthesia; response of patient, unusual, before cord clamped
20	2034..OR-57	3357	40	40	Anesthesia; response of patient; apnea, after cord clamped
20	2020..OR-57	3357	25	25	Anesthesia; response of patient; apnea, after cord clamped
20	2030..OR-57	3357	36	36	Anesthesia; response of patient; aspiration, after cord clamped
20	2032..OR-57	3357	38	38	Anesthesia; response of patient; bradycardia, after cord clamped
20	2018..OR-57	3357	24	24	Anesthesia; response of patient; bradycardia, before cord clamped
20	2035..OR-57	3357	41	41	Anesthesia; response of patient; cardiac arrest, after cord clamped
20	2021..OR-57	3357	27	27	Anesthesia; response of patient; cardiac arrest, before cord clamped
20	2033..OR-57	3357	39	39	Anesthesia; response of patient; cardiac arrhythmia, after cord clamped
20	2019..OR-57	3357	25	25	Anesthesia; response of patient; cardiac arrhythmia, before cord clamped
20	2026..OR-57	3357	32	32	Anesthesia; response of patient; cyanosis, generalized, after cord clamped
20	2012..OR-57	3357	19	18	Anesthesia; response of patient; cyanosis, generalized, before cord clamped
20	2025..OR-57	3357	31	31	Anesthesia; response of patient; cyanosis, moderate, after cord clamped
20	2011..OR-57	3357	17	17	Anesthesia; response of patient; cyanosis, moderate, before cord clamped
20	2024..OR-57	3357	20	30	Anesthesia; response of patient; cyanosis, slight, after cord clamped
20	2010..OR-57	3357	16	16	Anesthesia; response of patient; cyanosis, slight, before cord clamped
20	2027..OR-57	7357	33	33	Anesthesia; response of patient; hypotension, after cord clamped
20	2013..OR-57	7357	19	19	Anesthesia; response of patient; hypotension, before cord clamped
20	2029..OR-57	3357	35	35	Anesthesia; response of patient; laryngospasm, after cord clamped

Form Item numbers linked to Page Items on OB-57, Anesthetic Agents

ITEM NW FORM	NATA TYPE IN	CASH SUN	FROM	TO	DATA ITEM NAME
20	2015..OB-57	3357	21	71	Anesthesia; response of patient; laryngospasm, before cord clamped
20	2022..OB-57	3357	24	78	Anesthesia; response of patient; other, before cord clamped
20	2031..OB-57	3357	37	37	Anesthesia; response of patient; tachycardia, after cord clamped
20	2023..OB-57	3357	24	79	Anesthesia; response of patient; unusual, after cord clamped
20	2024..OB-57	3357	34	34	Anesthesia; response of patient; vomiting, after cord clamped
20	2014..OB-57	3357	20	20	Anesthesia; response of patient; vomiting, before cord clamped
24	1966..OB-57	0357	24	74	Anesthetic, conduction agent used

DEFINITION OF CODES
ANESTHETIC AGENTS
FORMS OB-35 CARD O357
and OB-57

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 0	1
2. <u>Form Number</u> Code: 357	2-4
3. <u>Revision Number *</u> Code: 0 - OB-35 Form Dated: 1/59 1 - OB-57 Form Dated: Rev. 4/62 2 - OB-57 Form Dated: Rev. 12/62	5
4. <u>NINDB Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Date Administered or Date of Delivery</u> Item 2 Six-digit code for Month (cols. 15-16), Day (cols. 17-18), and Year (cols. 19-20). Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>This Form Reports</u> Item 3 Code: 1 - Anesthetic agent at delivery 2 - Pre-delivery anesthetic agents 8 - No anesthetic agents at delivery 9 - Unknown if agent is used	21
7. <u>Agent Use</u> Three-digit code for: <u>Gaseous</u> (col. 22) Code: 0 - Agent not used 1 - Less than 4 agents used (known or unknown type) 2 - Four or more agents used (known or unknown type) 9 - Unknown if used	22-24

* Unless specified, Fields, Codes and Card Columns refer to Revision numbers "0", "1" and "2". Item numbers refer to Form Dated: Rev. 12/62. Revision "0" is abstracted on ADM-43.

DEFINITION OF CODES (Continued)

FORM OB-5
Card 0357

FIELD

CARD
COLUMN

7. Agent Use (continued)
Intravenous (col. 23)
Code: 0 - Agent not used
1 - Less than 3 agents used (known or unknown type)
2 - 3 or more agents used (known or unknown type)
9 - Unknown if used
Conduction (col. 24)
Code: 0 - Agent not used
1 - 1-5 agents reported (known or unknown type)
2 - 6 or more agents reported (known or unknown type)
9 - Unknown if agent used
- 22-24
8. Administered By
Revision "1" and "2" only
Item 4
Code: 0 - No agents administered
1 - Anesthesiologist
2 - Nurse anesthetist
3 - Combination of codes 1 and 2
4 - Physician delivering
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
8 - Other
9 - Unknown, not on revision "0"
- 25
9. This Information Obtained From
Revision "1" and "2" only
Item 5
Code: 0 - Not applicable, no agents administered
1 - Person specified in Field 8
2 - Observation by Project staff
3 - Combination of codes 1 and 2
4 - Hospital record
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
8 - Other
9 - Unknown, not on revision "0"
- 26

DEFINITIONS OF CODES (Continued)

FORM OB-57
Card 0357

FIELD

CARD
COLUMN

10. Plurality

- Code: Blank - Single birth
1 - 1st of Multiple
2 - 2nd of Multiple
3 - 3rd of Multiple
4 - 4th of Multiple

79

11. Number of Anesthesia Reports

- Code: Blank - First report of anesthetic agents
at delivery, no anesthetic agents
0 - Second report of anesthetic agents
at delivery
1 - First report of pre-delivery
anesthetic agent use
2 - Second report of pre-delivery
anesthetic agent use
3 - Third report of pre-delivery
anesthetic agent use
4 - Fourth report of pre-delivery
anesthetic agent use
5 - Fifth report of pre-delivery
anesthetic agent use
6 - Sixth report of pre-delivery
anesthetic agent use
7 - Seventh report of pre-delivery
anesthetic agent use

80

NOTE: More than one card may be present. A card is punched for each delivery in a multiple birth and for each day in which anesthesia was administered.

DEFINITION OF CODES (Continued)

FORM OB-57
Card 1357

FIELD

CARD
COLUMN

- | | | |
|----|--|-------|
| 1. | <u>Card Number</u>
Code: 1 | 1 |
| 2. | <u>Basic Data *</u>
Code: Same as in cols. 2-14 of Card 0 | 2-14 |
| 3. | <u>Gaseous Agent - I</u>
Items 6-9
Fourteen-digit code for:
<u>Agent (cols. 15-16)</u>
Code: See attachment "Anesthetic Agent Code List"
<u>Time Started - Intermittent (cols. 17-20)</u>
Code: 0000 - Not applicable (administration continuous)
0001-2400 - As given based on 24 hour clock
9999 - Unknown
<u>Time Started - Continuous (cols. 21-24)</u>
Code: Same as in Field 3, cols. 17-20 except
0000 - Not applicable (administration intermittent)
<u>Time Stopped (cols. 25-28)</u>
Code: Same as in Field 3, cols. 17-20 except
0000 - Not applicable
7777 - After cord clamp (Rev. 1 and 2 only) | 15-28 |
| | Note: 0's in entire field = not used | |
| 4. | <u>Gaseous Agent - II</u>
Code: Same as in Field 3 | 29-42 |
| 5. | <u>Gaseous Agent III</u>
Code: Same as in Field 3 | 43-56 |
| 6. | <u>Intravenous Agents - I</u>
Items 10-12
Ten-digit code for:
<u>Type of Agent (cols. 57-58)</u>
Code: Same as in Field 3, cols. 15-16
<u>Time Started (cols. 59-62)</u>
Code: Same as in Field 3, cols. 17-20 except
0000 - No IV agents used
<u>Total Dosage Before Clamping of Cord (cols. 63-66)</u>
Code: 0000 - No IV agents used
0001-9998 - As given in mgms.
9999 - Unknown | 57-66 |

* Unless specified, Field, Codes and Card Columns refer to Revision Numbers "0", "1" and "2". Item numbers refer to Form Dated: Rev. 12/62. Revision "0" is abstracted on ADM-43.

DEFINITION OF CODES (Continued)

FORM OB-57
Card 1357

FIELD

CARD
COLUMN

- | | | |
|-----|--|-------|
| 7. | <u>Intravenous Agent - II</u>
Code: Same as in Field 6 | 67-76 |
| 8. | <u>Deepest Anesthesia Prior to Cord Clamp</u>
Item 13
Code: 0 - Anesthesia not attained
1 - First stage
2 - Second stage
3 - Third stage (first plane)
4 - Third stage (second plane)
5 - Third stage (third plane)
6 - Third stage (plane unknown)
9 - Unknown | 77 |
| 9. | <u>Plurality</u>
Code: Blank - Single birth
1 - 1st of Multiple
2 - 2nd of Multiple
3 - 3rd of Multiple
4 - 4th of Multiple | 79 |
| 10. | <u>Number of Anesthesia Reports</u>
Code: Blank - First report of anesthetic agents
at delivery, no anesthetic agents
0 - Second report of anesthetic agents
at delivery
1 - First report of pre-delivery
anesthetic agent use
2 - Second report of pre-delivery
anesthetic agent use
3 - Third report of pre-delivery
anesthetic agent use
4 - Fourth report of pre-delivery
anesthetic agent use
5 - Fifth report of pre-delivery
anesthetic agent use
6 - Sixth report of pre-delivery
anesthetic agent use
7 - Seventh report of pre-delivery
anesthetic agent use | 80 |

NOTE: More than one card may be present. A card is punched for each delivery in a multiple birth and for each day in which anesthesia was administered.

DEFINITION OF CODES (Continued)

FORM OB-57
Card 2357

FIELD

CARD
COLUMN

- | | | |
|----|---|-------|
| 1. | <u>Card Number</u>
Code: 2 | 1 |
| 2. | <u>Basic Data *</u>
Code: Same as in cols. 2-14 of Card 0 | 2-14 |
| 3. | <u>Conduction Agent</u>
Items 14-18
Twelve-digit code for:
<u>Agent</u> (cols. 15-16)
Code: See attachment "Anesthetic Agent Code List"
<u>Route</u> (col. 17)
Code: 1 - Spinal, saddle block, sub-arachnoid, hyperbaric spinal
2 - Caudal, sacral
3 - Epidural, peridural
4 - Local infiltration
5 - Pudendal block
6 - Paracervical block, utero-sacral block
7 - Paravertebral, parasacral
9 - Unknown
<u>Time Started</u> (cols. 18-21)
Code: 0001-2400 - As given based on 24 hour clock
9999 - Unknown
<u>Total Dosage Before Clamping of Cord</u> (cols. 22-25)
Code: 0001-9998 - As given in mgms.
9999 - Unknown
<u>How Used</u> (col. 26)
Code: 1 - Continuous
2 - Single dose
9 - Unknown | 15-26 |

* Unless specified, Fields, Codes and Card Columns refer to Revision numbers "0", "1" and "2". Item numbers refer to Form Dated: Rev. 12/62. Revision "0" is abstracted on ADM-43.

DEFINITION OF CODES (Continued)

FORM OB-57
Card 2357

FIELD

CARD
COLUMN

4.	<u>Conduction Agent - II</u> Code: Same as in Field 3 except 0's in entire field = no second agent used	27-38
5.	<u>Conduction Agent - III</u> Code: Same as in Field 4	39-50
6.	<u>Conduction Agent - IV</u> Code: Same as in Field 4	51-62
7.	<u>Conduction Agent - V</u> Code: Same as in Field 4	63-74
8.	<u>Highest Level of Anesthesia</u> Item 19 - Codes for Revisions "1" and "2" only: 00 - Not applicable 10 - Low Sacral 11 - Mid Sacral 12 - High Sacral 13 - Sacral V 14 - Sacral IV 15 - Sacral III 16 - Sacral II 17 - Sacral I 20 - Low Lumbar 21 - Mid Lumbar 22 - High Lumbar 23 - Lumbar V 24 - Lumbar IV 25 - Lumbar III (codes continued on next page)	75-76

DEFINITION OF CODES (Continued)

FORM OB-57
Card 2357

FIELD

CARD
COLUMN

8. Highest Level of Anesthesia (cont.)

75-76

Code: 26 - Lumbar II
27 - Lumbar I
30 - Low Thoracic
31 - Mid Thoracic
32 - High Thoracic
33 - Thoracic XII
34 - Thoracic XI
35 - Thoracic X -
36 - Thoracic IX
37 - Thoracic VIII
38 - Thoracic VII
39 - Thoracic VI
40 - Thoracic V -
41 - Thoracic IV
42 - Thoracic III
43 - Thoracic II
44 - Thoracic I
50 - Low cervical
51 - Mid cervical
52 - High cervical
53 - Cervical VIII
54 - Cervical VII
55 - Cervical VI
56 - Cervical V
57 - Cervical IV
58 - Cervical III
59 - Cervical II
60 - Cervical I
88 - Not attained
99 - Unknown

Codes for Rev. "0" only
00 - Not applicable
99 - Unknown

9. Plurality

Code: Blank - Single birth
1 - 1st of Multiple
2 - 2nd of Multiple
3 - 3rd of Multiple
4 - 4th of Multiple

79

DEFINITION OF CODES (Continued)

FORM OB-57
Card 2357

FIELD

CARD
COLUMN

10. Number of Anesthesia Reports
Code: Blank - First report of anesthetic agents at delivery, no anesthetic agents
- 0 - Second report of anesthetic agents at delivery
 - 1 - First report of pre-delivery anesthetic agent use
 - 2 - Second report of pre-delivery anesthetic agent use
 - 3 - Third report of pre-delivery anesthetic agent use
 - 4 - Fourth report of pre-delivery anesthetic agent use
 - 5 - Fifth report of pre-delivery anesthetic agent use
 - 6 - Sixth report of pre-delivery anesthetic agent use
 - 7 - Seventh report of pre-delivery anesthetic agent use

80

NOTE: More than one card may be present. A card is punched for each delivery in a multiple birth and for each day in which anesthesia was administered.

DEFINITION OF CODES (Continued)

FORM OB-57
Card 3357

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Column</u> Code: 3	1
2. <u>Basic Data *</u> Code: Same as in cols. 2-14 of Card 0	2-14
3. <u>Response of Patient - Before Cord Clamped</u> Item 20 Fourteen-digit code for:	15-28
<u>Unusual Response</u> (col. 15)	
<u>Cyanosis - Slight</u> (col. 16)	
<u>Cyanosis - Moderate</u> (col. 17)	
<u>Cyanosis - Generalized</u> (col. 18)	
<u>Hypotension</u> (col. 19)	
<u>Vomiting</u> (col. 20)	
<u>Laryngospasm</u> (col. 21)	
<u>Possible Aspiration</u> (col. 22)	
<u>Tachycardia</u> (col. 23)	
<u>Bradycardia</u> (col. 24)	
<u>Cardiac Arrhythmia</u> (col. 25)	
<u>Apnea</u> (col. 26)	
<u>Cardiac Arrest</u> (col. 27)	
<u>Other</u> (col. 28)	
Code for each column:	
0 - None	
1 - Positive or questionable response	
9 - Unknown	
4. <u>Response of Patient - After Cord Clamp</u> Item 20 Fourteen-digit code for:	29-42
<u>Unusual Response</u> (col. 29)	
<u>Cyanosis - Slight</u> (col. 30)	
<u>Cyanosis - Moderate</u> (col. 31)	
<u>Cyanosis - Generalized</u> (col. 32)	
<u>Hypotension</u> (col. 33)	
<u>Vomiting</u> (col. 34)	
<u>Laryngospasm</u> (col. 35)	

* Unless specified, Fields, Codes and Card Columns refer to Revision numbers "0", "1" and "2". Item numbers refer to Form Dated: Rev. 12/62. Revision "0" is abstracted on ADM-43.

DEFINITION OF CODES (continued)

FORM OB-57
Card 3357

FIELD

CARD
COLUMN

4. Response of Patient - After Cord Clamp (cont.)

29-42

<u>Possible Aspiration</u>	(col. 36)
<u>Tachycardia</u>	(col. 37)
<u>Bradycardia</u>	(col. 38)
<u>Cardiac Arrhythmia</u>	(col. 39)
<u>Apnea</u>	(col. 40)
<u>Cardiac Arrest</u>	(col. 41)
<u>Other</u>	(col. 42)

Code for each column:

- 0 - None
- 1 - Positive or questionable response
- 9 - Unknown, not on Rev. "0"

5. Plurality

79

- Code: Blank - Single birth
- 1 - 1st of Multiple
 - 2 - 2nd of Multiple
 - 3 - 3rd of Multiple
 - 4 - 4th of Multiple

6. Number of Anesthesia Reports

80

- Code: Blank - First report of anesthetic agents at delivery, no anesthetic agents
- 0 - Second report of anesthetic agents at delivery
 - 1 - First report of pre-delivery anesthetic agent use
 - 2 - Second report of pre-delivery anesthetic agent use
 - 3 - Third report of pre-delivery anesthetic agent use
 - 4 - Fourth report of pre-delivery anesthetic agent use
 - 5 - Fifth report of pre-delivery anesthetic agent use
 - 6 - Sixth report of pre-delivery anesthetic agent use
 - 7 - Seventh report of pre-delivery anesthetic agent use

Note: Card 4 required if either or both cols. 22 and 23 of 0357 card is "2". Code same as card 1 except card col. 1 is "4".

Card 5 required if col. 24 of 0357 card is "2". Code same as card 2 except card col. 1 if "5".

More than one card (3, 4 or 5) may be present. A card is punched for each delivery in a multiple birth and for each day in which anesthesia was administered.

ANESTHETIC AGENT CODE LIST

- | | |
|--|--|
| 00 - None | 33 - Brevital Sodium |
| 10 - Nitrous Oxide | 34 - Viadril |
| 11 - Cyclopropane | 35 - G 29-505 |
| 12 - Ether | 50 - Cyclaine |
| 13 - Trilene | 51 - Diathane Hydrochloride |
| 14 - Ethylene | 52 - Metycaine Hydrochloride |
| 15 - Halothane | 53 - Nesacaine |
| 16 - Fluoromar | 54 - Nupercaine Hydrochloride |
| 17 - Chloroform | 55 - Pontocaine Hydrochloride |
| 19 - Vinyl Ether | 56 - Novocaine Hydrochloride |
| 20 - Nitrous Oxide USED WITHOUT
OXYGEN (Hosp. 50) | 57 - Ravocaine Hydrochloride |
| 21 - Scanoform | 58 - Xylocaine |
| 22 - Alcoform | 59 - Stovaine |
| 23 - Anestnol | 60 - Carbocaine |
| 24 - GOE | 77 - Type 2 "caine" derivative unknown |
| 25 - Oxygen - Hosp. 50 | 78 - L67 Hcl Cytamest |
| 26 - Penthrane | 79 - Primacaine |
| 30 - Evipan Sodium | 89 - Unknown Type of Agent |
| 31 - Surgical Sodium | 96 - Bratacaine |
| 32 - Pentothal Sodium | 99 - Unknown if agent used |

March 1964

ANESTHETIC AGENTS (OB-57)

1	2	3	4	5	6	7	8	9	
ITEM # ON FORM #		DATE RECEIVING OR DATE DELIVERED		NIMDB #		LOAD # 0357		NIMDB #	
2		2 1 45		NIMDB #		LOAD # 0357		NIMDB #	
<p>THIS FORM REPORTS ALL ANESTHETIC AGENTS USED IN THE OPERATION OF THE AIRCRAFT ON THE DATE INDICATED IN THE COMMENTS SECTION OF THIS REPORT.</p>									
<p>NO. OF INSTRUMENTS</p>									

BLANK

* Item numbers refer to form dated: Rev. 12/62

CODE SHEET FOR ANESTHETIC AGENTS (OB-57)

ITEM # ON FORM #	GASEOUS AGENTS												INTRAVENOUS AGENTS																	
	I												II																	
1	6	7	8	9	6	7	8	9	6	7	8	9	10	11	12	10	11	12	TOTAL Doses BEFORE CLAMPING OF CORD											
2	AGENT												AGENT																	
3	TIME STARTED - ENTRY POINT												TIME STARTED																	
4	TIME STOPPED												TIME STOPPED																	
5	CONTINUOUS												CONTINUOUS																	
6	TIME STARTED - ENTRY POINT												TIME STARTED - ENTRY POINT																	
7	TIME STOPPED												TIME STOPPED																	
8	AGENT												AGENT																	
9	CARD NO. OR USE #												CARD NO. OR USE #																	
10	NINDB #												NINDB #																	
11	TOTAL Doses BEFORE CLAMPING OF CORD												TOTAL Doses BEFORE CLAMPING OF CORD																	
12	AGENT												AGENT																	
13	TIME STARTED - ENTRY POINT												TIME STARTED																	
14	TIME STOPPED												TIME STOPPED																	
15	CONTINUOUS												CONTINUOUS																	
16	TIME STARTED - ENTRY POINT												TIME STARTED - ENTRY POINT																	
17	TIME STOPPED												TIME STOPPED																	
18	AGENT												AGENT																	
19	CARD NO. OR USE #												CARD NO. OR USE #																	
20	NINDB #												NINDB #																	
21	TOTAL Doses BEFORE CLAMPING OF CORD												TOTAL Doses BEFORE CLAMPING OF CORD																	
22	AGENT												AGENT																	
23	TIME STARTED - ENTRY POINT												TIME STARTED																	
24	TIME STOPPED												TIME STOPPED																	
25	CONTINUOUS												CONTINUOUS																	
26	TIME STARTED - ENTRY POINT												TIME STARTED - ENTRY POINT																	
27	TIME STOPPED												TIME STOPPED																	
28	AGENT												AGENT																	
29	CARD NO. OR USE #												CARD NO. OR USE #																	
30	NINDB #												NINDB #																	
31	TOTAL Doses BEFORE CLAMPING OF CORD												TOTAL Doses BEFORE CLAMPING OF CORD																	
32	AGENT												AGENT																	
33	TIME STARTED - ENTRY POINT												TIME STARTED																	
34	TIME STOPPED												TIME STOPPED																	
35	CONTINUOUS												CONTINUOUS																	
36	TIME STARTED - ENTRY POINT												TIME STARTED - ENTRY POINT																	
37	TIME STOPPED												TIME STOPPED																	
38	AGENT												AGENT																	
39	CARD NO. OR USE #												CARD NO. OR USE #																	
40	NINDB #												NINDB #																	
41	TOTAL Doses BEFORE CLAMPING OF CORD												TOTAL Doses BEFORE CLAMPING OF CORD																	
42	AGENT												AGENT																	
43	TIME STARTED - ENTRY POINT												TIME STARTED																	
44	TIME STOPPED												TIME STOPPED																	
45	CONTINUOUS												CONTINUOUS																	
46	TIME STARTED - ENTRY POINT												TIME STARTED - ENTRY POINT																	
47	TIME STOPPED												TIME STOPPED																	
48	AGENT												AGENT																	
49	CARD NO. OR USE #												CARD NO. OR USE #																	
50	NINDB #												NINDB #																	
51	TOTAL Doses BEFORE CLAMPING OF CORD												TOTAL Doses BEFORE CLAMPING OF CORD																	
52	AGENT												AGENT																	
53	TIME STARTED - ENTRY POINT												TIME STARTED																	
54	TIME STOPPED												TIME STOPPED																	
55	CONTINUOUS												CONTINUOUS																	
56	TIME STARTED - ENTRY POINT												TIME STARTED - ENTRY POINT																	
57	TIME STOPPED												TIME STOPPED																	
58	AGENT												AGENT																	
59	CARD NO. OR USE #												CARD NO. OR USE #																	
60	NINDB #												NINDB #																	
61	TOTAL Doses BEFORE CLAMPING OF CORD												TOTAL Doses BEFORE CLAMPING OF CORD																	
62	AGENT												AGENT																	
63	TIME STARTED - ENTRY POINT												TIME STARTED																	
64	TIME STOPPED												TIME STOPPED																	
65	CONTINUOUS												CONTINUOUS																	
66	TIME STARTED - ENTRY POINT												TIME STARTED - ENTRY POINT																	
67	TIME STOPPED												TIME STOPPED																	
68	AGENT												AGENT																	
69	CARD NO. OR USE #												CARD NO. OR USE #																	
70	NINDB #												NINDB #																	
71	TOTAL Doses BEFORE CLAMPING OF CORD												TOTAL Doses BEFORE CLAMPING OF CORD																	
72	AGENT												AGENT																	
73	TIME STARTED - ENTRY POINT												TIME STARTED																	
74	TIME STOPPED												TIME STOPPED																	
75	CONTINUOUS												CONTINUOUS																	
76	TIME STARTED - ENTRY POINT												TIME STARTED - ENTRY POINT																	
77	TIME STOPPED												TIME STOPPED																	
78	AGENT												AGENT																	
79	CARD NO. OR USE #												CARD NO. OR USE #																	
80	NINDB #												NINDB #																	
81	TOTAL Doses BEFORE CLAMPING OF CORD												TOTAL Doses BEFORE CLAMPING OF CORD																	
82	AGENT												AGENT																	
83	TIME STARTED - ENTRY POINT												TIME STARTED																	
84	TIME STOPPED												TIME STOPPED																	
85	CONTINUOUS												CONTINUOUS																	
86	TIME STARTED - ENTRY POINT												TIME STARTED - ENTRY POINT																	
87	TIME STOPPED												TIME STOPPED																	
88	AGENT												AGENT																	
89	CARD NO. OR USE #												CARD NO. OR USE #																	
90	NINDB #												NINDB #																	
91	TOTAL Doses BEFORE CLAMPING OF CORD												TOTAL Doses BEFORE CLAMPING OF CORD																	
92	AGENT												AGENT																	
93	TIME STARTED - ENTRY POINT												TIME STARTED																	
94	TIME STOPPED												TIME STOPPED																	
95	CONTINUOUS												CONTINUOUS																	
96	TIME STARTED - ENTRY POINT												TIME STARTED - ENTRY POINT																	
97	TIME STOPPED												TIME STOPPED																	
98	AGENT												AGENT																	
99	CARD NO. OR USE #												CARD NO. OR USE #																	
100	NINDB #												NINDB #																	

* Item numbers refer to form dated: Rev. 12/62

CODE SHEET FOR ANESTHETIC AGENTS (OB-57)

1	ITEM #	1	CONDUCTION AGENTS		17	16	17	16	17	16	17	19
2	OB FORM #				17	16	17	16	17	16	17	16	17	19
3					17	16	17	16	17	16	17	19
4					17	16	17	16	17	16	17	19
5					17	16	17	16	17	16	17	19
6					17	16	17	16	17	16	17	19
7					17	16	17	16	17	16	17	19
8					17	16	17	16	17	16	17	19
9					17	16	17	16	17	16	17	19
10					17	16	17	16	17	16	17	19

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II.B.246

OB-35457

* Item numbers refer to form dated: Rev. 12/62

CODE SHEET FOR ANESTHETIC AGENTS (OB-57)

1	2	3	4	5	6	7	8	9
Item # On Form		CARD # 3357		NINDB #		20		
RESPONSE OF PATIENT						20		
BEFORE CARD CLAMPED			AFTER CARD CLAMPED					
1. Patient's name 2. Date of birth 3. Sex 4. Height 5. Weight 6. Blood pressure 7. Heart rate 8. Respiratory rate 9. Temperature 10. Pulse oximetry 11. End-tidal CO2 12. Oxygen saturation 13. Anesthetic agent 14. Dosage 15. Duration 16. Complications 17. Recovery time 18. Postoperative pain 19. Postoperative nausea 20. Postoperative vomiting			1. Patient's name 2. Date of birth 3. Sex 4. Height 5. Weight 6. Blood pressure 7. Heart rate 8. Respiratory rate 9. Temperature 10. Pulse oximetry 11. End-tidal CO2 12. Oxygen saturation 13. Anesthetic agent 14. Dosage 15. Duration 16. Complications 17. Recovery time 18. Postoperative pain 19. Postoperative nausea 20. Postoperative vomiting					
BLANK								
NO. OF WESTERN ALBERTA PHYSICIANS								

* Item numbers refer to form dated: Rev. 12/62

OB-57 ANESTHETIC AGENTS

I. Purpose of form Form provides for:

- A. Reporting use of and reactions to all anesthetic agents administered during the Study gravida's pregnancy and delivery.
- B. Reporting of anesthetic agents administered postpartum (after cord clamping) at local option.

Item Number

manner in which information was obtained. Specify the source of the information when "other" is marked.

II. General Instructions

- A. See Procedure Manual for specified uses of form.
- B. Report all anesthetic agents administered to the Study patient during the entire pregnancy, regardless of whether or not a level of anesthesia was attained. This may result in many OB-57's on the same case.
- C. Recording of times:

- 1. The Study observer, when present, is responsible for the recording of accurate times.
- 2. When exact timing has not been carried out, utilize the best approximation available, and so note. In any case, exert all possible efforts to determine whether agents were started before or after cord clamping.

III. Specific Instructions

Item Number

- 2. Date administered. Record the date anesthetic agent was administered.
- 3. No anesthetic agents used for delivery. Mark if no anesthetic agents were administered prior to clamping of the cord. Completion of remaining items to report anesthesia used following cord clamping is optional for Study purposes.
- 4. Administered by. Mark the appropriate box. Specify the title or position of the anesthetist if "other" is marked.
- 5. This information obtained from. Mark all appropriate boxes which describe the

GASEOUS AGENTS (Items #6-9):

- 6. If no gaseous agents were used for analgesia or anesthesia, mark "not used," and do not complete items #7, 8, and 9. Indicate all gaseous anesthetic agents used by marking appropriate boxes, and recording under "other" those agents not listed.
- 7, 8. Time started. For each agent used, record on the line provided the exact time that agent was first started. If use of the agent was intermittent for a period of time, record the starting time in item #7; if then given continuously, record that starting time in item #8.
- 9. Time stopped. Record the exact time each anesthetic agent was finally discontinued. (If after cord clamping, record "A. C.")

INTRAVENOUS AGENTS (Items #10-12)

- 10. If no intravenous agents were used for anesthesia, mark "not used" and do not complete items #11 and 12. Record the names of all agents utilized.
- 11. Time started. Record the time of initial injection.
- 12. Total dosage before clamping of cord. Record for each agent used the total dosage in milligrams, etc., injected before clamping of the cord.
- 13. Deepest anesthesia prior to clamping of cord. Indicate the deepest stage or plane of anesthesia (gaseous or intravenous) reached prior to clamping of cord by marking the appropriate box. If anesthesia was not attained, so note.

CONDUCTION AGENTS (Items #14-19)

- 14. If no conduction agent was administered, mark "not used" and do not complete items #15-19. Record the name of each agent administered on a line provided.

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OB-57 ANESTHETIC AGENTS (Continued)

Item Number

15. **Route.** Indicate the route of administration of each agent listed, utilizing the numerical code provided.
16. **Time started.** Report the time of initial injection for each agent used.
17. **Dosage.** Record dosage prior to clamping of cord in one of the following ways:
 - a. Total milligrams injected.
 - b. Percentage concentration and volume of solution injected.
18. **Conduction anesthesia was.** Indicate whether conduction anesthesia was continuous administration, or a single dose.

Item Number

19. **Highest level.** Utilizing spinal nerve root levels, indicate the highest level of anesthesia obtained prior to cord clamping. If information is not available from anesthetist, mark "unknown."
20. **Response of patient.**
 - a. If no unusual response occurred during anesthesia, mark the box so labeled.
 - b. Record the occurrence and time relationship to cord clamping of any complication(s) by marking the appropriate box(es) in each column.
21. **Other medication.** Record all other medications given by the anesthetist prior to cord clamping. For each agent given, record time, dosage and route. Include here such medications as pressor drugs, muscle relaxants, atropine, analgesic agents, etc.

October 1962

1. PATIENT IDENTIFICATION

OB-57 ANESTHETIC AGENTS

white

superseded by 12-62 rev.

At delivery, if anesthetic agents are not administered, mark items 1, 2, and 3, and do not complete rest of form.

2. DATE ADMINISTERED

No.	Day	Year	<input type="checkbox"/> NO ANESTHETIC AGENTS USED FOR DELIVERY
-----	-----	------	---

Use 24 hr. block for all times. If time stopped to allow clamping of the cord, the letters "A. C." may be entered in that space.

4. ADMINISTERED BY:		5. THIS INFORMATION OBTAINED FROM:	
<input type="checkbox"/> 1 ANESTHESIOLOGIST	<input type="checkbox"/> 4 PHYSICIAN DELIVERING	<input type="checkbox"/> 1 PERSON SPECIFIED IN ITEM 4	<input type="checkbox"/> 4 HOSPITAL RECORD
<input type="checkbox"/> 2 NURSE ANESTHETIST	<input type="checkbox"/> 5 OTHER: _____	<input type="checkbox"/> 2 OBSERVATION BY PROJECT STAFF	<input type="checkbox"/> 5 OTHER: _____ (Specify)
		TITLE	

6. NOT USED

GASEOUS AGENTS

	7. TIME STARTED - INTERMITTENT	8. TIME STARTED - CONTINUOUS	9. TIME STOPPED
<input type="checkbox"/> ETHYER			
<input type="checkbox"/> CYCLOPROPANE			
<input type="checkbox"/> ETHAN			
<input type="checkbox"/> TRICHLOROETHYLENE			
OTHER: <i>See entry</i>			

20. RESPONSE OF PATIENT

NO UNUSUAL RESPONSE

BEFORE CORD CLAMPED (1)	AFTER CORD CLAMPED (2)
CYANOSIS	
<input type="checkbox"/> SLIGHT: PERI-ORAL, FINGERTIP	<input type="checkbox"/>
<input type="checkbox"/> MODERATE: NOT GENERALIZED	<input type="checkbox"/>
<input type="checkbox"/> GENERALIZED	<input type="checkbox"/>
HYPOTENSION (DROP OF MORE THAN 20 PERCENT SYSTOLIC OR 15 PERCENT DIASTOLIC BELOW PRE-ANESTHETIC LEVEL)	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VOMITING	<input type="checkbox"/>
<input type="checkbox"/> LARYNGOSPASM	<input type="checkbox"/>
<input type="checkbox"/> POSSIBLE ASPIRATION	<input type="checkbox"/>
<input type="checkbox"/> TACHYCARDIA	<input type="checkbox"/>
<input type="checkbox"/> BRADYCARDIA	<input type="checkbox"/>
<input type="checkbox"/> CARDIAC ARRHYTHMIA	<input type="checkbox"/>
<input type="checkbox"/> APNEA	<input type="checkbox"/>
<input type="checkbox"/> CARDIAC ARREST	<input type="checkbox"/>
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/>

10. NOT USED

INTRAVENOUS AGENTS

	11. TIME STARTED	12. TOTAL DOSE BEFORE CLAMPING OF CORD

15. DEEPEST ANESTHESIA PRIOR TO CLAMPING OF CORD

ANESTHESIA NOT ATTAINED

UNSTABLE

FIRST STAGE

SECOND STAGE

THIRD STAGE

FIRST PLANE

SECOND PLANE

THIRD PLANE

16. NOT USED

CONDUCTION AGENTS

	13. ROUTE*	14. TIME STARTED	17. TOTAL DOSE BEFORE CLAMPING OF CORD

(Agent)

*ROUTE: 1 - SPINAL, 2 - CAUDAL, 3 - EPIDURAL, 4 - LOCAL, 5 - DURENDRAL BLOCK, 6 - PARA CERVICAL

18. CONDUCTION ANESTHESIA WAS: CONTINUOUS SINGLE DOSE

19. HIGHEST LEVEL OF ANESTHESIA PRIOR TO CLAMPING OF CORD: UNKNOWN

21. OTHER MEDICATION

(Given by anesthesiologist, not noted elsewhere. Specify time, dosage, name)

22. LAY EDIT BY

ANESTHESIA RECORD

pink

replaced by 08-57 (4-62)

INSTRUCTIONS: To be filled in by ANESTHETIST if present, or by observer or obstetrician if no anesthetist present.

Summary prepared by <input type="checkbox"/> ANESTHETIST <input type="checkbox"/> OBSERVER <input type="checkbox"/> OBSTETRICIAN	NAME _____	<input type="checkbox"/> Check here if this summary is by person present in delivery room or in surgery. <input type="checkbox"/> Check here if this information was obtained by conversation with anesthetist present at surgery
---	------------	--

If patient received NO anesthesia of any kind, indicate here
 NO ANESTHESIA

In this case no further filling in of this sheet is indicated.

1. USE 24 HOUR CLOCK
 Time anesthesia started _____
 Time anesthesia stopped _____

2. TYPE OF ANESTHESIA

- General
 - Conscious
 - Spinal
 - Caudal
 - Epidural
- Local in Perineum or Pudendal Block
- Intravenous

3. ANESTHETIC AGENTS USED _____

4. IF GENERAL ANESTHETIC INDICATE DEEPEST STAGE OR PLANE REACHED (Before Cord Clamped).

- First Stage
- Second Stage
- THIRD STAGE: First Plane
- Second Plane
- Third Plane

5. VITAL RESPONSE OF PATIENT DURING ANESTHESIA (Any Time before Cord Clamped). THIS MUST BE EVALUATED AND FILLED IN, NO MATTER WHICH TYPE OF ANESTHESIA IS USED.

VENTING

- No
- Yes (Describe): _____

APPEARANCE OF VOMITUS

- No
- Yes (Describe): _____

LARYNGOSPASM

- No
- Yes (Describe): _____

CYANOSIS

- No Cyanosis Observed
- Slight Cyanosis (Perioral, Fingertips) _____ minutes
- Moderate Cyanosis (Confined to Certain Areas of Body, Not Generalized) _____ minutes
- Marked Cyanosis (Generalized) _____ minutes

BLOOD PRESSURE DROP more than 20 points Systolic or 15 points Diastolic below Pre-Anesthetic Level

- No Blood Pressure Drop of this Magnitude Observed
- Blood Pressure Drop Present - Maintained at this Level or Below for _____ minutes.

CARDIAC ARRHYTHMIA OR STANDBILL

- No Cardiac Arrhythmia or Standstill Observed
- Cardiac Arrhythmia or Standstill Present (Describe): _____

ANESTHESIA RECORD
(For Form OB-35, Dated 1-59)

I. GENERAL INSTRUCTIONS FOR USE

This record should be filled out for every study patient who comes to delivery, and for every study patient who is given anesthesia at any other time during pregnancy. It should be completed by the anesthetist if he is present. If an anesthetist is not present, either the delivery room observer or the attending obstetrician should complete it.

Indicate in the first box whether you are an anesthetist, an observer, or the attending obstetrician by checking the appropriate box, and give your first and last name. In the next box, check whether you were present in the delivery room or in surgery, or whether this information was obtained by conversation with an anesthetist present at surgery. It is assumed that this second category will include only those patients who had emergency surgery during their pregnancy, for whom this form could not be filled out at that time. In such a case, the anesthetist should be contacted as soon as possible following the surgery and the information for this record obtained by conversation with him.

If the patient at the time of delivery required no anesthesia of any kind, check the box labeled "No Anesthesia". In this case, do not fill in the rest of the sheet.

II. SPECIFIC INSTRUCTIONS

Item #1. "Use 24-Hour Clock"

Using the 24-hour clock, indicate the time the anesthesia started and the time the anesthesia stopped in the following manner:

For continuous general anesthesia, the starting and stopping times are obvious. For Trilene, record the time of the first inhalation and the time of the last inhalation.

For caudal or epidural anesthesia, record the time of the first injection as the starting time and the time of the last injection as the stopping time.

For local, pudendal block, or spinal anesthesia, record the time of the initial injection as the starting time, and disregard the stopping time, since it is not applicable.

For intravenous anesthesia, give the starting time only if a single injection is used, and both starting and stopping time if continuous drip is used.

Item #2. "Type of Anesthesia"

Indicate by checking the appropriate box whether general, spinal, caudal,

February 1959
(For Forms in Use April 1961)

ANESTHESIA RECORD (Con't)

Item #2. "Type of Anesthesia" (Con't)

epidural, local in perineum, pudendal block, or intravenous anesthesia was used. If a combination was used, check more than one box.

Item #3. "Anesthetic Agents Used"

List all anesthetic agents used.

Item #4. "If General Anesthetic Indicate Deepest Stage or Plane Reached"

If the patient received a general anesthetic, indicate by checking the appropriate box the deepest stage or plane reached before the cord is clamped.

Item #5. "Unusual Response of Patient During Anesthesia"

This entire section refers to observations made before the cord is clamped and not to any observation made after the cord is clamped. Patient response must be evaluated and this section filled in, regardless of the type of anesthesia used.

Describe any evidence of vomiting, aspiration, or laryngospasm. If none of these occurred, check the "no" boxes.

Attempt to evaluate the appearance of cyanosis as objectively as possible. If no cyanosis was observed, check the appropriate box for "no cyanosis". If cyanosis was observed, but was confined to the perioral or fingertip areas only, check the box marked "slight cyanosis" and indicate approximately how many minutes this condition was present. If cyanosis was more than perioral or fingertip, but was confined to certain areas of the body and not generalized, check "moderate cyanosis" and indicate approximately how many minutes this condition was present. If generalized cyanosis was noted, check the box "marked cyanosis" and indicate approximately how many minutes this condition was present.

To repeat: for each type of cyanosis present, record in minutes the duration prior to the clamping of the cord. Thus, if the patient was cyanotic for six minutes prior to cord clamping, this might be reported as follows:

Slight: three minutes
Moderate: two minutes
Marked: one minute

so that the total of all minutes recorded is the total amount of time that the mother was cyanotic, and the baby was dependent on placental circulation. (Timing stops when the cord is clamped.)

The next item refers to blood pressure drop of more than 30 points systolic or 15 points diastolic below the preanesthetic level. If no blood pressure

ANESTHESIA RECORD (Con't)

Item #5. "Unusual Response of Patient During Anesthesia" (Con't)

drop of this magnitude was observed, check the first box. If a blood pressure drop of this magnitude was observed, check the second box and indicate how long the blood pressure was maintained at this level or below. If the blood pressure falls and rises more than once, record the total length of time it was below the level specified, and in parentheses following the time, write "(2 times)", "(3 times)", etc.

As with cyanosis, this duration should be recorded only for the time that the baby is still dependent upon placental circulation (timing stops when the cord is clamped).

The final item refers to cardiac arrhythmia or standstill. If none was observed, check the appropriate box. If cardiac arrhythmia or standstill was present, check the appropriate box and describe.

All of these observations under Item #5 apply to the period before the cord is clamped. Any observation of elapsed time is automatically terminated by the clamping of the cord.

ADM-49 (OB-36) Labor Data

Form ADM-49, Labor Data, was used by NINCDS staff to abstract data from OB-32 and OB-33. Implemented in May of 1963, no revisions were made on the form. Data from the form were keypunched onto three cards in the master file (Table ADM-49.1)

TABLE ADM-49.1 Cards and Data Records by Revision for Form ADM-49

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
ADM-49: Temperature Data	2336	1	55,521
			<u>55,521</u>
ADM-49: Blood Pressure, Fetal Heart Rate	3336	1	378,558
			<u>378,558</u>
ADM-49: Pelvic Exam	6336	1	80,753
			<u>80,753</u>
	total for form		514,832

Data Items Referencing Form ADM-49, Labor Data

DATA ITEM ID	TYPE	FORM	CARD	MIN	FROM	TO	DATA ITEM NAME
959	.....		2336	1	5	1	Card number (sequence, form type, form number, revision number)
960	.....		2336	6	14	6	MINDB case number
961	ADM-49		2336	15	16	15	Form ADM-49 date (mo)
962	ADM-49		2336	17	19	17	Form ADM-49 date (day)
963	ADM-49		2336	19	20	19	Form ADM-49 date (yr)
964	ADM-49		2336	21	24	21	Temperature, nth, time (24 hr clock)
965	ADM-49		2336	25	28	25	Temperature, nth, time
966	ADM-49		2336	29	32	29	Temperature, nth, time
967	ADM-49		2336	33	36	33	Temperature, nth, time
968	ADM-49		2336	37	40	37	Temperature, nth, time
969	ADM-49		2336	41	44	41	Temperature, nth, time
970	ADM-49		2336	45	48	45	Temperature, nth, time
971	ADM-49		2336	49	52	49	Temperature, nth, time
972	ADM-49		2336	53	56	53	Temperature, nth, time
973	ADM-49		2336	57	60	57	Temperature, nth, time
974	ADM-49		2336	61	64	61	Temperature, nth, time
975	ADM-49		2336	65	68	65	Temperature, nth, time
976	ADM-49		2336	69	72	69	Temperature, nth, time
977	ADM-49		2336	73	76	73	Temperature, nth, time
978	.....		2336	77	80	77	Blank
979	.....		3336	1	5	1	Card number (sequence, form type, form number, revision number)
980	.....		3336	6	14	6	MINDB case number
981	ADM-49		3336	15	16	15	Form ADM-49 date (mo)
982	ADM-49		3336	17	19	17	Form ADM-49 date (day)
983	ADM-49		3336	19	20	19	Form ADM-49 date (yr)
984	ADM-49		3336	21	24	21	Pulse, blood pressure and fetal heart, nth time (24 hr clock)
985	ADM-49		3336	25	27	25	Pulse, nth
986	ADM-49		3336	28	30	28	Blood pressure, systolic, nth
987	ADM-49		3336	31	33	31	Blood pressure, diastolic, nth
988	ADM-49		3336	34	36	34	Heart rate, fetal, nth
989	ADM-49		3336	37	40	37	Pulse, blood pressure and fetal heart, nth time
990	ADM-49		3336	41	43	41	Pulse, nth
991	ADM-49		3336	44	46	44	Blood pressure, systolic, nth
992	ADM-49		3336	47	49	47	Blood pressure, diastolic, nth
993	ADM-49		3336	50	52	50	Heart rate, fetal, nth
994	ADM-49		3336	53	56	53	Pulse, blood pressure and fetal heart, nth time
995	ADM-49		3336	57	59	57	Pulse, nth
996	ADM-49		3336	60	62	60	Blood pressure, systolic, nth
997	ADM-49		3336	63	65	63	Blood pressure, diastolic, nth
998	ADM-49		3336	66	68	66	Heart rate, fetal, nth
999	.....		3336	69	80	69	Blank
1000	.....		6336	1	5	1	Card number (sequence, form type, form number, revision number)

Data Items Referencing Form ADM-49, Labor Data

DATA ITEM ID	ITEM JW FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1001.....		6336	6	14	NINDB case number
1002.ADM-49		6336	15	16	Form ADM-49 date (mo)
1003.ADM-49		6336	17	18	Form ADM-49 date (day)
1004.ADM-49		6336	19	20	Form ADM-49 date (yr)
1005.ADM-49		6336	21	24	Pelvic examination, nth time (24 hr clock)
1006.ADM-49		6336	25	25	Pelvic examination, nth type
1007.ADM-49		6336	26	27	Pelvic examination, nth dilation (cm)
1008.ADM-49		6336	28	29	Pelvic examination, nth station
1009.ADM-49		6336	30	33	Pelvic examination, nth time (24 hr clock)
1010.ADM-49		6336	34	34	Pelvic examination, nth type
1011.ADM-49		6336	35	36	Pelvic examination, nth dilation (cm)
1012.ADM-49		6336	37	38	Pelvic examination, nth station
1013.ADM-49		6336	39	42	Pelvic examination, nth time (24 hr clock)
1014.ADM-49		6336	43	43	Pelvic examination, nth type
1015.ADM-49		6336	44	45	Pelvic examination, nth dilation (cm)
1016.ADM-49		6336	46	47	Pelvic examination, nth station
1017.ADM-49		6336	48	51	Pelvic examination, nth time (24 hr clock)
1018.ADM-49		6336	52	52	Pelvic examination, nth type
1019.ADM-49		6336	53	54	Pelvic examination, nth dilation (cm)
1020.ADM-49		6336	55	56	Pelvic examination, nth station
1021.ADM-49		6336	57	60	Pelvic examination, nth time (24 hr clock)
1022.ADM-49		6336	61	61	Pelvic examination, nth type
1023.ADM-49		6336	62	63	Pelvic examination, nth dilation (cm)
1024.ADM-49		6336	64	65	Pelvic examination, nth station
1025.ADM-49		6336	66	69	Pelvic examination, nth time (24 hr clock)
1026.ADM-49		6336	70	70	Pelvic examination, nth type
1027.ADM-49		6336	71	72	Pelvic examination, nth dilation (cm)
1028.ADM-49		6336	73	74	Pelvic examination, nth station
1029.....		6336	75	80	Blank
5214.....VAR			325	325	Fetal; heart sound
5349.....VAR			495	495	Heart rate, less than 110 and/or greater than 160; fetal
5350.....VAR			496	503	Blank

FMS-2000-49
5-63

CARD NUMBER

	3	3	6	1
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FINGER NUMBER

--

LABOR DATA

DATE

No.	Mo.	Day	Yr.		

1	2	3	4	5	6	7	8
TIME	TEMPERATURE	PULSE	BLOOD PRESSURE	FETAL HEART RATE	PELVIC EXAMINATION A/B	SOLITATIONS	STATUS

(5-63) ADM-4

Form Item Numbers linked to Data Items on ADM-49, Labor Data

ITEM NH FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	987.ADM-49	3336	31	33	Blood pressure, diastolic, nth
	992.ADM-49	3336	47	49	Blood pressure, diastolic, nth
	997.ADM-49	3336	63	65	Blood pressure, diastolic, nth
	996.ADM-49	3336	60	62	Blood pressure, systolic, nth
	986.ADM-49	3336	28	30	Blood pressure, systolic, nth
	991.ADM-49	3336	44	46	Blood pressure, systolic, nth
	967.ADM-49	2336	17	18	Fore ADM-49 date (day)
	1003.ADM-49	6336	17	18	Fore ADM-49 date (day)
	992.ADM-49	3336	17	18	Fore ADM-49 date (day)
	1002.ADM-49	6336	15	16	Fore ADM-49 date (no)
	981.ADM-49	3336	15	16	Fore ADM-49 date (no)
	961.ADM-49	2336	15	16	Fore ADM-49 date (no)
	983.ADM-49	3336	19	20	Fore ADM-49 date (yr)
	1004.ADM-49	6336	19	20	Fore ADM-49 date (yr)
	963.ADM-49	2336	19	20	Fore ADM-49 date (yr)
	988.ADM-49	3336	50	52	Heart rate, fetal, nth
	998.ADM-49	3336	34	36	Heart rate, fetal, nth
	1019.ADM-49	6336	64	68	Heart rate, fetal, nth
	1015.ADM-49	6336	53	54	Pelvic examination, nth dilation (cm)
	1027.ADM-49	6336	44	45	Pelvic examination, nth dilation (cm)
	1011.ADM-49	6336	71	72	Pelvic examination, nth dilation (cm)
	1023.ADM-49	6336	35	36	Pelvic examination, nth dilation (cm)
	1007.ADM-49	6336	62	63	Pelvic examination, nth dilation (cm)
	1026.ADM-49	6336	26	27	Pelvic examination, nth dilation (cm)
	1012.ADM-49	6336	64	65	Pelvic examination, nth dilation (cm)
	1028.ADM-49	6336	37	38	Pelvic examination, nth dilation (cm)
	1008.ADM-49	6336	73	74	Pelvic examination, nth dilation (cm)
	1020.ADM-49	6336	28	29	Pelvic examination, nth dilation (cm)
	1016.ADM-49	6336	55	56	Pelvic examination, nth dilation (cm)
	1021.ADM-49	6336	46	47	Pelvic examination, nth dilation (cm)
	1008.ADM-49	6336	57	60	Pelvic examination, nth dilation (cm)
	1025.ADM-49	6336	30	33	Pelvic examination, nth dilation (cm)
	1005.ADM-49	6336	66	69	Pelvic examination, nth dilation (cm)
	1013.ADM-49	6336	21	24	Pelvic examination, nth dilation (cm)
	1017.ADM-49	6336	39	42	Pelvic examination, nth dilation (cm)
	1014.ADM-49	6336	48	51	Pelvic examination, nth dilation (cm)
	1010.ADM-49	6336	43	43	Pelvic examination, nth dilation (cm)
	1006.ADM-49	6336	52	52	Pelvic examination, nth dilation (cm)
	1010.ADM-49	6336	25	25	Pelvic examination, nth dilation (cm)
	1022.ADM-49	6336	34	34	Pelvic examination, nth dilation (cm)
	1026.ADM-49	6336	61	61	Pelvic examination, nth dilation (cm)
	1026.ADM-49	6336	70	70	Pelvic examination, nth dilation (cm)

Form Item Numbers linked to Data Items on ADM-49, Labor Data

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM TO	DATA ITEM NAME
	994.ADM-49	3336	53	56 Pulse, blood pressure and fetal heart, nth time
	989.ADM-49	3336	37	40 Pulse, blood pressure and fetal heart, nth time
	984.ADM-49	3336	21	24 Pulse, blood pressure and fetal heart, nth time
	985.ADM-49	3336	25	27 Pulse, nth
	990.ADM-49	3336	41	43 Pulse, nth
	995.ADM-49	3336	57	59 Pulse, nth
	977.ADM-49	2336	73	76 Temperature, nth
	971.ADM-49	2336	49	52 Temperature, nth
	973.ADM-49	2336	57	60 Temperature, nth
	975.ADM-49	2336	65	68 Temperature, nth
	967.ADM-49	2336	33	36 Temperature, nth
	965.ADM-49	2336	25	28 Temperature, nth
	969.ADM-49	2336	41	44 Temperature, nth
	976.ADM-49	2336	69	72 Temperature, nth, time
	968.ADM-49	2336	37	40 Temperature, nth, time
	974.ADM-49	2336	61	64 Temperature, nth, time
	970.ADM-49	2336	45	48 Temperature, nth, time
	966.ADM-49	2336	29	32 Temperature, nth, time
	972.ADM-49	2336	53	56 Temperature, nth, time
	964.ADM-49	2336	21	24 Temperature, nth, time (24 hr clock)
5	5214....VAR		325	325 Fetal; heart sound
5	5349....VAK		495	495 Heart rate, less than 110 and/or greater than 160; fetal

DEFINITION OF CODES
LABOR DATA
FORM ADM-49 CARD 2336

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 2	1
2. <u>Form Number</u> Code: 336	2-4
3. <u>Revision Number</u> Code: 1 - ADM-49* Form Dated: 5/63	5
4. <u>NEDE Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Date of Event</u> Six-digit code for Month (cols. 15-16), Day (cols. 17-18), and Year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>First Temperature</u> Eight-digit code for: <u>Time-24 Hour Clock</u> (cols. 21-24) Code: As given <u>Temperature to Tenths of a Degree</u> (cols. 25-28) Code: 0920-1070 - Temperature as given in tenths	21-28
7. <u>Second Temperature</u> Code: Same as in Field 6	29-36
8. <u>Third Temperature</u> Code: Same as in Field 6	37-44
9. <u>Fourth Temperature</u> Code: Same as in Field 6	45-52
10. <u>Fifth Temperature</u> Code: Same as in Field 6	53-60
11. <u>Sixth Temperature</u> Code: Same as in Field 6	61-68

* Data abstracted from OB-32 and OB-33 forms

DEFINITION OF CODES (Continued)

FORM ADM-49
Card 2336

FIELD

CARD
COLUMN

12. Seventh Temperature
 Code: Same as in Field 6

69-76

NOTE: As many temperature fields are completed as reported.
Additional cards will be required for each set of seven
temperatures reported and all columns will be the same
as above.

DEFINITION OF CODES (Continued)

FORM ADM-49
CARD 3336

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 3	1
2. <u>Basic Coding*</u> Code: Same as in columns 2-20 of Card 2	2-20
3. <u>First Pulse, Blood Pressure, Fetal Heart Rate</u> Sixteen-digit code for: <u>Time - 24 hour clock</u> (cols. 21-24) Code: As given <u>Pulse</u> (cols. 25-27) Code: 000 - Not heard 050 - 50 and over 051-998 - As given 999 - Unknown <u>Blood Pressure</u> (Systolic - cols. 28-30- Diastolic - cols. 31-33) Code: 040-280 - Systolic as given 010-200 - Diastolic as given 999 - Systolic and/or diastolic unknown <u>Fetal Heart Rate</u> (cols. 34-36) Code: 000 - Not heard 020-300 - Rate as given 999 - Unknown Additional codes reviewed and approved: 010, 014, 015	21-36
4. <u>Second Pulse, Blood Pressure, Fetal Heart Rate</u> Code: Same as in Field 3 Additional codes reviewed and approved: cols. 44-46: 284	37-52
5. <u>Third Pulse, Blood Pressure, Fetal Heart Rate</u> Code: Same as in Field 3	53-68
* Data abstracted from OB-32 and OB-33 forms	
<u>Note:</u> As many Pulse, Blood Pressure, Fetal Heart fields are completed as reported. Additional cards will be required for each set of three Pulse, Blood Pressure, Fetal Heart fields reported and all columns will be the same as above. 999 for Pulse, Blood Pressure or Fetal Heart in all fields of all cards = no readings taken.	

DEFINITION OF CODES (Continued)

FORM ADM-49
Card 6336

FIELD

CARD
COLUMN

1. Card Number
Code: 6 1

2. Basic Coding *
Code: Same as in columns 2-20 of Card 2 2-20

3. First Pelvic Exam, Dilatation, Station 21-29
 Nine-digit code for:
Time - 24 Hour Clock (cols. 21-24)
 Code: As given

Pelvic Exam (col. 25)
 Code: 1 - Rectal
 5 - Vaginal
 9 - Unknown

Dilatation (cols. 26-27)
 Code: 01 = 0 51 = 5
 05 = 1/2 55 = 5 1/2
 10 = 10 61 = 6
 11 = 1 65 = 6 1/2
 15 = 1 1/2 71 = 7
 21 = 2 75 = 7 1/2
 25 = 2 1/2 81 = 8
 31 = 3 85 = 8 1/2
 35 = 3 1/2 91 = 9
 41 = 4 95 = 9 1/2
 45 = 4 1/2 99 = Unknown

Station (cols. 28-29)
 Code: 64 = -4 70 = 0
 63 = -3 71 = +1
 62 = -2 72 = +2
 61 = -1 73 = +3
 74 = +4
 99 = Unknown

4. Second Pelvic Exam, Dilatation, Station 30-38
 Code: Same as in Field 3

* Data abstracted from OB-32 and OB-33 forms

DEFINITION OF CODES (Continued)

FORM ADM-49
Card 6336

- | | | |
|----|--|-------|
| 5. | <u>THIRD PELVIC EXAM, DILATATION, STATION</u>
Code: Same as in Field 3 | 39-47 |
| 6. | <u>FOURTH PELVIC EXAM, DILATATION, STATION</u>
Code: Same as in Field 3 | 48-56 |
| 7. | <u>FIFTH PELVIC EXAM, DILATATION, STATION</u>
Code: Same as in Field 3 | 57-65 |
| 8. | <u>SIXTH PELVIC EXAM, DILATATION, STATION</u>
Code: Same as in Field 3 | 66-74 |

NOTE: As many Pelvic Exams, Dilatation, Station fields are completed as reported. Additional cards will be required for each set of SIX Pelvic Exams, Dilatation and Station Fields reported and all columns will be the same as above.

LABOR DATA
FORM AIM-49 *

DATE OF EVENT	TEMPERATURE	1st		2nd		3rd		4th		5th		6th		7th		BLANK
		READING	TIME (24 HR. CLOCK)	READING	TIME (24 HR. CLOCK)	READING	TIME (24 HR. CLOCK)	READING	TIME (24 HR. CLOCK)	READING	TIME (24 HR. CLOCK)	READING	TIME (24 HR. CLOCK)	READING	TIME (24 HR. CLOCK)	

* Data Abstracted from OB-32 and OB-33 forms
** Additional card(s) required if more than 7 temperatures reported

LABOR DATA
FORM ADM-49 *

		DATE OF EVENT	FIRST	SECOND	THIRD
1					
2					
3					
4	CARD # 3336				
5	UIDB*				
6		ADMTN			
7		BY			
8		HRM			
9			TIME (24 HR. CLOCK)	TIME (24 HR. CLOCK)	TIME (24 HR. CLOCK)
			PULSE	PULSE	PULSE
			SYSTOLIC	SYSTOLIC	SYSTOLIC
			DYSTOLIC	DYSTOLIC	DYSTOLIC
			BLOOD PRESSURE	BLOOD PRESSURE	BLOOD PRESSURE
			FETAL HEART RATE	FETAL HEART RATE	FETAL HEART RATE
			BLANK		

* Data Abstracted from OB-32 and OB-33 forms
** Additional card(s) reported if more than 3 pulse, blood pressure and/or fetal heart rates reported

II.B.270

ADM-50 Labor Data

Like form ADM-49, ADM-50 was used by NINCDS staff to abstract data from forms OB-30, OB-31, OB-32, OB-33, and OB-34. First implemented in May 1963, the form was not revised. Data are recorded on one card of the master file; 53,932 records are available (Table ADM-50.1).

TABLE ADM-50.1 Cards and Data Records by Revision for Form ADM-50

Card Name	Card Number	Rev. No.	Number Records
ADM-50: Irregular Fetal Heart, Meconium, Vaginal Bleeding, Initial Rupture of Membranes	0337	1	53,932
	total for form		53,932

Data Items Referencing Form ADM-50, Labor Data

DATA ITEM ID	ITEM CH FIRM	CARD NUM	FROM	TO	DATA ITEM NAME
1030.....		0337	1	5	Card number (sequence, form type, form number, revision number)
1031.....		0337	6	14	MIMDB case number
1032-ADM-50		0337	15	15	Form NB-37 completed, yes/no
1033-ADM-50		0337	16	16	Form NB-31 completed, yes/no
1034-ADM-50		0337	17	17	Heart rate irregular; fetal
1035-ADM-50		0337	18	19	Heart rate irregular; date first noted (mo)
1036-ADM-50		0337	20	21	Heart rate irregular; date first noted (day)
1037-ADM-50		0337	22	23	Heart rate irregular; date first noted (yr)
1038-ADM-50		0337	24	27	Heart rate irregular; time first noted (24 hr clock)
1039-ADM-50		0337	28	28	Meconium
1040-ADM-50		0337	29	30	Meconium, date first noted (mo)
1041-ADM-50		0337	31	32	Meconium, date first noted (day)
1042-ADM-50		0337	33	34	Meconium, date first noted (yr)
1043-ADM-50		0337	35	38	Meconium, time first noted (24 hr clock)
1044-ADM-50		0337	39	39	Vaginal bleeding before admission
1045-ADM-50		0337	40	40	Vaginal bleeding upon or after admission
1046-ADM-50		0337	41	42	Vaginal bleeding upon or after admission, date first noted (mo)
1047-ADM-50		0337	41	42	Vaginal bleeding upon or after admission, date first noted (day)
1048-ADM-50		0337	45	46	Vaginal bleeding upon or after admission, date first noted (yr)
1049-ADM-50		0337	47	50	Vaginal bleeding upon or after admission, time first noted (24 hr clock)
1050-ADM-50		0337	51	52	Rupture of membranes, date first noted (mo)
1051-ADM-50		0337	53	54	Rupture of membranes, date first noted (day)
1052-ADM-50		0337	55	56	Rupture of membranes, date first noted (yr)
1053-ADM-50		0337	57	60	Rupture of membranes, time first noted (24 hr clock)
1054.....		0337	61	60	Blank
5215....VAR			326	326	Vaginal bleeding upon or after admission
5221....VAR			339	339	Vaginal bleeding before, during or after admission
6155....VAR			1447	1450	Rupture of membranes, interval from RDM to onset of labor
6162....VAR			1457	1460	Rupture of membranes, interval; INACCURATE DO NOT USE, see workfile
6163....VAR			1461	1462	Rupture of membranes, interval; INACCURATE DO NOT USE, see workfile
6343....M-10			39	44	Rupture of membranes, date first noted (mo/day/yr)
6344....M-10			45	48	Rupture of membranes, time first noted (24 hr clock)

PRS-2998-50
5-63

CARD NUMBER

	3	3	7	1
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NINCS Number

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LABOR DATA

		<u>OB-32</u>		<u>OB-33</u>	
		YES NO		YES NO	
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		1 0		1 0	
OPERATION OF LABOR AND DELIVERY					
	YES NO	DATE FIRST NOTED		TIME	
IRREGULAR FETAL HEART	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	1 0	Mo. DAY Yr.			
	YES NO	DATE FIRST NOTED		TIME	
MECOTUM	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	1 0	Mo. DAY Yr.			
	YES NO				
VAGINAL BLEEDING - BEFORE ADMISSION	<input type="checkbox"/> <input type="checkbox"/>				
	1 0				
	YES NO	DATE FIRST NOTED		TIME	
VAGINAL BLEEDING - UPON OR AFTER ADMISSION ..	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	1 0	Mo. DAY Yr.			
		DATE FIRST NOTED		TIME	
INITIAL MEMBRANE RUPTURE		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Mo. DAY Yr.			

(5-63) ADM-50

Form Item Numbers linked to Data Items on ADM-50, Labor Data

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	1032.ADM-50	0337	15	15	Form 08-37 completed, yes/no
	1033.ADM-50	0337	16	16	Form 08-33 completed, yes/no
	1036.ADM-50	0337	20	21	Heart rate irregular, date first noted (day)
	1035.ADM-50	0337	18	19	Heart rate irregular, date first noted (mo)
	1037.ADM-50	0337	22	23	Heart rate irregular, date first noted (yr)
	1038.ADM-50	0337	24	27	Heart rate irregular, time first noted (24 hr clock)
	1034.ADM-50	0337	17	17	Heart rate irregular; fatal
	1039.ADM-50	0337	28	28	Meconium
	1041.ADM-50	0337	31	32	Meconium, date first noted (day)
	1040.ADM-50	0337	29	30	Meconium, date first noted (mo)
	1042.ADM-50	0337	33	34	Meconium, date first noted (yr)
	1043.ADM-50	0337	35	38	Meconium, time first noted (24 hr clock)
	1051.ADM-50	0337	53	54	Rupture of membranes, date first noted (day)
	1050.ADM-50	0337	51	52	Rupture of membranes, date first noted (mo)
	6343....V-10		39	44	Rupture of membranes, date first noted (mo/day/yr)
	1052.ADM-50	0337	55	56	Rupture of membranes, date first noted (yr)
	6155....VAR		1457	1450	Rupture of membranes, interval from ROM to onset of labor
	6162....VAR		1457	1460	Rupture of membranes, interval; INACCURATE DO NOT USE, see workfile
	6163....VAR		1461	1462	Rupture of membranes, interval; INACCURATE DO NOT USE, see workfile
	6344....W-10		45	48	Rupture of membranes, time first noted (24 hr clock)
	1053.ADM-50	0337	57	60	Rupture of membranes, time first noted (24 hr clock)
	1044.ADM-50	0337	34	39	Vaginal bleeding before admission
	5221....VAR		330	339	Vaginal bleeding before, during or after admission
	5215....VAR		326	326	Vaginal bleeding upon or after admission
	1045.ADM-50	0337	40	40	Vaginal bleeding upon or after admission
	1047.ADM-50	0337	43	44	Vaginal bleeding upon or after admission
	1046.ADM-50	0337	41	42	Vaginal bleeding upon or after admission, date first noted (day)
	1049.ADM-50	0337	45	46	Vaginal bleeding upon or after admission, date first noted (mo)
	1040.ADM-50	0337	47	50	Vaginal bleeding upon or after admission, time first noted (24 hr clock)

DEFINITION OF CODES
LABOR DATA
FORM ADM-50 CARD 0337

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 0	1
2. <u>Form Number</u> Code: 337	2-4
3. <u>Revision Number</u> Code: 1 - ADM-50* Form Dated: 5/63	5
4. <u>MINDB Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Observation of Labor (OB-32 completed)</u> Code: 0 - No 1 - Yes	15
6. <u>Observation of Labor (OB-33 completed)</u> Code: Same as in Field 5	16
7. <u>Irregular Fetal Heart</u> Eleven-digit code for: <u>Response</u> (col. 17) Code: Same as in Field 5 <u>Date First Noted</u> (Month - cols. 18-19, Day - cols. 20-21, Year - cols. 22-23) Code: As given 000000 - Not applicable 99 - Month, day and/or year unknown <u>Time</u> (cols. 24-27) Code: As given based on 24 hour clock 99 - Hour and/or minutes unknown 0000 - Not applicable Note: 0's in entire field = no irregular fetal heart	17-27
8. <u>Meconium</u> Eleven-digit code for: <u>Response</u> (col. 28) <u>Date First Noted</u> (cols. 29-34) <u>Time</u> (cols. 35-38) Codes: Same as in Field 7 except 0's in entire field = no meconium	28-38

* Data Abstracted from OB-30, 31, 32, 33 and 34 Forms

DEFINITION OF CODES (Continued)

FORM ADM-50
Card 0337

FIELD

CARD
COLUMN

9. Vaginal Bleeding
Twelve-digit code for:
Before Admission Response (col. 39)
Upon or After Admission Response (col. 40)
Code for each column:
Same as in Field 5
Date First Noted (cols. 41-46)
Time (cols. 47-50)
Code for each column:
Same as in Field 7, cols. 18-27

39-50

Note: 0's in cols. 40-50 = no vaginal
bleeding during period

10. Initial Membrane Rupture
Ten-digit code for:
Date First Noted (cols. 51-56)
Time (cols. 57-60)
Code for each column:
Same as in Field 7, cols. 18-27 except
Blanks - Not reported

51-60

LABOR DATA
FORM ADM-50 *

1							BLANK
2	REGULAR FETAL HEART		DATE FIRST NOTED			DATE FIRST NOTED	
3							
4							
5							
6							
7							
8							
9							
10	MEASUREMENT		DATE FIRST NOTED			DATE FIRST NOTED	
11							
12							
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* Data Abstracted from OB-30, 31, 32, 33 and 34 Forms

ADM-51 Labor and Delivery Drugs

Form ADM-51, completed by NINCDS staff, consisted of data abstracted from forms OB-32, OB-33, OB-34 and OB-35. Implemented in May 1963, the form was not revised. Data are recorded on card 0338 of the master file (Table ADM-51.1).

TABLE ADM-51.1 Cards and Data Records by Revision for Form ADM-51

Card Name	Card Number	Rev. No.	Number Records
ADM-51: Drugs - Time, Dose, Route	0338	1	92,808
	total for form		92,808

Data Items Referencing Form ADM-51, Labor and Delivery Drugs

DATA ITEM ID	ITEM JW FORM	CARD NUM	FROM TO	DATA ITEM NAME
1055-.....		033A	1	5 Card number (sequence, form type, form number, revision number)
1056-.....		033B	6	14 NINDB case number
1057-ADM-51		033B	15	16 Form ADM-51 date (mo)
1058-ADM-51		033B	17	18 Form ADM-51 date (day)
1059-ADM-51		033B	19	20 Form ADM-51 date (yr)
1060-ADM-51		033B	21	22 Drug, nth, time administered (hr)
1061-ADM-51		033B	23	24 Drug, nth, time administered (min)
1062-ADM-51		033B	25	25 Drug, nth
1063-ADM-51		033A	29	33 Drug, nth, dosage
1064-ADM-51		033A	34	34 Drug, nth, route
1065-ADM-51		033A	35	36 Drug, nth, stop times:iv drip (hr)
1066-ADM-51		033A	37	38 Drug, nth, stop times:iv drip (min)
1067-ADM-51		033A	39	40 Drug, nth, time administered (hr)
1068-ADM-51		033A	41	42 Drug, nth, time administered (min)
1069-ADM-51		033A	43	46 Drug, nth
1070-ADM-51		033A	47	51 Drug, nth, dosage
1071-ADM-51		033A	52	52 Drug, nth, route
1072-ADM-51		033A	53	54 Drug, nth, stop times:iv drip (hr)
1073-ADM-51		033A	55	56 Drug, nth, stop times:iv drip (min)
1074-ADM-51		033A	57	58 Drug, nth, time administered (hr)
1075-ADM-51		033A	59	60 Drug, nth, time administered (min)
1076-ADM-51		033B	61	64 Drug, nth
1077-ADM-51		033A	65	69 Drug, nth, dosage
1078-ADM-51		033A	70	70 Drug, nth, route
1079-ADM-51		033A	71	72 Drug, nth, stop times:iv drip (hr)
1080-ADM-51		033A	73	74 Drug, nth, stop times:iv drip (min)
1081-.....		033B	75	79 blank
1082-ADM-51		033B	80	80 Plurality

PNS-2998-51
5-63

LABOR AND DELIVERY
DRUGS

MINIS Number
[]

CARD NUMBER

[] [3] [3] [8] [1]

DATE

[] [] [] [] [] []
Mo. Day Yr.

CODES: Col. 3

- 1. Oral (P.O.)
- 2. Sublingual (subling.)
- 3. I.M.
- 4. I.V. Int.
- 5. I.V. drip
- 6. S.C. (subcutaneous)
- 7. Rectal
- 8. Intranasal
- 9. Unknown

1	2	3	4	5	6
TIME	DRUG NAME	DRUG CODE	DOSAGE	ROUTE	STOP TIME

(5-63) ADM-51

Form Item Numbers linked to Data Items on ADM-51, Labor and Delivery Drugs

ITEM NM FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	1060.ADM-51 033A		43	46 Drug, nth	
	1062.ADM-51 033A		25	28 Drug, nth	
	1076.ADM-51 033A		61	64 Drug, nth	
	1070.ADM-51 033A		47	51 Drug, nth, dosage	
	1063.ADM-51 033A		29	33 Drug, nth, dosage	
	1077.ADM-51 033A		65	69 Drug, nth, dosage	
	1071.ADM-51 033A		57	52 Drug, nth, route	
	1078.ADM-51 033A		70	70 Drug, nth, route	
	1064.ADM-51 033A		34	34 Drug, nth, route	
	1065.ADM-51 033A		35	36 Drug, nth, stop	tiacety drip (hr)
	1072.ADM-51 033A		53	54 Drug, nth, stop	tiacety drip (hr)
	1079.ADM-51 033A		71	72 Drug, nth, stop	tiacety drip (hr)
	1080.ADM-51 033A		73	74 Drug, nth, stop	tiacety drip (min)
	1066.ADM-51 033A		37	38 Drug, nth, stop	tiacety drip (min)
	1073.ADM-51 033A		55	56 Drug, nth, stop	tiacety drip (min)
	1060.ADM-51 033A		21	22 Drug, nth, time administered (hr)	
	1074.ADM-51 033A		57	58 Drug, nth, time administered (hr)	
	1067.ADM-51 033A		39	40 Drug, nth, time administered (hr)	
	1075.ADM-51 033A		59	60 Drug, nth, time administered (min)	
	1061.ADM-51 033A		23	24 Drug, nth, time administered (min)	
	1068.ADM-51 033A		41	42 Drug, nth, time administered (min)	
	1058.ADM-51 033A		17	18 Form ADM-51 date (day)	
	1057.ADM-51 033A		15	16 Form ADM-51 date (mo)	
	1050.ADM-51 033A		19	20 Form ADM-51 date (yr)	
	1082.ADM-51 033A		80	90 Plurality	

DEFINITION OF CODES
LABOR AND DELIVERY DRUGS
FORM ADM-51 CARD 0338

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 0	1
2. <u>Form Number</u> Code: 338	2-4
3. <u>Revision Number</u> Code: 1 - ADM-51* Form Dated: 5/63	5
4. <u>HNDS Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Date of Administration of Drugs</u> Six-digit code for Month (cols. 15-16), Day (cols. 17-18), and Year (cols. 19-20) Code: As given	15-20
6. <u>First Drug</u> Eighteen-digit code for: <u>Time</u> (cols. 21-24) Code: 0000 - No drugs taken 0001-2400 - As given based on 24 hour clock 9999 - Unknown <u>Drug</u> (cols. 25-28) Code: See "Drugs in Pregnancy" 0315 card Additional code: 0000 - No drugs Note: Blanks do not apply <u>Usage</u> (cols. 29-33) Code: As given 00000 - Not applicable, Synthetic Penicillin Blank - No drug taken 99999 - Unknown <u>Route</u> (col. 34) Code: Blank - No drug taken 0 - Spinal 1 - Oral 2 - Buccal 3 - Intramuscular 4 - Intravenous injection 5 - Intravenous drip 6 - Subcutaneous 7 - Rectal 8 - Intranasal 9 - Unknown	21-38

* Data abstracted from OB-32, OB-33, OB-34 and OB-35 forms

DEFINITION OF CODES (Continued)

FORM ADM-51
Card 0338

FIELD

CARD
COLUMN

- | | | |
|-----|--|-------|
| 6. | <p><u>First Drug (cont.)</u></p> <p><u>Stop Time: IV Drip (cols. 35-38)</u>
 <u>Four-digit code for:</u>
 <u>Hours (cols. 35-36)</u>
 <u>Minutes (cols. 37-38)</u>
 Code: Blank - No drug taken
 0000 - Not applicable
 0001-9959 - As given
 9999 - Unknown</p> | 21-38 |
| 7. | <p><u>Second Drug</u>
 Code: Same as in Field 6 except
 blanks in entire field = no second
 drug taken</p> | 39-56 |
| 8. | <p><u>Third Drug</u>
 Code: Same as in Field 6 except
 blanks in entire field = no third
 drug taken</p> | 57-74 |
| 9. | <p>Blank</p> | 75-79 |
| 10. | <p><u>Plurality</u>
 Code: Blank - Single birth
 1 - 1st of Multiple
 2 - 2nd of Multiple
 3 - 3rd of Multiple
 4 - 4th of Multiple</p> | 80 |

NOTE: As many drug fields are completed as reported. Additional cards will be required for each set of three drugs reported and all columns will be the same as above.

LABOR AND DELIVERY DRUGS
FORM ADM-51 *

1	2	3	4	5	6	7	8	9
DATE OF ADMN.		FIRST DRUG		SECOND DRUG		THIRD DRUG		PRIORITY
TIME OF ADMIN.		STOP TIME		STOP TIME		STOP TIME		
H M S		H M S		H M S		H M S		
TIME OF ADMIN.		STOP TIME		STOP TIME		STOP TIME		
H M S		H M S		H M S		H M S		
CARD #		DRUG		DRUG		DRUG		
0338		MORPHINE		MORPHINE		MORPHINE		
#		#		#		#		
NMBB		DRUG		DRUG		DRUG		
#		#		#		#		

* Data Abstracted from OB-32, OB-33, OB-34 and OB-35 Forms
** Additional card(s) required if more than 3 drugs reported

OB-58 Summary of Puerperium

Form OB-58 was used to record pertinent data summarizing the patient's hospital course from delivery of placenta to discharge and the blood pressure obtained six weeks post-partum. The form was implemented in April 1962; no revisions after 1962 are indicated, though some cards in the master file are from a pretest form dated July 1961. The pretest form did not include data on transfusion. Data from OB-58 are available in the master file on card number 0358 (Table OB-58.1).

TABLE OB-58.1 Cards and Data Records by Revision for Form OB-58

Card Name	Card Number	Rev. No.	Number Records
OB-58: Blood Pressure, Temperature Weight, Transfusion	0358	0	6,066
		1	203,631
	total for form		209,697

Data Items Referencing Form OB-58, Summary of Pneumonia

DATA ITEM ID	ITEM JN FJRM	CARD NUM	FROM TO	DATA ITEM NAME
2095.....		035A	1	5 Card number (sequence, form type, form number, revision number)
2096.....		035A	6	14 NINDB case number
2097..08-5A	2	035A	15	16 Delivery date (mo)
2098..08-5A	2	035A	17	18 Delivery date (day)
2099..08-5A	2	035A	19	20 Delivery date (yr)
2100..08-5A	3	035A	21	22 Discharge date (mo)
2101..08-5A	3	035A	23	24 Discharge date (day)
2102..08-5A	3	035A	25	26 Discharge date (yr)
2103..08-5A		035A	27	27 Form OB-58 readmission code
2104..08-5A		035A	28	28 Examination
2105..08-5A		035A	29	30 Examinations, total number
2106..08-5A		035A	31	32 Examination number, visit number
2107..08-5A		035A	33	33 Examination number, readmission number
2108..08-5A		035A	34	35 Examination date (mo)
2109..08-5A		035A	36	37 Examination date (day)
2110..08-5A	4	035A	38	39 Examination date (yr)
2111..08-5A	5	035A	40	42 Blood pressure, highest, systolic
2112..08-5A	5	035A	43	45 Blood pressure, highest, diastolic
2113..08-5A	5	035A	46	48 Blood pressure, lowest, systolic
2114..08-5A	5	035A	49	51 Blood pressure, lowest, diastolic
2115..08-5A	6	035A	52	55 Temperature, highest
2116..08-5A	7	035A	56	56 Weight, attire worn
2117..08-5A	7	035A	57	59 Weight (lbs)
2118..08-5A	8	035A	60	60 Transfusion
2119..08-5A	8	035A	61	62 Transfusion (mo)
2120..08-5A	8	035A	63	64 Transfusion (day)
2121..08-5A	8	035A	65	66 Transfusion (yr)
2122.....		035A	67	90 BLANK

OB-58 SUMMARY OF PUERPERIUM

2. DATE DELIVERED			3. DATE DISCHARGED										
Month	Day	Year	Month	Day	Year								
4. DATE													
5. BLOOD PRESSURE	READING WITH HIGHEST DIASTOLIC	/	/	/	/	/	/						
	READING WITH LOWEST DIASTOLIC	/	/	/	/	/	/						
6. HIGHEST TEMPERATURE													
7. WEIGHT (any one day)													
<input type="checkbox"/> GOWN <input type="checkbox"/> STREET CLOTHES													
8. TRANSFUSION (Whole Blood, Packed Cells, or Plasma; when any time after cord clamped and prior to discharge)													
<input type="checkbox"/> NONE YES, DATE: <table border="1"> <tr> <td>Mo.</td> <td>Day</td> <td>Yr.</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>								Mo.	Day	Yr.			
Mo.	Day	Yr.											
9. SUMMARY OF DATA ESTABLISHING DIAGNOSES LISTED BELOW:													

10. DIAGNOSES ESTABLISHED POSTPARTUM (All postpartal complications, surgical and medical diagnosis made or confirmed by the MD)

11. MEDICAL EDIT <input type="checkbox"/> WITH HOSPITAL CHART <input type="checkbox"/> WITHOUT HOSPITAL CHART	12. MEDICAL EDIT BY	13. TYPE OR POSITION	14. LAV EDIT BY
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COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDS, NIH
BETHESDA 14, MD.

Form Item Numbers Linked to Data Items on CR-58, Summary of Puerperium

ITEM NM FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
2	2104..08-58	035A	28	28	Examination
2	2109..08-58	035A	36	37	Examination date (day)
2	2107..08-58	035A	34	35	Examination date (mo)
3	2106..08-58	035A	33	33	Examination number, readmission number
3	2105..08-58	035A	31	32	Examination number, visit number
2	2103..08-58	035A	29	30	Examinations, total number
2	2099..08-58	035A	27	77	Fora CR-58 readmission code
2	2097..08-58	035A	17	18	Delivery date (day)
2	2096..08-58	035A	15	16	Delivery date (mo)
3	2101..08-58	035A	19	20	Delivery date (yr)
3	2100..08-58	035A	23	24	Discharge date (day)
3	2102..08-58	035A	21	22	Discharge date (mo)
4	2119..08-58	035A	25	26	Discharge date (yr)
5	2112..08-58	035A	38	39	Examination date (yr)
5	2111..08-58	035A	41	45	Blood pressure, highest, diastolic
5	2114..08-58	035A	40	42	Blood pressure, highest, systolic
5	2113..08-58	035A	49	51	Blood pressure, lowest, diastolic
6	2115..08-58	035A	46	48	Blood pressure, lowest, systolic
7	2117..08-58	035A	52	55	Temperature, highest
7	2116..08-58	035A	57	59	Weight (lbs)
8	2118..08-58	035A	56	56	Weight, attire worn
8	2120..08-58	035A	60	60	Transfusion
8	2119..08-58	035A	63	64	Transfusion (day)
8	2121..08-58	035A	61	62	Transfusion (mo)
8	2121..08-58	035A	65	66	Transfusion (yr)

DEFINITION OF CODES
SUMMARY OF PUERPERIUM
FORM OB-58 CARD 0358

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 0	1
2. <u>Form Number</u> Code: 358	2-4
3. <u>Revision Number</u> Code: 0 - Form Dated: 7/61 *1 - Form Dated: Rev. 4/62	5
4. <u>NINDE Number</u> Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Date Delivered</u> Item 2 Six-digit code for month (cols. 15-16), day (cols. 17-18) and year (cols. 19-20) Code: As given 99 - Month, day or year unknown	15-20
6. <u>Date Discharged</u> Item 3 Six-digit code for month (cols. 21-22), day (cols. 23-24) and year (cols. 25-26) Code: Same as in Field 5	21-26
7. <u>Readmission Code</u> Code: 0 - No readmissions 1-6 - As given 7 - 7 or more	27
8. <u>Post-Partum Examination</u> Code: 0 - No 1 - Yes 2 - Yes, but no information reported	28
9. <u>Total Number of Examinations</u> Code: 01-99 - As given	29-30

* Item numbers refer to Form Dated: 4/62

DEFINITION OF CODES (Continued)

FORM CB-58
Card 0358

<u>FIELD</u>	<u>CARD COLUMN</u>
<p>10. <u>Examination Number</u> Three-digit code for: <u>Visit Number</u> (cols. 31-32) Code: 01-99 - As given <u>Readmission Number</u> (col. 33) Code: 0 - Original admission 1-6 - As given 7 - 7 or more readmissions 8 - Post-partum visit</p>	31-33
<p>11. <u>Date</u> Item 4 Six-digit code for month (cols. 34-35), day (cols. 36-37) and year (cols. 38-39) Code: Same as in Field 5</p>	34-39
<p>12. <u>Blood Pressure (Highest Diastolic Pressure)</u> Item 5 Six-digit code for Systolic (cols. 40-42) and Diastolic (cols. 43-45) Code: As given 999 - Systolic and/or Diastolic unknown Note: Code limits for cols. 40-42 are 040-280 and 010-200 for cols. 43-45</p>	40-45
<p>13. <u>Blood Pressure (Lowest Diastolic Pressure)</u> Item 5 Six-digit code for Systolic (cols. 46-48) and Diastolic (cols. 49-51) Code: Same as in Field 12</p>	46-51
<p>14. <u>Highest Temperature</u> Item 6 Code: 0920-1079 - As given in Fahrenheit to nearest tenth 9999 - Unknown</p>	52-55
<p>15. <u>Weight</u> Item 7 Four-digit code for: <u>Attire</u> (col. 56) Code: 0 - Gown 1 - Street clothes 9 - Unknown <u>Weight</u> (cols. 57-59) Code: 050-350 - As given in pounds 999 - Unknown</p>	56-59

DEFINITION OF CODES (Continued)

FORM OB-58
Card 0358

FIELD

CARD
COLUMN

16. Transfusion* (Rev. 1 only)
Item 8

60-66

Seven-digit code for:

Response (col. 60)

Code: 0 - No transfusions
1 - One transfusion date reported
2 - 2 or more dates of transfusion reported
9 - Unknown, not on Rev. 0

Date [Month (cols. 61-62), Day (cols. 63-64),
and Year (cols. 65-66)]

Code: As given
99 - Unknown
000000 - No transfusion
999999 - Not on Rev. 0

Note: 0's in entire field = no transfusion (Rev. 1 only)

* Punched in first card only.

Note: A card is punched for each visit with cols. 1-66 same as above for first card and cols. 1-59 as above for each additional card required.

SUMMARY OF PUERPERIUM (OH-58)

1	2	3	4	5	6	7	8	9
IUDER # 000-00000-0	DATE DELIVERED MONTH DAY YEAR	DATE DATE MONTH DAY YEAR	REGISTRATION CASE 2ND - 4TH QUARTER	TRIAL NUMBER OF EXAMINATIONS VISIT NUMBER REGISTRATION NUMBER	DATE OF EXAM MONTH DAY YEAR	BLOOD PRESSURE SYPHOLIC DISTALIC SYPHOLIC DISTALIC SYPHOLIC DISTALIC SYPHOLIC DISTALIC	HIGHEST TEMPERATURE MONTH DAY YEAR	BLANK

* Item numbers refer to form dated: Rev. 4/62
 ** Punched in first card only

OB-58 SUMMARY OF PUERPERIUM

- I. Purpose of form** This form is intended for the recording of:
- A.** Pertinent data summarizing the patient's hospital course from delivery of placenta to discharge.
- B.** The blood pressure obtained six weeks postpartum.
- II. Specific Instructions**
- | Item Number | Item Number |
|--|--|
| 2. Date delivered. Record. | 8. Transfusion. If whole blood, packed cells or plasma was administered postpartum record the date(s). If none was administered, mark "none." |
| 3. Date discharged. Record the date of the patient's discharge. If discharged to another hospital, note this fact. | 9. Summary of data establishing diagnoses. (Optional if OB-60 completed). Record or summarize here the pertinent information used in establishing and validating diagnoses recorded in item #10. This may include drug therapy, consultations, observations, surgical procedures, x-ray and EKG findings, etc. |
| 4. Date. Record in this space at the top of each column the date (month, day, year if applicable) to which information in the column refers. Each column is used for one day's observations, beginning in the first column with the day of delivery, and ending with the day of discharge. | 10. Diagnoses established postpartum (Optional if OB-60 completed) |
| 5. Blood pressure. Record the reading with the highest diastolic level, and the reading with the lowest diastolic level daily in the appropriate column and space. If only one blood pressure is taken on that day, record it as the highest blood pressure, and write "not done" in the space for the lowest diastolic level. | a. Record: |
| 6. Highest temperature. Record the highest temperature taken each day. | (1) All obstetrical, medical and surgical complications of the puerperium. |
| 7. Weight. Record at least one weight taken postpartum in the space provided under the date on which it was taken. Although one weight is required, all taken should be recorded. Mark the appropriate box to indicate the clothing with which the patient was weighed. If in street clothes, shoes are to be removed. | (2) All medical diagnoses which had been considered without decision during the antepartum or intrapartum periods, confirmed postpartum. |
| | (3) As "probable" any diagnosis not definitely established. |
| | b. Diagnoses established during the pregnancy or earlier and previously recorded in the Study record need not be repeated here, unless there is a change in the condition. |
| | EDITING (Items #11-14) |
| | 11. Medical edit. Record whether editing was accomplished with or without the hospital chart. |
| | 12, 13. Medical edit by. Medical editor records signature and title or position. |
| | 14. Lay edit by. Lay editor records initials. |

OB-58 SUMMARY OF PUERPERIUM

pretest

2. DATE DELIVERED		3. DATE DISCHARGED			
Month	Day	Year	Month	Day	Year

4. DATE								
5. BLOOD PRESSURE	READING WITH HIGHEST DIASTOLIC	/	/	/	/	/	/	/
	READING WITH LOWEST DIASTOLIC	/	/	/	/	/	/	/
6. HIGHEST TEMPERATURE								
7. WEIGHT (any one day) <input type="checkbox"/> HOME <input type="checkbox"/> STREET CLOTHES								

8. SUMMARY OF DATA ESTABLISHING DIAGNOSES

- ALL PORTINETS RECEIVED HERE
- ADDITIONAL LABORATORY DATA, PROGRESS NOTES, CONSULTATIONS ATTACHED

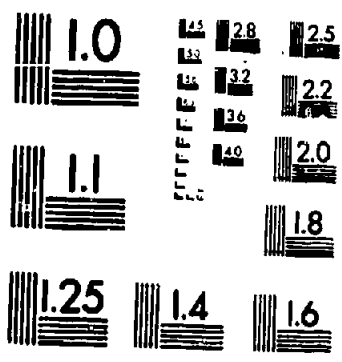
9. DIAGNOSES ESTABLISHED POSTPARTUM (All postpartum complications, surgical and medical diagnoses made or confirmed at this time)

10. MEDICAL ENT BY:	11. TITLE OR POSITION	12. <input type="checkbox"/> WITH HOSPITAL CHART <input type="checkbox"/> WITHOUT HOSPITAL CHART	13. WFO ENT BY:	14. TRANSCRIBED BY:
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COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDS, NIH
BETHESDA 14, MD.

PRETEST
FORM

OB-58



MICROCOPY RESOLUTION TEST CHART
 NATIONAL BUREAU OF STANDARDS
 STANDARD REFERENCE MATERIAL 1010a
 (ANSI and ISO TEST CHART No. 2)

CONTINUED ON NEXT FICHE



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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 WFNH case number
1678..NH-55	2	1355	15	15 Fetus number
1679..NH-55	3	1355	16	17 Delivery date (MO)
1680..NH-55	1	1355	18	19 Delivery date (DAY)
1681..NH-55	3	1355	20	21 Delivery date (HR)
1682..NH-55	5	1355	22	22 Delivered by
1683..NH-55		1355	23	23 Delivery type
1684..NH-55	H	1355	24	24 Labor, spontaneous/induced
1685..NH-55	4	1355	25	26 Labor, onset, time (MO)
1686..NH-55	4	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	17	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	15	1355	51	52 Labor, duration combined first & second stage (MINS)
1700..NH-55	16	1355	53	53 Position at first exam
1701..NH-55	17	1355	54	54 Position before attempt at operative delivery
1702..NH-55	18	1355	55	55 Position before attempt at operative delivery
1703..NH-55	19	1355	61	62 Presentation, cephalic
1704..NH-55	20	1355	63	64 Rupture of membranes late (MO)
1705..NH-55	21	1355	69	70 Rupture of membranes late (DAY)
1706..NH-55	21	1355	71	72 Rupture of membranes time (HRS)
1707..NH-55	22	1355	73	74 Rupture of membranes time (MIN)
1708..NH-55	22	1355	75	75 Rupture of membranes, type; amniotomy
1709..NH-55	23	1355	80	80 Blank
1710.....		1355	74	5 Card number (sequence, form type, form number, revision number)
1711.....		1355	1	14 WFNH case number
1712.....		1355	6	15 Fetus number
1713..NH-55	2	1355	15	16 Uterine stimulants; oxytocic, use
1714..NH-55	25	1355	16	16 Uterine stimulants; syntocic, agent
1715..NH-55	25	1355	17	16 Uterine stimulants; medication, other, use
1716..NH-55	26	1355	18	19 Uterine stimulants; medication, other, agent
1717..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; ruburel sheath
1729..OH-55	30	2354	36	36	uterine stimulant, induction indications; toxemia
1730..OH-55	30	2354	37	37	uterine stimulant, induction indications; toxemia
1731..OH-55	30	2354	38	38	uterine stimulant, induction indications; abruptio placentae
1732..OH-55	30	2354	39	39	uterine stimulant, induction indications; placenta previa
1733..OH-55	30	2354	40	40	uterine stimulant, induction indications; erythroblastosis
1734..OH-55	30	2354	41	41	uterine stimulant, induction indications; eclampsia
1735..OH-55	30	2354	42	42	uterine stimulant, induction indications; infection, intra uterine
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; ruptured membranes
1739..OH-55	31	2354	46	46	uterine stimulant, augmentation indications; toxemia
1740..OH-55	31	2354	47	47	uterine stimulant, augmentation indications; abruptio placentae
1741..OH-55	31	2354	48	48	uterine stimulant, augmentation indications; diabetes mellitus
1742..OH-55	31	2354	49	49	uterine stimulant, augmentation indications; erythroblastosis
1743..OH-55	31	2354	50	50	uterine stimulant, augmentation indications; eclampsia
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, active phase
1751..OH-55	38	2354	60	60	labor, arrested progress, second stage
1752..OH-55	39	2354	61	61	labor, arrested progress, probable cause; fetopelvic disproportion
1753..OH-55	39	2354	62	62	labor, arrested progress, probable cause; cephalopelvic disproportion
1754..OH-55	39	2354	63	63	labor, arrested progress, probable cause; uterine activity abnormal
1755..OH-55	39	2354	64	64	labor, arrested progress, probable cause, other
1756.....	39	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 Report

DATA ITEM ID	TYPE CH FIRM	CARD NUM	FORM TO	DATA ITEM NAME
1759..08-54	2	3353	15	15 Pelus 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, type first
1775..08-54	54	3354	48	48 Vortex delivery; forceps, type second
1776..08-54	54	3354	50	50 Vortex delivery; forceps, twin fraction attachment
1777..08-54	54	3354	51	51 Vortex delivery; forceps, difficulty of application
1778..08-54	57	3354	52	52 Vortex delivery; forceps, difficulty of rotation
1779..08-54	58	3354	53	53 Vortex delivery; forceps, difficulty of conversion
1780..08-54	58	3354	54	54 Vortex delivery; forceps, difficulty of fraction
1781..08-54	60	3354	55	55 Vortex delivery; forceps, indication, 1st
1782..08-54	60	3354	56	56 Vortex delivery; forceps, indication, 2nd
1783..08-54	60	3354	59	59 Vortex delivery; forceps, indication, further
1784..08-54	61	3354	61	61 Vortex delivery; vacuum extractor, first application, dilatation (ca)
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 (ca/care?)
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 Pelus 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

DATA ITEM MATERNALITY FORM 08-55, DELIVERY REPORT

DATA ITEM	ITEM	FROM	TO	CAMP	DATA ITEM NAME
TO	34			41M	
	F344				
1769..08-55	71	22	23	4354	Wrench delivery; version, internal cephalic, indication, 2nd
1800..08-55	71	24	24	4354	Wrench delivery; version, internal cephalic, indication, 2nd
1801..08-55	72	24	25	4354	Wrench delivery; attitude of breech
1802..08-55	73	24	26	4354	Wrench delivery; complications
1803..08-55	74	27	27	4355	Wrench delivery; fungal pressure
1804..08-55	74	27	28	4355	Wrench delivery; of head
1805..08-55	76	28	29	4354	Wrench delivery; of body
1806..08-55	77	30	30	4354	Wrench delivery; decomposition
1807..08-55	78	31	31	4354	Wrench delivery; difficulty of partial extraction
1808..08-55	78	32	32	4354	Wrench delivery; difficulty of total extraction
1809..08-55	80	33	33	4355	Wrench delivery; difficulty of manual delivery of head
1810..08-55	81	34	34	4354	Wrench delivery; for total extraction, first
1811..08-55	82	34	35	4354	Wrench delivery; for total extraction, first
1812..08-55	82	37	37	4354	Wrench delivery; indications for total extraction, further
1813.....		38	38	4354	NO Blank
1814.....		1	1	5354	Card number (sequenced, form type, form number, revision number)
1815.....		6	6	5354	NMNH 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	6	19	19	5354	Cesarean section, delivery of head
1821..08-55	7	20	20	5354	Cesarean section, delivery of body
1822..08-55	8	21	21	5354	Cesarean section, difficulty of delivery, head
1823..08-55	8	22	22	5354	Cesarean section, difficulty of delivery, body
1824..08-55	8	23	23	5354	Cesarean section, difficulty of delivery, previous
1825..08-55	9	24	24	5354	Cesarean section, indication; hysterectomy, previous
1826..08-55	9	25	25	5354	Cesarean section, indication; cephalopelvic disproportion
1827..08-55	9	26	26	5354	Cesarean section, indication; following failed pelvic procedure
1828..08-55	9	27	27	5354	Cesarean section, indication; transverse lie
1829..08-55	9	28	28	5354	Cesarean section, indication; malpresentation, other
1830..08-55	9	29	29	5355	Cesarean section, indication; uterine dysfunction
1831..08-55	9	30	30	5354	Cesarean section, indication; fetal distress
1832..08-55	9	31	31	5354	Cesarean section, indication; prolapsed cord
1833..08-55	9	32	32	5355	Cesarean section, indication; placenta previa
1834..08-55	9	33	33	5354	Cesarean section, indication; abruptio placentae
1835..08-55	9	34	34	5354	Cesarean section, indication; early premature
1836..08-55	9	35	35	5354	Cesarean section, indication; prior obstetric history
1837..08-55	9	36	36	5354	Cesarean section, indication; tumor, obstructing
1838..08-55	9	37	37	5354	Cesarean section, indication; toxemia
1839..08-55	9	38	38	5355	Cesarean section, indication; diabetes mellitus
1840..08-55	9	39	39	5355	Cesarean section, indication; other first
1841..08-55	9	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	Cord number (sequence), form type, form number, revision number)
1051.....		3363	4	14	Blank card number
1052..NH-55	2	3364	15	15	Fetus 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 cord 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	CDM NUM	FORM NO	DATA ITEM NAME
1005..NH-54	112		6354	54	54 Bleeding before cord clamped, cause: eclampsia
1006..NH-54	112		6354	54	55 Bleeding before cord clamped, cause: eclampsia
1007..NH-54	112		6354	54	56 Bleeding before cord clamped, cause: lacerations
1008..NH-54	113		6354	57	60 Bleeding after cord clamped, cause: other
1009..NH-54	114		6354	57	61 Bleeding after cord clamped, amount (cc)
1010..NH-54	114		6354	62	62 Bleeding after cord clamped, cause: uterine atony
1011..NH-54	114		6354	63	63 Bleeding after cord clamped, cause: eclampsia
1012..NH-54	114		6354	64	64 Bleeding after cord clamped, cause: lacerations
1013..NH-54	114		6354	64	65 Bleeding after cord clamped, cause: lacerations
1014..NH-54	115		6354	65	65 Bleeding after cord clamped, cause: retained secundines
1015..NH-54	115		6354	66	66 Bleeding after cord clamped, cause: other
1016..NH-54	116		6354	67	67 Toxicity, acute
1017..NH-54	117		6354	68	68 Toxicity, hypertensive, treatment intrapartum
1018..NH-54	118		6354	69	69 Fetal death, intrauterine
1019..NH-54	118		6354	70	70 Heart rate abnormal
1020..NH-54	118		6354	71	71 Heart rhythm abnormal
1021..NH-54	118		6354	72	72 Macromilia and/or meconium staining
1022..NH-54	118		6354	73	73 Lacerations
1023..NH-54	118		6354	74	74 Lacerations
1024..NH-54	119		7354	5	5 Cord number (sequence, for type, core number, revision number)
1025..NH-54	119		7354	6	6 NINON case number
1026..NH-54	120		7354	14	14 Fetus number
1027..NH-54	120		7354	15	15 Version, external
1028..NH-54	120		7354	17	17 Blood staining
1029..NH-54	120		7354	18	18 Anterior-posterior, abnormal
1030..NH-54	120		7354	19	19 Labor, attempt to initiate
1031..NH-54	120		7354	20	20 Uterine therapy, maternal
1032..NH-54	120		7354	21	21 Procedure, other, 1st
1033..NH-54	120		7354	22	22 Procedure, other, 2nd
1034..NH-54	121		7354	23	23 Procedure, other, further
1035..NH-54	121		7354	24	24 Shock, intrapartum
1036..NH-54	121		7354	25	25 Uterine, shoulder
1037..NH-54	121		7354	26	26 Fever, intrapartum
1038..NH-54	121		7354	27	27 Cannulation defect
1039..NH-54	121		7354	28	28 Polyhydramnios
1040..NH-54	121		7354	29	29 Uterus, ruptured
1041..NH-54	121		7354	30	30 Cordication, other, 1st
1042..NH-54	121		7354	31	31 Cordication, other, 2nd
1043..NH-54	121		7354	32	32 Cordication, other, further
1044..NH-54	121		7354	33	33 NO Blank
1045..NH-54	121		7354	34	34 Labor and delivery status (1000-34, 2000-35)
1046..NH-54	121		7354	35	35 Macromilia present labor and delivery
1047..NH-54	121		7354	36	36 Labor, arrested progress uterine dysfunction (08-36)
1048..NH-54	121		7354	37	37 Labor 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 previa, 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	labor onset, spontaneous or induced
6052...VAR	1318	1318	ORVETIC use
6053...VAR	1319	1319	Plerenta previa, degree
6054...VAR	1320	1320	Presentation of fetus at delivery
6055...VAR	1321	1321	Cord prolapse, degree
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	labor, arrested progress; misproportion
6062...VAR	1328	1328	labor, arrested progress; fetal pelvic disproportion; cephalopelvic disproportion
6063...VAR	1329	1329	labor, arrested progress, other causes
6064...VAR	1330	1330	labor, arrested progress, other causes
6065...VAR	1331	1331	bleeding after cord clamp (CC)
6066...VAR	1332	1332	bleeding before cord clamp (CC)
6067...VAR	1333	1333	hypertension, chronic disease
6068...VAR	1334	1334	wrench delivery; version, internal manual, difficulty code
6069...VAR	1335	1335	wrench delivery; procedures attempted for delivery of body
6070...VAR	1336	1336	wrench delivery; version, internal manual, difficulty code
6071...VAR	1337	1337	wrench delivery; version, internal manual, difficulty code
6072...VAR	1338	1338	wrench delivery; version, internal manual, difficulty code
6073...VAR	1339	1339	wrench delivery; version, internal manual, difficulty code
6074...VAR	1340	1340	wrench delivery; version, internal manual, difficulty code
6075...VAR	1341	1341	wrench delivery; version, internal manual, difficulty code
6076...VAR	1342	1342	wrench delivery; version, internal manual, difficulty code
6077...VAR	1343	1343	wrench delivery; version, internal manual, difficulty code
6078...VAR	1344	1344	wrench delivery; version, internal manual, difficulty code
6079...VAR	1345	1345	wrench delivery; version, internal manual, difficulty code
6080...VAR	1346	1346	wrench delivery; version, internal manual, difficulty code
6081...VAR	1347	1347	wrench delivery; version, internal manual, difficulty code
6082...VAR	1348	1348	wrench delivery; version, internal manual, difficulty code
6083...VAR	1349	1349	wrench delivery; version, internal manual, difficulty code
6084...VAR	1350	1350	wrench delivery; version, internal manual, difficulty code
6085...VAR	1351	1351	wrench delivery; version, internal manual, difficulty code
6086...VAR	1352	1352	wrench delivery; version, internal manual, difficulty code
6087...VAR	1353	1353	wrench delivery; version, internal manual, difficulty code
6088...VAR	1354	1354	wrench delivery; version, internal manual, difficulty code
6089...VAR	1355	1355	wrench delivery; version, internal manual, difficulty code
6090...VAR	1356	1356	wrench delivery; version, internal manual, difficulty code
6091...VAR	1357	1357	wrench delivery; version, internal manual, difficulty code
6092...VAR	1358	1358	wrench delivery; version, internal manual, difficulty code
6093...VAR	1359	1359	wrench delivery; version, internal manual, difficulty code
6094...VAR	1360	1360	wrench delivery; version, internal manual, difficulty code
6095...VAR	1361	1361	wrench delivery; version, internal manual, difficulty code
6096...VAR	1362	1362	wrench delivery; version, internal manual, difficulty code
6097...VAR	1363	1363	wrench delivery; version, internal manual, difficulty code
6098...VAR	1364	1364	wrench delivery; version, internal manual, difficulty code
6099...VAR	1365	1365	wrench delivery; version, internal manual, difficulty code

Date Press Referencing Form (OB-55, Delivery Report)

DATA 1944 FD	IFPM IV P 104	CARD SUM	FROM TO	DATA IFPM NAME
6093.....VAR			1364 1364	Mechanical attendant, use of (OB-55)
6094.....VAR	121		1365 1365	Polychlorinated
6095.....VAR	121		1366 1366	uterine rupture
6096.....VAR			1367 1367	uterine stimulant, reaction to
6107.....VAR			1381 1381	Cesarean section, delivery of baby
6108.....VAR			1382 1382	Cesarean section, delivery of neon
6109.....VAR			1383 1383	Cesarean section, uterine incision type
6110.....VAR	91		1385 1386	Cesarean section, indication, primary (OB-36)
6111.....VAR			1387 1387	Cesarean section, indication, primary (OB-55)
6112.....VAR			1388 1388	Cesarean section, following attempt at vaginal delivery
6113.....VAR			1389 1389	Cesarean section, difficulty of head delivery
6114.....VAR			1390 1390	Cesarean section, difficulty of body delivery
6115.....VAR			1391 1391	Cesarean section, previous cesarean section (OB-36)
6116.....VAR			1392 1392	Cesarean section, indication, fetal distress (OB-36)
6117.....VAR			1393 1393	Cesarean section, indication, cephalopelvic disproportion (OB-36)
6118.....VAR			1394 1394	Cesarean section, indication, breech presentation (OB-36)
6119.....VAR			1395 1395	Cesarean section, indication, elderly primigravida (OB-36)
6120.....VAR			1396 1396	Cesarean section, indication, previous cesarean section (OB-36)
6121.....VAR			1397 1397	Cesarean section, indication, previous cesarean section (OB-36)
6122.....VAR			1398 1398	Cesarean section, indication, previous cesarean section (OB-36)
6123.....VAR			1399 1399	Cesarean section, indication, diabetes mellitus (OB-36)
6124.....VAR			1400 1400	Cesarean section, indication, toxemia (OB-36)
6125.....VAR			1401 1401	Cesarean section, indication, abruptio placentae (OB-36)
6126.....VAR			1402 1402	Cesarean section, indication, placenta previa (OB-36)
6127.....VAR			1403 1403	Cesarean section, indication, forceps delivery failed (OB-36)
6128.....VAR			1404 1404	Cesarean section, indication, uterine dysfunction (OB-36)
6129.....VAR			1405 1405	Cesarean section, indication, other (OB-36)
6130.....VAR			1406 1406	Cesarean section, indication, previous cesarean section (OB-55)
6131.....VAR			1407 1407	Cesarean section, indication, avomectomy, previous (OB-55)
6132.....VAR			1408 1408	Cesarean section, indication, cephalopelvic disproportion (OB-55)
6133.....VAR			1409 1409	Cesarean section, indication, following failed pelvic procedure (OB-55)
6134.....VAR			1410 1410	Cesarean section, indication, transverse lie (OB-55)
6135.....VAR			1411 1411	Cesarean section, indication, malpresentation, other (OB-55)
6136.....VAR			1412 1412	Cesarean section, indication, uterine dysfunction (OB-55)
6137.....VAR			1413 1413	Cesarean section, indication, fetal distress (OB-55)
6138.....VAR			1414 1414	Cesarean section, indication, placenta previa (OB-55)
6139.....VAR			1415 1415	Cesarean section, indication, abruptio placentae (OB-55)
6140.....VAR			1416 1416	Cesarean section, indication, elderly primigravida (OB-55)
6141.....VAR			1417 1417	Cesarean section, indication, prior OB history (OB-55)
6142.....VAR			1418 1418	Cesarean section, indication, prior OB history (OB-55)
6143.....VAR			1419 1419	Cesarean section, indication, tumor obstructing (OB-55)

DATA 1968 Referencing Vols 08-55, Delivery Month

DATA 1974
IN F JAN
DATA 1974
MIN F JAN

DATA 1974 NAME

DATA 1974	DATA 1974	DATA 1974	DATA 1974	DATA 1974	DATA 1974	DATA 1974
FD	IN	F JAN	MIN	F JAN	MIN	F JAN
6144.....VAB				1420	1420	Cesarean section, induction; Cesarean (08-55)
6145.....VAB				1421	1421	Cesarean section, induction; Cesarean (08-55)
6146.....VAB				1422	1422	Cesarean section, induction; Cesarean (08-55)
6147.....VAB				1423	1423	Duration of first stage (hrs/min)
6148.....VAB				1424	1424	Duration of second stage (hrs/min)
6149.....VAB				1425	1425	Duration of third stage (hrs/min)
6150.....VAB				1426	1426	Duration of first stage (hrs/min)
6151.....VAB				1427	1427	Duration of second stage (hrs/min)
6152.....VAB				1428	1428	Duration of third stage (hrs/min)
6153.....VAB				1429	1429	Duration of first stage (hrs/min)
6154.....VAB				1430	1430	Duration of second stage (hrs/min)
6155.....VAB				1431	1431	Duration of third stage (hrs/min)
6156.....VAB				1432	1432	Duration of first stage (hrs/min)
6157.....VAB				1433	1433	Duration of second stage (hrs/min)
6158.....VAB				1434	1434	Duration of third stage (hrs/min)
6159.....VAB				1435	1435	Duration of first stage (hrs/min)
6160.....VAB				1436	1436	Duration of second stage (hrs/min)
6161.....VAB				1437	1437	Duration of third stage (hrs/min)
6162.....VAB				1438	1438	Duration of first stage (hrs/min)
6163.....VAB				1439	1439	Duration of second stage (hrs/min)
6164.....VAB				1440	1440	Duration of third stage (hrs/min)
6165.....VAB				1441	1441	Duration of first stage (hrs/min)
6166.....VAB				1442	1442	Duration of second stage (hrs/min)
6167.....VAB				1443	1443	Duration of third stage (hrs/min)
6168.....VAB				1444	1444	Duration of first stage (hrs/min)
6169.....VAB				1445	1445	Duration of second stage (hrs/min)
6170.....VAB				1446	1446	Duration of third stage (hrs/min)
6171.....VAB				1447	1447	Duration of first stage (hrs/min)
6172.....VAB				1448	1448	Duration of second stage (hrs/min)
6173.....VAB				1449	1449	Duration of third stage (hrs/min)
6174.....VAB				1450	1450	Duration of first stage (hrs/min)
6175.....VAB				1451	1451	Duration of second stage (hrs/min)
6176.....VAB				1452	1452	Duration of third stage (hrs/min)
6177.....VAB				1453	1453	Duration of first stage (hrs/min)
6178.....VAB				1454	1454	Duration of second stage (hrs/min)
6179.....VAB				1455	1455	Duration of third stage (hrs/min)
6180.....VAB				1456	1456	Duration of first stage (hrs/min)
6181.....VAB				1457	1457	Duration of second stage (hrs/min)
6182.....VAB				1458	1458	Duration of third stage (hrs/min)
6183.....VAB				1459	1459	Duration of first stage (hrs/min)
6184.....VAB				1460	1460	Duration of second stage (hrs/min)
6185.....VAB				1461	1461	Duration of third stage (hrs/min)
6186.....VAB				1462	1462	Duration of first stage (hrs/min)
6187.....VAB				1463	1463	Duration of second stage (hrs/min)
6188.....VAB				1464	1464	Duration of third stage (hrs/min)
6189.....VAB				1465	1465	Duration of first stage (hrs/min)
6190.....VAB				1466	1466	Duration of second stage (hrs/min)
6191.....VAB				1467	1467	Duration of third stage (hrs/min)
6192.....VAB				1468	1468	Duration of first stage (hrs/min)
6193.....VAB				1469	1469	Duration of second stage (hrs/min)
6194.....VAB				1470	1470	Duration of third stage (hrs/min)
6195.....VAB				1471	1471	Duration of first stage (hrs/min)
6196.....VAB				1472	1472	Duration of second stage (hrs/min)
6197.....VAB				1473	1473	Duration of third stage (hrs/min)
6198.....VAB				1474	1474	Duration of first stage (hrs/min)
6199.....VAB				1475	1475	Duration of second stage (hrs/min)
6200.....VAB				1476	1476	Duration of third stage (hrs/min)
6201.....VAB				1477	1477	Duration of first stage (hrs/min)
6202.....VAB				1478	1478	Duration of second stage (hrs/min)
6203.....VAB				1479	1479	Duration of third stage (hrs/min)
6204.....VAB				1480	1480	Duration of first stage (hrs/min)
6205.....VAB				1481	1481	Duration of second stage (hrs/min)
6206.....VAB				1482	1482	Duration of third stage (hrs/min)
6207.....VAB				1483	1483	Duration of first stage (hrs/min)
6208.....VAB				1484	1484	Duration of second stage (hrs/min)
6209.....VAB				1485	1485	Duration of third stage (hrs/min)
6210.....VAB				1486	1486	Duration of first stage (hrs/min)
6211.....VAB				1487	1487	Duration of second stage (hrs/min)
6212.....VAB				1488	1488	Duration of third stage (hrs/min)
6213.....VAB				1489	1489	Duration of first stage (hrs/min)
6214.....VAB				1490	1490	Duration of second stage (hrs/min)
6215.....VAB				1491	1491	Duration of third stage (hrs/min)
6216.....VAB				1492	1492	Duration of first stage (hrs/min)
6217.....VAB				1493	1493	Duration of second stage (hrs/min)
6218.....VAB				1494	1494	Duration of third stage (hrs/min)
6219.....VAB				1495	1495	Duration of first stage (hrs/min)
6220.....VAB				1496	1496	Duration of second stage (hrs/min)
6221.....VAB				1497	1497	Duration of third stage (hrs/min)
6222.....VAB				1498	1498	Duration of first stage (hrs/min)
6223.....VAB				1499	1499	Duration of second stage (hrs/min)
6224.....VAB				1500	1500	Duration of third stage (hrs/min)

DATA ITEMS RELATING TO FORM 00-56, OBSTETRIC SURVEY

DATA ITEM ID	TYPE 3N P154	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	6	14	MINN case number
1929..00-56	7	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.
13. FIRST STAGE		
14. SECOND STAGE		
15. THIRD STAGE		
16. TOTAL		

17. **FINAL** _____

RUPTURE OF MEMBRANES
(Specify Date (Month/Day/Year))

17. **DATE OF RUPTURE** _____

18. **TIME OF RUPTURE** _____

19. **TYPE OF RUPTURE**

SPONTANEOUS

ARTIFICIAL

20. **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

1. **AT FIRST EXAMINATION IN LABOR**

2. **POSITION** _____

3. **STATION** _____

IMMEDIATELY BEFORE ANY ATTEMPT AT OPERATIVE DELIVERY

4. **POSITION** _____

5. **STATION** _____

6. **DELIVERED AS (Specify)** _____

EXCEPT VENTRAL

ROTATION

NONE

7. **DATE OF DELIVERY** _____

8. **TIME OF DELIVERY** _____

UTERINE STIMULANT (NOT FOR PLACENTA)

NONE

9. **ROUTE** _____

NONE

FOR INDUCTION

FOR AUGMENTATION

10. **OTHER MEDICAL** _____

NONE

FOR INDUCTION

FOR AUGMENTATION

11. **METHOD** _____

NONE

FOR INDUCTION

FOR AUGMENTATION

12. **NO. OF ATTEMPTS AT INDUCTION WITH ROUTE** _____

INDICATIONS FOR UTERINE STIMULANT (Mark All Applicable)

13. **FOR INDUCTION**

ELECTIVE

RUPTURED MEMBRANES

TORSAION

ABNORMAL PLACENTAS

SHAKED BELLIES

EMBRYOBLASTOMA

OXYGEN DEPRIVATION

UTERINE INFECTION

ARRESTED PROGRESS OF LABOR

OTHER (Specify) _____

14. **FOR AUGMENTATION**

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

15. **PRIMARY INDICATION (Mark One Only)**

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

18. **MEDICAL EDIT** _____

19. **TITLE OR POSITION** _____

20. **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 dilation (3 cm or more) has been reached

ACTIVE PHASE - last of contractions for 2 or more hours after a time of dilation (2 cm or more) 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

ANOMALOUS UTERINE ACTIVITY

OTHER: _____

VAGINAL VERTEX PROCEDURES AND/OR DELIVERY

NOT APPLICABLE

40. DELIVERY OF HEAD

UNCONTROLLED

CONTROLLED MANUALLY

CONTROLLED WITH FORCEPS

41. FINAL 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)	(2)	(3)	(4)
APP.	DIFF.	UNAPP.	FAILED

46. MANUAL CONVERSION

NOT ATTEMPTED

47. FROM _____

48. TO _____

49. DIFFICULTY OF CONVERSION (IN BEST POSITION ATTEMPTED)

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

50. USE OF FORCEPS

NOT USED

51. NUMBER OF APPLICATIONS _____

52. FIRST APPLICATION OF FORCEPS _____

CLASS I (Application when cervix is between 1 cm and 2 cm, fetal vertex is at or below station in AP position at point.)

CLASS II (Application when cervix is between 2 cm and 3 cm, fetal vertex is at or below station in AP position.)

CLASS III (Application when cervix is 3 cm or more, fetal vertex is at or below station in AP position.)

CLASS IV (Application when cervix is 3 cm or more, fetal vertex is at or below station in AP position.)

53. FORCEPS ROTATION

NOT ATTEMPTED

54. FROM _____

55. TO _____

56. FORCEPS CONVERSION

NOT ATTEMPTED

57. FROM _____

58. TO _____

59. TYPE(S) OF FORCEPS USED _____

60. AIR TRACTION ATTACHMENT

NOT USED USED

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

	(1)	(2)	(3)	(4)
	APP.	DIFF.	UNAPP.	FAILED
62. APPLICATION				
63. ROTATION				
64. CONVERSION				
65. 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 _____

73. DELIVERY WITH VACUUM EXTRACTOR YES NO

74. BECAUSE OF:

UNSATISFACTORY APPLICATION

FAILURE TO ENGAGE

FAILURE TO DESLANT

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

33. 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)

EXAMINATION

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. RECOMPOSITION				
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

1. INDICATIONS FOR CESAREAN SECTION (MARK ALL APPLICABLE)

PREVIOUS SECTION (114)

PREVIOUS HYSTERECTOMY (114)

CEPHALOPELVIC DISPROPORTION (118)

FOLLOWING FAILED PELVIC PROCEDURE (114)

TRANSVERSE LIE (114)

OTHER MALPRESENTATION (114)

FETAL DISTRESS (114)

PROLAPSED CORD (114)

PLACENTA PREVIA (100)

ACROMIOTIC PLACENTAE (100)

ELDERLY PRIMIPARA (101)

POOR OBSTETRIC HISTORY (100)

OBSTRUCTING TUMOR (100)

TORSAION (100)

DIABETIC MELLITUS (100)

OTHER INDICATION (EXP. #)

13. PRIMARY INDICATION (AMONG THOSE NOTED ABOVE)

2. OTHER PROCEDURES AT SECTION

NONE

TUBAL LIGATION

APPENDECTOMY

OVARIAN SURGERY (Specify)

CELSIUM HYSTERECTOMY:

TOTAL

SUBTOTAL

OTHER SURGERY (Specify)

3. PROLAPSED CORD

NO PROLAPSE

OCCULT

INTO VAGINA

THRU CERVIX

4. CERVICAL STATUS

PULSATED

NOT PULSATED

5. TREATMENT PRIOR TO DELIVERY

NO TREATMENT

DISPLACEMENT

DISPLACEMENT OF PRESENTING PART

ANTE-CHEST POSITION

TRANSVAGINAL POSITION

MATERNAL OXYGEN THERAPY

OTHER (Specify)

ALL DELIVERIES:

6. PLACENTA

SPONTANEOUS DELIVERY

MANUAL SEPARATION AND EXTRACTION

MANUAL EXTRACTION ONLY

7. CONDITION OF PLACENTA AT DELIVERY

INTACT

NOT INTACT (Describe)

8. CORD PATHOLOGY

NONE

AROUND NECK:

_____ TIGHT _____ TIGHT

AROUND BODY OR EXTREMITIES:

LOOSE TIGHT

TRUE END:

LOOSE TIGHT

VELLAMENTOUS HEMORRHAGE

VASA VITAE

RUPTURED CORD VESSEL

OTHER (Specify)

9. CRYSTIC FOR PLACENTA

NONE

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

10. OPERATIVE BLOOD LOSS

TOTAL: _____ CC

11. UMBILICAL CORD

NOT STAPPED

STAPPED

12. 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 500 cc or more

UTERINE ATONY

SPONTANEOUS

LACERATIONS

RETAINED DECIDUIDA

OTHER (Specify):

110. LACERATIONS

NONE

PERINEAL

FIRST

SECOND

THIRD

FOURTH

VAGINAL-BULBOVAGINAL

PERINEURETHRAL

CERVICAL

OTHER (Specify):

108. ABRUPTIO PLACENTAE

NONE

PARTIAL

COMPLETE

TOXEMIA

NONE

116. CHRONIC HYPERTENSIVE DISEASE

NONE

YES, BY PATIENT HISTORY

YES, BY DOCUMENTED EVIDENCE

UNCERTAIN

115. ACUTE TOXEMIA

NONE

PROBABLE PRE-ECLAMPSIA

PRE-ECLAMPSIA, MILD

PRE-ECLAMPSIA, SEVERE

ECLAMPSIA

117. TREATMENT INTRAVARTUM & HYPERTENSION ONLY

109. OTHER PROCEDURES

NONE

EXTERNAL VERSION (IN MY HOSP.)

ADMINISTRATION OF BLOOD OR BLOOD DERIVATIVES DURING DELIVERY (Specify)

ADDITIONAL ANESTHETICS (In my HOSP.)

ATTEMPT TO INDUCE LABOR (Specify)

MATERNAL OXYGEN THERAPY (Not for treatment only)

OTHER (Specify):

106. OTHER PLACENTAL ABNORMALITIES

NONE

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:

118. _____ CC

119. YES - BLOOD LOSS IN TWO OCCASION (Less than 100 cc or more in one or both)

112. CAUSES OF BLEEDING BEFORE CORD CLAMPED

UNKNOWN

PLACENTA PREVIA

ABRUPTIO PLACENTAE

MARGINAL CORD RUPTURE

SPONTANEOUS

LACERATIONS

OTHER (Specify):

116. FETAL CONDITION

NONE LISTED

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

INTRAVARTUM INFECTION (Specify organism)

SHOULDER DYSLOCIA

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 OBSTETRIC 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. PATIENT IDENTIFICATION			
4. NAME OF PHYSICIAN OF DELIVERY		5. TITLE OR POSITION		6. THIS SUMMARY BY:		7. TITLE OR POSITION	
8. USUAL DELIVERY AS REPORTED AFTER DELIVERY:		9. OUTCOME		10. LIVEBORN		11. SEX	
		TYPE 0		YES <input type="checkbox"/> NO <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	
		TYPE 1		YES <input type="checkbox"/> NO <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	
		TYPE 2		YES <input type="checkbox"/> NO <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	

12. MEDICAL UNIT GENERAL <input type="checkbox"/> OBSTETRIC <input type="checkbox"/> GYN <input type="checkbox"/>		13. MEDICAL UNIT GENERAL <input type="checkbox"/> OBSTETRIC <input type="checkbox"/> GYN <input type="checkbox"/>		14. TITLE OR POSITION		PAGE	
15. FOR LAY LETTER		16. YES <input type="checkbox"/> NO <input type="checkbox"/>		17. ABSTRACTS OR SUMMARIES ATTACHED			

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NIDDK, NIH
BETHESDA 14, MD.

OB-56

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

ITEM NM	DATA ITEM	CAHN NM	FROM TO	DATA ITEM NAME
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		1390	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	1395	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		1308	1308	Cesarean section, indications; triple knot
6064	...VAR		1310	1310	Cesarean section, indications; vena cava, 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		1346	1346	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
606A	...VAR		1336	1336	labor, arrested progress, other causes
606R	...VAR		1334	1334	labor, arrested progress; placental abruption; cephalopelvic disproportion
6066	...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 (HR)
149P	..DR-55	1354	51	51	labor, duration combined first & second stage (HR)
6151	...VAR		1437	1440	labor, duration of first and second stages (HR/Min)
614E	...VAR		1422	1425	labor, duration of first and second stages (HR/Min)
614R	...VAR		1427	1430	labor, duration of first and second stages (HR/Min)
6150	...VAR		1433	1436	labor, duration of first and second stages (HR/Min)
6153	...VAR		1447	1445	labor, total duration, first, second and third stages (HR/Min)
608A	...VAR		1362	1362	lacerations, degree
6080	...VAR		1361	1361	lacerations, degree
6090	...VAR		1364	1364	mechanical stimulant, use of (DR 55)
1455	..DR-55	6354	18	19	Oxytocic for placenta
6057	...VAR		1318	1318	Oxytocic use
6053	...VAR		1319	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 FNMM	DATA ITEM IN	CANN NUM	FROM	TO	DATA ITEM NAME
0491	....VAK		1365	1365	polyvinylpyrrolidone
0494	....VAK		1321	1323	presentation of fetus at delivery
0498	....VAK		1304	1306	records present labor and delivery
0499	....VAK		1327	1327	rupture of membranes, reason
0499	....VAK		1331	1331	toxemia, acute
0499	....VAK		1324	1324	intrauterine hypertension, chronic (JM-14)
0499	....VAK	0354	20	20	intrauterine cervical effacement/not strained
0499	....VAK		1404	1404	uterine dysfunction
0499	....VAK		1306	1306	uterine rupture
0499	....VAK		54	54	uterine stimulant indication, other, first
0499	....VAK	2354	54	54	uterine stimulant indications, other, further
0499	....VAK	2354	54	54	uterine stimulant, no response
0499	....VAK		1451	1451	uterine stimulant, other unusual reaction
0499	....VAK		1454	1454	uterine stimulant, reaction to
0499	....VAK		1454	1454	uterine stimulant, significant variation of fetal heart rate or
0499	....VAK				phlytha
0499	....VAK		1452	1452	uterine stimulant, sustained contraction
0499	....VAK		1454	1454	uterine stimulant, simultaneous labor and/or delivery
0499	....VAK		1481	1481	uterine stimulant, induction indications, other
0499	....VAK		1476	1476	uterine stimulant, induction indications, abruptio placentae
0499	....VAK		1477	1477	uterine stimulant, induction indications, diabetes mellitus
0499	....VAK		1473	1473	uterine stimulant, induction indications, erectile
0499	....VAK		1474	1474	uterine stimulant, induction indications, erythroblastosis
0499	....VAK		1480	1480	uterine stimulant, induction indications, infection, intrauterine
0499	....VAK		1479	1479	uterine stimulant, induction indications, nephropathy
0499	....VAK		1474	1474	uterine stimulant, induction indications, ruptured membranes
0499	....VAK		1474	1474	uterine stimulant, induction indication, toxemia
0499	....VAK		1320	1320	verter delivery, forceps application
0499	....VAK		1361	1361	verter delivery, forceps, difficulty
0499	....VAK		1358	1358	verter delivery, forceps, difficulty of application
0499	....VAK		1360	1360	verter delivery, forceps, difficulty of conversion
0499	....VAK		1359	1359	verter delivery, forceps, difficulty of rotation
0499	....VAK		1357	1357	verter delivery, forceps, difficulty of traction
0499	....VAK		1330	1330	verter delivery, forceps extraction (OB-45)
0499	....VAK	2154	15	15	fetus number
0499	....VAK	0354	14	15	fetus number
0499	....VAK	0354	14	15	fetus number
0499	....VAK	5354	14	15	fetus number
0499	....VAK	0354	15	15	fetus number
0499	....VAK	0354	15	15	fetus number
0499	....VAK	0354	15	15	fetus number
0499	....VAK	0354	14	15	delivery date (day)
0499	....VAK	0354	16	17	delivery date (day)

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

1726 NM FORM	DATA TYPE IN	CARD NUM	FROM	TO	DATA ITEM NAME
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	1688..08-55	1354	1687	1672	Labor, onset, date (day)
6	1686..08-55	1354	27	28	Labor, onset, date (hr)
7	1685..08-55	1354	24	26	Labor, onset, date (m)
8-10	1655.....VAR		1447	1450	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	1694..08-55	1354	35	36	Labor, duration first stage (mins)
11	1646.....VAR		1422	1425	Labor, duration of first stage (hrs/mins)
11-12	6151.....VAR		1437	1437	Labor, duration of first and second stages (hrs/mins)
12	6148.....VAR		1427	1430	Labor, duration of first and second stages (hrs/mins)
12	1691..08-55	1354	37	38	Labor, duration of second stage (hrs)
13	1692..08-55	1354	38	40	Labor, duration second stage (mins)
13	6150.....VAR		1433	1436	Labor, duration of third stage (hrs)
13	1693..08-55	1354	41	42	Labor, duration third stage (hrs)
13	1694..08-55	1354	43	44	Labor, duration third stage (mins)
14	1694..08-55	1354	45	46	Labor, duration second stage (hrs)
14	1694..08-55	1354	47	48	Labor, duration third stage (mins)
14	6153.....VAR		1447	1445	Labor, total duration, first, second and third stages (hrs/mins)
15	1698..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, onset
20	1706..08-55	1354	66	66	Rupture of membranes, onset
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, interval
23	1710..08-55	1354	73	74	Rupture of membranes, interval
23	6054.....VAR		1327	1327	Rupture of membranes, reason
23	1709..08-55	1354	74	75	Rupture of membranes, reason
25	6052.....VAR		1314	1316	Uterine stimulants, other, agent
25	1715..08-55	2353	17	18	Uterine stimulants, uterine agent
25	1714..08-55	2354	16	16	Uterine stimulants, uterine agent
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, myelomeningitis
30	6170.....VAR		35	35	uterine stimulant, induction indication, myelomeningitis
30	1729..DR-45	2354	1474	1474	uterine stimulant, induction indication, ruptured esophagus
30	1727..DR-45	2354	36	36	uterine stimulant, induction indication, toxemia
31	1736..DR-45	2354	36	36	uterine stimulant, induction indication, toxemia
31	1745..DR-45	2354	43	43	uterine stimulant, augmentation indicator, elective
31	1730..DR-45	2354	42	42	uterine stimulant, augmentation indication, elective
31	1740..DR-45	2354	46	46	uterine stimulant, augmentation indication, abruptio placentae
31	1741..DR-45	2354	47	47	uterine stimulant, augmentation indication, diabetes mellitus
31	1743..DR-45	2354	48	48	uterine stimulant, augmentation indication, erythroblastosis
31	1743..DR-45	2354	48	48	uterine stimulant, augmentation indication, infection, intra uterine
31	1743..DR-45	2354	50	50	uterine stimulant, augmentation indication, infection, intra uterine

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

ITEM NO PKM#	DATA ITEM ID	CAEN MIN	FROM TO	DATA ITEM NAME
31	1744..OR-55	2355	51	51 Uterine stimulants; augmentation indications; labor, arrested
31	1742..OR-55	2355	49	49 Uterine stimulants; augmentation indications; overuse; arrested
31	1737..OR-55	2355	44	44 Uterine stimulants; augmentation indications; ruptured membranes
31	1738..OR-55	2355	45	45 Uterine stimulants; augmentation indications; ruptured membranes
32	1748..OR-55	2355	56	56 Uterine stimulants; induction, primary
34	1750..OR-55	2354	54	54 Labor, arrested progress, active phase
34	1749..OR-55	2354	54	54 Labor, arrested progress, active phase
34	0068.....VAR	2354	1336	1336 Labor, arrested progress, phase and stage
34	1751..OR-55	2355	60	60 Labor, arrested progress, second phase
34	0165.....VAR	2355	1464	1464 Uterine dysfunction
34	1755..OR-55	2354	64	64 Labor, arrested progress, probable cause, other
34	1752..OR-55	2354	61	61 Labor, arrested progress, probable cause; fetopelvic disproportion
34	1753..OR-55	2354	62	62 Labor, arrested progress, probable cause; entrapment
34	1754..OR-55	2354	63	63 Labor, arrested progress, probable cause; uterine activity abnormal
34	0066.....VAR	2354	1334	1334 Labor, arrested progress; fetopelvic disproportion; cephalopelvic disproportion
34	0064.....VAR	2354	1332	1332 Labor, arrested progress; malpresentation
40	1760..OR-55	3354	14	14 Vertex delivery, of head
41	1761..OR-55	3354	17	17 Vertex delivery, of head
42	1762..OR-55	3354	18	18 Vertex delivery, of head
43	1763..OR-55	3354	21	21 Vertex delivery, of head
43	1764..OR-55	3354	24	24 Vertex delivery, of head
45	1765..OR-55	3354	25	25 Vertex delivery, of head
46	1766..OR-55	3354	28	28 Vertex delivery, of head
47	1767..OR-55	3354	31	31 Vertex delivery, of head
48	1768..OR-55	3354	32	32 Vertex delivery, of head
49	0061.....VAR	3354	1320	1320 Vertex delivery, of head
49	1769..OR-55	3354	33	33 Vertex delivery, of head
50	1770..OR-55	3354	34	34 Vertex delivery, of head
51	1771..OR-55	3354	36	36 Vertex delivery, of head
52	1772..OR-55	3354	37	37 Vertex delivery, of head
53	1773..OR-55	3354	40	40 Vertex delivery, of head
54	1774..OR-55	3354	43	43 Vertex delivery, of head
54	1775..OR-55	3354	44	44 Vertex delivery, of head
54	1776..OR-55	3354	48	48 Vertex delivery, of head
54	1777..OR-55	3354	50	50 Vertex delivery, of head
54	0064.....VAR	3354	51	51 Vertex delivery, of head
54	0065.....VAR	3354	1358	1358 Vertex delivery, of head
57	1778..OR-55	3354	52	52 Vertex delivery, of head
58	1779..OR-55	3354	53	53 Vertex delivery, of head
58	0066.....VAR	3354	1360	1360 Vertex delivery, of head
58	0067.....VAR	3354	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 (K/m/secs)
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, 1st
72		1801..OR-55	4354	25	25	Wrench delivery; version, internal nodalic, difficulty, 2nd
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	29	Wrench delivery; procedures attempted for 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; procedures attempted for delivery of head
77		6078....VAR		1352	1352	Wrench delivery; procedures attempted for delivery of head
77		1806..OR-55	4354	30	30	Wrench delivery; procedures attempted for delivery of head
78		6079....VAR		1353	1353	Wrench delivery; procedures attempted for delivery of head
78		1807..OR-55	4354	31	31	Wrench delivery; procedures attempted for delivery of head
79		6080....VAR		1354	1354	Wrench delivery; procedures attempted for delivery of head
79		1808..OR-55	4354	32	32	Wrench delivery; procedures attempted for delivery of head
80		6081....VAR		1355	1355	Wrench delivery; procedures attempted for delivery of head
80		1809..OR-55	4354	33	33	Wrench delivery; procedures attempted for delivery of head
81		1810..OR-55	4354	34	34	Wrench delivery; procedures attempted for delivery of head
81		6082....VAR		1356	1356	Wrench delivery; procedures attempted for delivery of head
82		1811..OR-55	4354	35	35	Wrench delivery; procedures attempted for delivery of head
82		1812..OR-55	4354	37	37	Wrench delivery; procedures attempted for delivery of head
83		1817..OR-55	4354	13	16	Caesarean delivery; indications for total extraction, first
83		6111....VAR		1387	1387	Caesarean section; following attempt at vaginal delivery
84		1818..OR-55	4354	17	17	Caesarean section; following attempt at vaginal delivery

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

FORM	DATA	FORM	DATA	FORM	DATA	FORM	DATA
74	ITEM	74	ITEM	74	ITEM	74	ITEM
02	012A...VAR	1342	1342	012A...VAR	1342	1342	1342
02	1410...OB-55	14	14	1410...OB-55	14	14	14
02	1420...OB-55	17	17	1420...OB-55	17	17	17
02	0107...VAR	1341	1341	0107...VAR	1341	1341	1341
02	0106...VAR	1340	1340	0106...VAR	1340	1340	1340
02	1421...OB-55	20	20	1421...OB-55	20	20	20
02	1422...OB-55	21	21	1422...OB-55	21	21	21
02	0112...VAR	1348	1348	0112...VAR	1348	1348	1348
02	0113...VAR	1349	1349	0113...VAR	1349	1349	1349
02	1423...OB-55	22	22	1423...OB-55	22	22	22
02	0141...VAR	1417	1417	0141...VAR	1417	1417	1417
02	1414...OB-55	24	24	1414...OB-55	24	24	24
02	1427...OB-55	26	26	1427...OB-55	26	26	26
02	0133...VAR	1408	1408	0133...VAR	1408	1408	1408
02	1401...OB-55	41	41	1401...OB-55	41	41	41
02	1440...OB-55	34	34	1440...OB-55	34	34	34
02	1436...OB-55	35	35	1436...OB-55	35	35	35
02	1424...OB-55	23	23	1424...OB-55	23	23	23
02	1437...OB-55	36	36	1437...OB-55	36	36	36
02	0140...VAR	1416	1416	0140...VAR	1416	1416	1416
02	1438...OB-55	33	33	1438...OB-55	33	33	33
02	0132...VAR	1408	1408	0132...VAR	1408	1408	1408
02	1426...OB-55	24	24	1426...OB-55	24	24	24
02	1430...OB-55	34	34	1430...OB-55	34	34	34
02	0145...VAR	1421	1421	0145...VAR	1421	1421	1421
02	1431...OB-55	30	30	1431...OB-55	30	30	30
02	0137...VAR	1411	1411	0137...VAR	1411	1411	1411
02	1429...OB-55	24	24	1429...OB-55	24	24	24
02	0115...VAR	1411	1411	0115...VAR	1411	1411	1411
02	1425...OB-55	24	24	1425...OB-55	24	24	24
02	1432...OB-55	32	32	1432...OB-55	32	32	32
02	1434...OB-55	31	31	1434...OB-55	31	31	31
02	1434...OB-55	37	37	1434...OB-55	37	37	37
02	1428...OB-55	27	27	1428...OB-55	27	27	27
02	0143...VAR	1419	1419	0143...VAR	1419	1419	1419
02	1430...OB-55	29	29	1430...OB-55	29	29	29
02	1442...OB-55	42	42	1442...OB-55	42	42	42
02	0110...VAR	1348	1348	0110...VAR	1348	1348	1348
02	1443...OB-55	44	44	1443...OB-55	44	44	44
02	1445...OB-55	44	44	1445...OB-55	44	44	44
02	1447...OB-55	51	51	1447...OB-55	51	51	51
02	1446...OB-55	50	50	1446...OB-55	50	50	50

DATA ITEM NAME

uterine incision type
 placenta underlying incision
 delivery of head
 delivery of head
 delivery of head
 delivery of body
 delivery of body
 difficulty of delivery, head
 difficulty of head delivery
 difficulty of body delivery
 difficulty of delivery, body
 indication, elderly primipara (OB-55)
 indication, elderly primipara
 indication, following failed pelvic procedure
 indication, following failed pelvic procedure (OB-55)
 indication, other first
 indication, other first
 indication, other obstetric history
 indication, prior obstetric history
 indication, previous section
 indication, tumor, obstructing
 indication, abruptio placentae (OB-55)
 indication, abruptio placentae
 indication, cephalopelvic disproportion (OB-55)
 indication, cephalopelvic disproportion
 indication, flaccid uterus (OB-55)
 indication, fetal distress
 indication, fetal distress (OB-55)
 indication, malpresentation, other (OB-55)
 indication, malpresentation, other (OB-55)
 indication, placenta previa
 indication, placenta previa
 indication, previous
 indication, previous
 indication, transverse lie
 indication, tumor obstructing (OB-55)
 indication, uterine dysfunction
 indication, uterine dysfunction
 indication, primary (OB-55)
 indication, primary (OB-55)
 indication, blood loss (cc)
 indication, appendectomy
 indication, hysterectomy
 indication, cesarian surgery

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	1865..OR-55	6355	29	29 Cord pathology; armband neck, tight
103	6047.....VAR		1313	1313 Cord pathology; coil around body
104	6048.....VAR		1314	1314 Cord pathology; coil around neck, loose
104	6049.....VAR		1315	1315 Cord pathology; coil around neck, tight
104	6046.....VAR		1312	1312 Cord pathology; coil around neck, loose, number
104	6045.....VAR		1311	1311 Cord pathology; other abnormality (OR-55)
104	1873..OR-55	6355	35	35 Cord pathology; ruptured cord vessel
104	1868..OR-55	6355	32	32 Cord pathology; true knot
104	6042.....VAR		1308	1308 Cord pathology; true knot
104	1870..OR-55	6355	34	34 Cord pathology; vein previa
104	6044.....VAR		1310	1310 Cord pathology; vein previa, varices (OR-55)
104	1869..OR-55	6355	33	33 Cord pathology; velamentous insertion
104	6043.....VAR		1309	1309 Cord pathology; velamentous insertion (OR-55)
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	45	45 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
112	1881..OR-55	6355	50	50 Bleeding before cord clamped, cause, unknown
112	1883..OR-55	6355	52	52 Bleeding before cord clamped, cause; abruptio placentae
112	1885..OR-55	6355	54	54 Bleeding before cord clamped, cause; episiotomy
112	1886..OR-55	6355	55	55 Bleeding before cord clamped, cause; lacerations
112	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 FUNK	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: eclampsia
114	1891..OR-55	6355	61	63	Bleeding after cord clamped, cause: lacerations
114	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
119	6080....VAR		1363	1363	Lacerations, site
120	1908..OR-55	7355	18	18	Anniorectesiu, abdominal
120	1907..OR-55	7355	17	17	Blond administered
120	6069....VAR		1337	1337	Blond 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	Coagulation 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>POSITION, STATION</u>	<u>CARD COLUMN</u>
17.	<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	53-55
18.	<u>Station at First Examination</u> Item 16 Code: See Attachment "Station Codes", page OB-55 - 34	56-57
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	58-60
20.	<u>Station before Operative Delivery Attempt</u> Item 18 Code: Same as in Field 18	61-62
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	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, Tocosanine, Spartocin
2 - Castor Oil
3 - Combination of codes 1 and 2
9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-55
Card 2355

FIELD

CARD
COLUMN

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
53-55
11. Primary Indication
Item 32
Code: See attachment "Other Indications",
pages OB-55 - 35, 36 except
01 - Elective
56-57
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
58-60
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
61-64
- 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>
<p>23. <u>Station</u> Item 63 Code: See attachment "Station Codes", page OB-55 - 34</p>	65-66
<p>24. <u>Highest Vacuum Attained</u> Item 64 Code: 00 - None 01-12 -0.1 to 1.2 as given in Kg/cm² 88 - MMH 99 - Unknown</p>	67-68
<p>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</p>	69
<p>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</p>	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
COLUMNS

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:

<u>Previous Section</u>	(col. 23)
<u>Previous Myomectomy</u>	(col. 24)
<u>Cephalopelvic Disproportion</u>	(col. 25)
<u>Following Failed Pelvic Procedures</u>	(col. 26)
<u>Malversion</u>	(col. 27)
<u>Other Malpresentation</u>	(col. 28)
<u>Uterine Obstruction</u>	(col. 29)
<u>Fetal Distress</u>	(col. 30)
<u>Prolapsed Cord</u>	(col. 31)
<u>Placenta Previa</u>	(col. 32)
<u>Abnormal Placenta</u>	(col. 33)
<u>Uterine Rupture</u>	(col. 34)
<u>Rupture of Bladder</u>	(col. 35)
<u>Rupture of Uterus</u>	(col. 36)
<u>Torsion</u>	(col. 37)
<u>Diabetes Mellitus</u>	(col. 38)

Code for each column:
0 - No
1 - Yes
9 - Unknown

NOTIFICATION 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. Medical Indication
 Item 43
 Refer: See attachment "Other Indications",
 pages OB-59 - 60, 36
12. Quantity of Medications
 Item 44
 Refer: 0000-0000 - As given in cc.
 0001 - Minutes
 0002 - Milligrams
 0003 - Grams
 0004 - Quantity reported other than cc.
 0005 - Unknown
13. Other Procedures at Section
 Item 45
 Following code for:
 Oral Irrigation (col. 48)
 Aluminum Sulfate (col. 49)
 Oral Surgery (col. 50)
 Rectal Irrigation (col. 51)
 Code for each column:
 0 - No
 1 - Yes
 2 - Unknown
Barium Myelogram (col. 51)
 Code: 0 - Not done
 1 - Total
 2 - Partial
 3 - Unknown
 4 - Unknown

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 50-56
Item 112
- Seven-digit code for:
- | | |
|-------------------------------|-----------|
| <u>Unknown</u> | (col. 50) |
| <u>Placenta Previa</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 57-60
Item 113
- 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 61-65
Item 114
- 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 115 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 Staining</u> (col. 72) 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

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)
Polyhydramnios (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 - Oligohydramnios
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 33-34
88 - Term
99 - Unknown
6. **Liveborn**
Code: 1 - Yes 35
2 - No
9 - Unknown
7. **Place of Termination of Pregnancy**
Code: 0 - Study hospital 36
1 - Other hospital
2 - Not in hospital
9 - Unknown

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

DATE	TIME	NAME	POSITION	STATION	LABOR		REMARKS
					START	STOP	
1							BLANK
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							

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II.B.194

OB-55&56

DELIVERY REPORT

OB-55

NAME OF CONTRACTOR			DATE OF DELIVERY		DELIVERED TO			DELIVERY NO.		QUANTITY					
CLASSIFICATION		DESCRIPTION OF DELIVERABLES				UNIT OF MEASURE			AMOUNT						
UTERINE STIMULANT OBSTETRIC MEDICAL OTHER MEDICAL SURGICAL LABORATORY SUPPLIES PHARMACEUTICALS TRANSPORTATION OTHER SERVICES PRIMARY CONTRACTOR NAME OF CONTRACTOR ADDRESS PHONE NO. LICENSE NO. CROSS										DATE 31 30 89		QUANTITY 30 89			
DATE OF DELIVERY		25		26		27		28		29		30		31	
CLASSIFICATION		OBSTETRIC		OTHER MEDICAL		SURGICAL		LABORATORY		PHARMACEUTICALS		TRANSPORTATION		OTHER SERVICES	
UNIT OF MEASURE		NO. OF		NO. OF		NO. OF		NO. OF		NO. OF		NO. OF		NO. OF	
AMOUNT		NO. OF		NO. OF		NO. OF		NO. OF		NO. OF		NO. OF		NO. OF	
DELIVERY NO.		5		5		5		5		5		5		5	
QUANTITY		5		5		5		5		5		5		5	
AMOUNT		5		5		5		5		5		5		5	
DATE		31		30		29		28		27		26		25	
CLASSIFICATION		OBSTETRIC		OTHER MEDICAL		SURGICAL		LABORATORY		PHARMACEUTICALS		TRANSPORTATION		OTHER SERVICES	

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DELIVERY REPORT

OB-55

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OB-55 - -

DELIVERY REPORT

OB-55

1	92	93	94	95
CESAREAN SECTION				
<p>STANDARD OPERATING PROCEDURE</p> <p>DATE: 11/10/55</p> <p>OPERATOR: [Name]</p> <p>ANESTHESIA: [Type]</p> <p>POSITION: [Type]</p> <p>TIME: [Time]</p> <p>STATION: [Type]</p> <p>OPERATION: [Type]</p> <p>RESULTS: [Type]</p> <p>COMMENTS: [Type]</p> <p>OTHER INSTRUCTIONS: FIRST</p> <p>STATION: [Type]</p> <p>OPERATION: [Type]</p> <p>RESULTS: [Type]</p> <p>COMMENTS: [Type]</p> <p>OTHER INSTRUCTIONS: FIRST</p> <p>STATION: [Type]</p> <p>OPERATION: [Type]</p> <p>RESULTS: [Type]</p> <p>COMMENTS: [Type]</p> <p>OTHER INSTRUCTIONS: FIRST</p>				
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OB-55

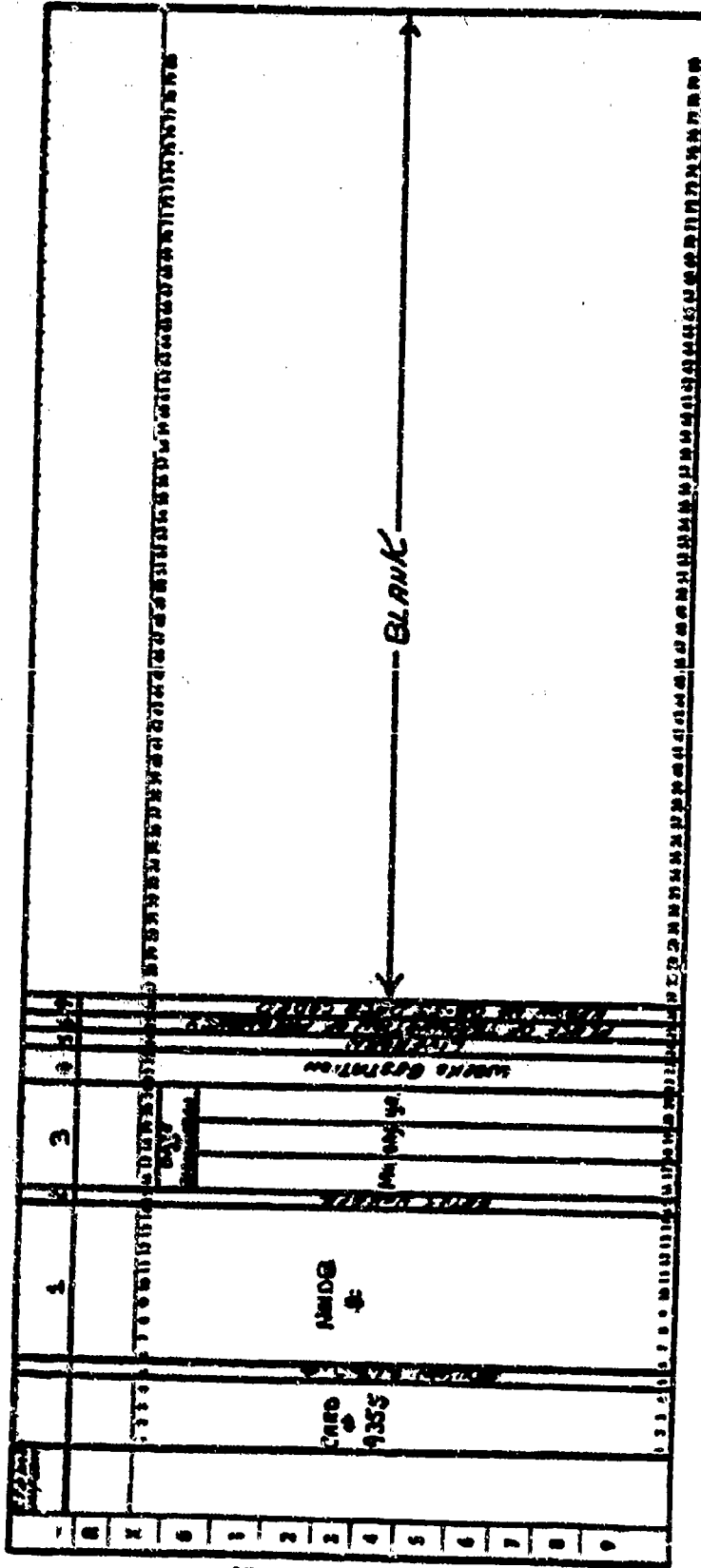
DELIVERY REPORT

OB-55

1		180	121	OTHER Packaging Functions	
			OTHER Packaging Functions		
GOOD IN					
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OB-55 - 23

INDUSTRY HERITAGE
SERIALS
(OB-55 and OB-56)



OB-55-44

II.B.201

OB-55&56

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 9-32: 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

42,42. 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.

43. 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 first 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 all 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.

Item Number

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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OB-55 DELIVERY REPORT (Continued)

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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OB-55 DELIVERY REPORT (Continued)

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 Wilett 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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1.0
1.1
1.25
1.4
1.6
1.8
2.0
2.2
2.5



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1517a
ANSI and ISO TEST CHART No. 2

CONTINUED ON NEXT FICHE



THE NATIONAL ARCHIVES OF THE UNITED STATES

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★ 1934 ★

OB-34 Obstetrician's Summary of Labor and Delivery

Form OB-34 was used to record observations made by the obstetrician during labor and delivery. It was intended to augment observations made on form OB-33 by the labor room and delivery room observer. First implemented in January of 1959, OB-34 was replaced in April 1962 by forms OB-55 and OB-56. Page 1 of OB-34 (narrative summary) was replaced by OB-56; pages 2, 3, and 4 of OB-34 (specific itemized details of delivery) were replaced by form OB-55, pages 1 through 5. OB-34 data was recorded on three cards 1334, 2334 and 3334. Those cases terminated in an unusual manner not codeable on these three cards such as abortions, ectopic pregnancies, delivered outside study facility, etc., were recorded on card 9334. Records generated by OB-34 are available on the master file (Table OB-34.1).

TABLE OB-34.1 Cards and Data Records by Revision for Form OB-34

Card Name	Card Number	Rev. No.	Number Records
OB-34: Onset and Duration of Labor and Vertex and Breech Delivery	1334	2	21,316
OB-34: Cord, Placenta, Special Procedures During Labor, Other Labor Complications	2334	2	21,307
OB-34: Cesarean Section	3334	2	1,073
OB-34: Type of Termination, Number, Type of Eventual Delivery	9334	2	748
	total for form		44,444

Data Items Referencing Form OB-34, Obstetrician's Summary of Labor and Delivery

DATA ITEM ID IFFM 34 PJM

CARD NUM

FROM 30

DATA ITEM NAME

DATA ITEM ID	IFFM 34 PJM	CARD NUM	FROM 30	DATA ITEM NAME
045.....		1334	1	5 CARD NUMBER (SEQUENCE, FORM TYPE, FORM NUMBER, REVISION NUMBER)
046.....		1334	6	14 MFMN CASE NUMBER
047..OB-34		1334	15	15 Data not coded because
048..OB-34		1334	14	16 EXIT CODE
049..OB-34		1334	17	17 Fetus number
050..OB-34		1334	18	18 Delivery type
051..OB-34		1334	19	19 Delivery attempt unsuccessful
052..OB-34		1334	20	20 Labor onset date (hr)
053..OB-34		1334	21	21 Labor onset date (hr, min, 24 hr clock)
054..OB-34		1334	22	22 Labor onset date (hr, min)
055..OB-34		1334	23	23 Labor onset date (yr)
056..OB-34		1334	24	24 Labor onset time (hrs, min, 24 hr clock)
057..OB-34		1334	25	25 Labor duration, first stage (hrs, min)
058..OB-34		1334	26	26 Labor duration, second stage (hrs, min)
059..OB-34		1334	27	27 Labor duration, third stage (hrs, min)
060..OB-34		1334	28	28 Labor duration, first and second stages combined (hrs, min)
061..OB-34		1334	29	29 Vertex, brow or face delivery; position during first stage
062..OB-34		1334	30	30 Vertex, brow or face delivery; position in delivery room
063..OB-34		1334	31	31 Vertex, brow or face delivery; head rotation, type
064..OB-34		1334	32	32 Vertex, brow or face delivery; head rotation, type
065..OB-34		1334	33	33 Vertex, brow or face delivery; head rotation, type
066..OB-34		1334	34	34 Vertex, brow or face delivery; head rotation, type
067..OB-34		1334	35	35 Vertex, brow or face delivery; head rotation, type
068..OB-34		1334	36	36 Vertex, brow or face delivery; head rotation, type
069..OB-34		1334	37	37 Vertex, brow or face delivery; forceps, type
070..OB-34		1334	38	38 Vertex, brow or face delivery; forceps, type
071..OB-34		1334	39	39 Vertex, brow or face delivery; forceps, type
072..OB-34		1334	40	40 Vertex, brow or face delivery; forceps, type
073..OB-34		1334	41	41 Vertex, brow or face delivery; forceps, type
074..OB-34		1334	42	42 Vertex, brow or face delivery; forceps, type
075.....		1334	43	43 Vertex, brow or face delivery; forceps, type
076.....		1334	44	44 Vertex, brow or face delivery; forceps, type
077.....		1334	45	45 Vertex, brow or face delivery; forceps, type
078.....		1334	46	46 Vertex, brow or face delivery; forceps, type
079..OB-34		1334	47	47 Vertex, brow or face delivery; forceps, type
080..OB-34		1334	48	48 Vertex, brow or face delivery; forceps, type
081..OB-34		1334	49	49 Vertex, brow or face delivery; forceps, type
082..OB-34		1334	50	50 Vertex, brow or face delivery; forceps, type
083..OB-34		1334	51	51 Vertex, brow or face delivery; forceps, type
084..OB-34		1334	52	52 Vertex, brow or face delivery; forceps, type
085..OB-34		1334	53	53 Vertex, brow or face delivery; forceps, type
086..OB-34		1334	54	54 Vertex, brow or face delivery; forceps, type
087.....		1334	55	55 Vertex, brow or face delivery; forceps, type
088.....		1334	56	56 Vertex, brow or face delivery; forceps, type
089.....		1334	57	57 Vertex, brow or face delivery; forceps, type
090.....		1334	58	58 Vertex, brow or face delivery; forceps, type
091.....		1334	59	59 Vertex, brow or face delivery; forceps, type
092.....		1334	60	60 Vertex, brow or face delivery; forceps, type
093.....		1334	61	61 Vertex, brow or face delivery; forceps, type
094.....		1334	62	62 Vertex, brow or face delivery; forceps, type
095.....		1334	63	63 Vertex, brow or face delivery; forceps, type
096.....		1334	64	64 Vertex, brow or face delivery; forceps, type
097.....		1334	65	65 Vertex, brow or face delivery; forceps, type
098.....		1334	66	66 Vertex, brow or face delivery; forceps, type
099.....		1334	67	67 Vertex, brow or face delivery; forceps, type
100.....		1334	68	68 Vertex, brow or face delivery; forceps, type
101.....		1334	69	69 Vertex, brow or face delivery; forceps, type
102.....		1334	70	70 Vertex, brow or face delivery; forceps, type
103.....		1334	71	71 Vertex, brow or face delivery; forceps, type
104.....		1334	72	72 Vertex, brow or face delivery; forceps, type
105.....		1334	73	73 Vertex, brow or face delivery; forceps, type
106.....		1334	74	74 Vertex, brow or face delivery; forceps, type
107.....		1334	75	75 Vertex, brow or face delivery; forceps, type
108.....		1334	76	76 Vertex, brow or face delivery; forceps, type
109.....		1334	77	77 Vertex, brow or face delivery; forceps, type
110.....		1334	78	78 Vertex, brow or face delivery; forceps, type
111.....		1334	79	79 Vertex, brow or face delivery; forceps, type
112.....		1334	80	80 Vertex, brow or face delivery; forceps, type
113.....		1334	81	81 Vertex, brow or face delivery; forceps, type
114.....		1334	82	82 Vertex, brow or face delivery; forceps, type
115.....		1334	83	83 Vertex, brow or face delivery; forceps, type
116.....		1334	84	84 Vertex, brow or face delivery; forceps, type
117.....		1334	85	85 Vertex, brow or face delivery; forceps, type
118.....		1334	86	86 Vertex, brow or face delivery; forceps, type
119.....		1334	87	87 Vertex, brow or face delivery; forceps, type
120.....		1334	88	88 Vertex, brow or face delivery; forceps, type
121.....		1334	89	89 Vertex, brow or face delivery; forceps, type
122.....		1334	90	90 Vertex, brow or face delivery; forceps, type
123.....		1334	91	91 Vertex, brow or face delivery; forceps, type
124.....		1334	92	92 Vertex, brow or face delivery; forceps, type
125.....		1334	93	93 Vertex, brow or face delivery; forceps, type
126.....		1334	94	94 Vertex, brow or face delivery; forceps, type
127.....		1334	95	95 Vertex, brow or face delivery; forceps, type
128.....		1334	96	96 Vertex, brow or face delivery; forceps, type
129.....		1334	97	97 Vertex, brow or face delivery; forceps, type
130.....		1334	98	98 Vertex, brow or face delivery; forceps, type
131.....		1334	99	99 Vertex, brow or face delivery; forceps, type
132.....		1334	100	100 Vertex, brow or face delivery; forceps, type

Data Base Referencing Form HR-16, Obstetrician's Summary of Labor and Delivery

DATA TYPE ID	TYPE SW F304	CAKN MIN	FROM	TO	DATA ITEM NAME
007..NH-34	16	2334	24	24	Cord complications; true knot
008..NH-34	16	2334	25	25	Cord, other
009..NH-34	17	2334	26	26	Placenta, premature separation
010..NH-34	17	2334	27	27	Placenta, previa
011..NH-34	17	2334	28	28	Placenta; marginal sinus rupture
012..NH-34	18	2334	29	29	Induction; labor induction case
013..NH-34	19	2334	30	30	Induction method; oxytocin
014..NH-34	19	2334	31	31	Induction method; oxytocin
015..NH-34	19	2334	32	32	Induction method; oxytocin
016..NH-34	19	2334	33	33	Induction method; oxytocin
017..NH-34	19	2334	34	34	Induction method; other
018..NH-34	20	2334	35	35	Rupture of membranes, artificial
019..NH-34	21	2334	36	36	Oxytocic use
020..NH-34	21	2334	37	37	Oxytocic, induction
021..NH-34	21	2334	38	38	Oxytocic, latent phase
022..NH-34	21	2334	39	39	Oxytocic, active phase
023..NH-34	21	2334	40	40	Oxytocic, second stage
024..NH-34	21	2334	41	41	Oxytocic, indication, other
025..NH-34	21	2334	42	42	Oxytocic, unusual reaction
026..NH-34	21	2334	43	43	Labr procedures, special, first
027..NH-34	23	2334	44	44	Labr procedures, special, second
028..NH-34	23	2334	45	45	Bleeding during labor; vesica
029..NH-34	23	2334	46	46	Bleeding during labor; placenta previa
030..NH-34	23	2334	47	47	Bleeding during labor; placenta previa
031..NH-34	24	2334	48	48	Uterine dysfunction
032..NH-34	24	2334	49	49	Torsion
033..NH-34	25	2334	50	50	Oxytocin, waterbol
034..NH-34	26	2334	51	51	Oxytocin, fetal
035..NH-34	28	2334	52	52	Prolapsed cord
036..NH-34	28	2334	53	53	Prolapsed cord, immediate treatment
037..NH-34	28	2334	54	54	Prolapsed cord, alternate treatment
038..NH-34	28	2334	55	55	Rupture of uterus
039..NH-34	28	2334	56	56	Labr complications, other
040..NH-34	30	2334	57	57	Labr complications, other
041..NH-34	30	2334	58	58	Labr complications, other
042..NH-34	30	2334	59	59	Labr complications, other
043..NH-34	30	2334	60	60	Labr complications, other
044..NH-34	30	2334	61	61	Labr complications, other
045..NH-34	30	2334	62	62	Labr complications, other
046..NH-34	30	2334	63	63	Labr complications, other
047..NH-34	30	2334	64	64	Labr complications, other
048..NH-34	30	2334	65	65	Labr complications, other
049..NH-34	30	2334	66	66	Labr complications, other
050..NH-34	30	2334	67	67	Labr complications, other
051..NH-34	30	2334	68	68	Labr complications, other
052..NH-34	30	2334	69	69	Labr complications, other
053..NH-34	30	2334	70	70	Labr complications, other
054..NH-34	30	2334	71	71	Labr complications, other
055..NH-34	30	2334	72	72	Labr complications, other
056..NH-34	30	2334	73	73	Labr complications, other
057..NH-34	30	2334	74	74	Labr complications, other
058..NH-34	30	2334	75	75	Labr complications, other
059..NH-34	30	2334	76	76	Labr complications, other
060..NH-34	30	2334	77	77	Labr complications, other
061..NH-34	30	2334	78	78	Labr complications, other
062..NH-34	30	2334	79	79	Labr complications, other
063..NH-34	30	2334	80	80	Labr complications, other
064..NH-34	30	2334	81	81	Labr complications, other
065..NH-34	30	2334	82	82	Labr complications, other
066..NH-34	30	2334	83	83	Labr complications, other
067..NH-34	30	2334	84	84	Labr complications, other
068..NH-34	30	2334	85	85	Labr complications, other
069..NH-34	30	2334	86	86	Labr complications, other
070..NH-34	30	2334	87	87	Labr complications, other
071..NH-34	30	2334	88	88	Labr complications, other
072..NH-34	30	2334	89	89	Labr complications, other
073..NH-34	30	2334	90	90	Labr complications, other
074..NH-34	30	2334	91	91	Labr complications, other
075..NH-34	30	2334	92	92	Labr complications, other
076..NH-34	30	2334	93	93	Labr complications, other
077..NH-34	30	2334	94	94	Labr complications, other
078..NH-34	30	2334	95	95	Labr complications, other
079..NH-34	30	2334	96	96	Labr complications, other
080..NH-34	30	2334	97	97	Labr complications, other
081..NH-34	30	2334	98	98	Labr complications, other
082..NH-34	30	2334	99	99	Labr complications, other
083..NH-34	30	2334	100	100	Labr complications, other

DATA ITEMS Referencing Form OB-34, Obstetrician's Summary of Labor and Delivery

DATA ITEM NO	ITEM	FORM NO	DATA ITEM NAME
930	OB-34	21	Cesarean section, labor status prior to
931	OB-34	22	Cesarean section, indications; previous section
932	OB-34	23	Cesarean section, indications; fetal distress
933	OB-34	24	Cesarean section, indications; cephalopelvic disproportion
934	OB-34	25	Cesarean section, indications; breech or malposition
935	OB-34	26	Cesarean section, indications; elderly primigravida
936	OB-34	27	Cesarean section, indications; transverse lie
937	OB-34	28	Cesarean section, indications; prolapsed cord
938	OB-34	29	Cesarean section, indications; uterine myoma
939	OB-34	30	Cesarean section, indications; uterine surgery; cervical repair
940	OB-34	31	Cesarean section, indications; diastasis
941	OB-34	32	Cesarean section, indications; toxemia
942	OB-34	33	Cesarean section, indications; abruptio placentae
943	OB-34	34	Cesarean section, indications; placenta previa
944	OB-34	35	Cesarean section, indications; forceps failed
945	OB-34	36	Cesarean section, indication; uterine dysfunction
946	OB-34	37	Cesarean section, indication, other
947	OB-34	38	Cesarean section, delivery not noted
948	OB-34	39	Cesarean section, delivery not noted
949	OB-34	40	Cesarean section, delivery not noted
950	OB-34	1	5 Caret number (sequence, care type, care number, revision number)
951	OB-34	6	14 MICH case number
952	OB-34	14	15 Data not coded
953	OB-34	15	16 E-11 code
954	OB-34	16	17 fetus number
955	OB-34	17	18 delivery type
956	OB-34	18	19 delivery attempt unsuccessful
957	OB-34	20	20 labor
958	OB-34	21	21 labor
959	OB-34	22	22 labor and delivery status (127A-36, 280A-43)
6038	VAR	1304	1304 records present; labor and delivery
6039	VAR	1305	1305 Abruptio placentae, degree
6040	VAR	1306	1306 Abruptio placentae, lives, no, unknown
6041	VAR	1307	1307 labor, arrested progress; uterine dysfunction (OB-34)
6042	VAR	1308	1308 Caret methology (PUB end)
6043	VAR	1309	1309 Caret methology; vulvar tone
6044	VAR	1310	1310 Caret methology; vulvar tone; insertion (78-55)
6045	VAR	1311	1311 Caret methology; vulvar tone; varices (OB-55)
6046	VAR	1312	1312 Caret methology; vulvar tone; cord length
6047	VAR	1313	1313 Caret methology; other abnormality (78-55)
6048	VAR	1314	1314 Caret methology; cord around baby
6049	VAR	1315	1315 Caret methology; cord around neck, loose, tension
6050	VAR	1316	1316 Caret methology; cord around neck, tight, tension

Date Items Referencing Form OB-34, Obstetrician's Summary of Labor and Delivery

DATA ITEM NAME
 TYPE
 UNIT
 RANGE

CARD
 NUMBER

FROM TO

DATA ITEM NAME

DATA ITEM NAME	TYPE	UNIT	RANGE	CARD NUMBER	FROM	TO	DATA ITEM NAME
6051....VAP	18				1317	1317	Labor onset, spontaneous or induced
6052....VAP	18-20				1318	1318	uterine use
6053....VAP	21				1319	1319	Placenta previa, degree
6054....VAP					1320	1320	Placenta previa, grouped: yes, no, unknown
6055....VAP					1321	1321	presentation of fetus at delivery
6056....VAP					1324	1324	presentation of fetus at delivery, grouped: vertex, breech, other
6057....VAP	21				1325	1325	Cord: prolapsed, tense
6058....VAP					1326	1326	Cord: prolapsed, grouped: yes, no, unknown
6059....VAP					1327	1327	Rupture of membranes, reason
6060....VAP					1328	1328	Tampon: hypertension, chronic (OB-34)
6061....VAP					1329	1329	vertex delivery: forceps application
6062....VAP					1330	1330	vertex delivery: vacuum extraction (OB-55)
6064....VAP					1332	1332	labor, arrested progress: minor presentation
6065....VAP					1333	1333	labor, arrested progress: uterine activity arrested
6066....VAP					1334	1334	labor, arrested progress: uterine activity arrested; dystocia
6067....VAP					1335	1335	labor, arrested progress, other causes
6068....VAP					1336	1336	labor, arrested progress, phase and stage
6069....VAP					1337	1337	blood: transfusion
6070....VAP					1338	1341	bleeding after cord clamped (CC)
6071....VAP					1342	1346	bleeding before cord clamped (CB)
6072....VAP					1347	1347	breech delivery: version, internal podalic, difficulty code
6073....VAP					1348	1348	breech delivery: version, internal podalic (ver. no, unknown)
6074....VAP					1349	1349	breech delivery: presentation
6075....VAP					1350	1350	breech delivery: procedures attempted for delivery of body
6076....VAP					1351	1351	breech delivery: procedures attempted for delivery of head
6077....VAP					1352	1352	breech delivery: difficulty with decomposition
6078....VAP					1353	1353	breech delivery: difficulty of partial extraction
6079....VAP					1354	1354	breech delivery: difficulty of total extraction
6080....VAP					1355	1355	breech delivery: difficulty of annual extraction
6081....VAP					1356	1356	breech delivery: forceps delivery of head, difficulty
6082....VAP					1357	1357	vertex delivery: forceps, difficulty of traction
6083....VAP					1358	1358	vertex delivery: forceps, difficulty of rotation
6084....VAP					1359	1359	vertex delivery: forceps, difficulty of conversion
6085....VAP					1360	1360	vertex delivery: forceps, difficulty
6086....VAP					1361	1361	vertex delivery: forceps, difficulty
6087....VAP					1362	1362	lacerations, perineal, degree
6088....VAP					1363	1363	lacerations, site
6089....VAP					1364	1364	polyhydramnios
6090....VAP					1365	1365	uterine rupture
6091....VAP					1366	1366	uterine stimulant, reaction to
6092....VAP					1367	1367	uterine section, delivery of body
6093....VAP					1368	1368	Cesarean section, delivery of head
6094....VAP					1369	1369	Cesarean section, delivery of head

Code Book Referencing Code OB-34, Obstetrician's Summary of Labor and Delivery

DATA	TYPE	CMH	FROM	TO	DATA USE NAME
ICD9	JL	MIN			
6100...V40			1362		Cesarean section; uterine incision type
6100...V45			1391		1396 Cesarean section, indication, primary (OB-34)
6100...V46			1395		1396 Cesarean section, indication, primary (OB-34)
6100...V47			1397		1397 Cesarean section, following attempt of vaginal delivery
6100...V48			1398		1398 Cesarean section, difficulty of birth delivery
6100...V49			1399		1399 Cesarean section, difficulty of birth delivery
6100...V50			1399		1399 Cesarean section, indication, previous cesarean section (OB-34)
6100...V51	11		1391		1391 Cesarean section, indication; fetal distress (OB-14)
6100...V52			1392		1392 Cesarean section, indication; fetal distress (OB-14)
6100...V53	11		1393		1393 Cesarean section, indication; cephalopelvic disproportion (OB-34)
6100...V54	11		1394		1394 Cesarean section, indication; breech malpresentation (OB-34)
6100...V55	11		1395		1395 Cesarean section, indication; elderly primiparous (OB-34)
6100...V56	11		1396		1396 Cesarean section, indication; transverse lie (OB-34)
6100...V57			1397		1397 Cesarean section, indication; prolonged labor (OB-34)
6100...V58			1398		1398 Cesarean section, indication; avulsion, uterine (OB-34)
6100...V59			1398		1398 Cesarean section, indication; surgery, previous pelvic or cervical repair (OB-34)
6123...V20	11		1399		1399 Cesarean section, indications; diabetes mellitus (OB-34)
6124...V20			1400		1400 Cesarean section, indications; toxemia (OB-34)
6125...V20			1401		1401 Cesarean section, indications; abruptio placentae (OB-34)
6126...V20			1402		1402 Cesarean section, indications; placenta previa (OB-34)
6127...V20			1403		1403 Cesarean section, indications; placenta previa (OB-34)
6128...V20			1404		1404 Cesarean section, indications; uterine delivery failed (OB-34)
6129...V20	11		1405		1405 Cesarean section, indication; uterine dysfunction (OB-34)
6129...V21			1405		1405 Cesarean section, indication; other (OB-34)
6129...V22			1406		1406 Cesarean section, indication; cephalopelvic disproportion (OB-34)
6129...V23			1406		1406 Cesarean section, indication; following failed pelvic procedure (OB-34)
6135...V40			1411		1411 Cesarean section, indications; instrumentation, other (OB-34)
6137...V40			1413		1413 Cesarean section, indications; total placenta (OB-34)
6138...V40			1414		1414 Cesarean section, indications; total placenta (OB-34)
6139...V40			1416		1416 Cesarean section, indications; abruptio cordis (OB-34)
6140...V40			1417		1417 Cesarean section, indications; abruptio cordis (OB-34)
6141...V40			1419		1419 Cesarean section, indications; elderly primiparous (OB-34)
6142...V40			1421		1421 Cesarean section, indications; uterine obstruction (OB-34)
6143...V40			1422		1422 Cesarean section, indications; uterine obstruction (OB-34)
6147...V40			1423		1423 labor, duration of first stage (hrs/mins)
6147...V41	2		1424		1424 labor, duration of first stage (code)
6148...V40			1427		1427 labor, duration of second stage (hrs/mins)
6148...V41	2		1428		1428 labor, duration of second stage (code)
6149...V40			1431		1431 labor, duration of third stage (hrs/mins)
6149...V41	2		1432		1432 labor, duration of third stage (code)
6151...V40			1437		1437 labor, duration of first and second stages (hrs/mins)
6152...V40			1441		1441 labor, duration of first and second stages (hrs/mins)
6153...V40	2		1442		1442 labor, duration of first and second stages (code)
6154...V40			1443		1443 labor, total duration, first, second and third stages (hrs/mins)
6154...V41	1		1444		1444 labor, total duration, first, second and third stages (code)
6155...V40			1447		1447 labor, interval from ROM to onset of labor

Note Items Referencing Form OB-34, Obstetrician's Summary of Labor and Delivery

DATA ITEM FD	ITEM DN PDM	CAHD MIM	FORM IN	DATA ITEM NAME
6150....VAR			1451	uterine stimulant, no response
6151....VAR			1452	uterine stimulant, sustained contraction
6152....VAR			1453	uterine stimulant, persistent increased uterine tone
6153....VAR			1454	uterine stimulant, significant variation of fetal heart rate or rhythm
6140....VAR			1455	uterine stimulant, simultaneous labor and/or delivery
6141....VAR			1456	uterine stimulant, other unusual reaction
6142....VAR			1464	uterine dysfunction
6143....VAR			1467	labor, type of onset (an/absp/vr)
6144....VAR			1471	uterine stimulant; induction indication; elective
6145....VAR			1474	uterine stimulant; induction indication; ruptured membranes
6146....VAR			1475	uterine stimulant; induction indication; toxemia
6147....VAR			1476	uterine stimulant; induction indication; abruptio placentae
6148....VAR			1477	uterine stimulant; induction indication; diabetes mellitus
6149....VAR			1478	uterine stimulant; induction indication; erythroblastosis
6150....VAR			1479	uterine stimulant; induction indication; eclampsia
6151....VAR			1480	uterine stimulant; induction indication; infection, intrauterine
6152....VAR			1481	uterine stimulant; induction indication; other

FD-302 (Rev. 4-62)

OBSTETRICIAN'S SUMMARY OF LABOR AND DELIVERY

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Revised by new form as follows:

p. 1 by OB-56 (4-62)

*pp. 2, 3 and 4 by OB-55 (4-62)
(p. 1 thru 5)*

PATIENT'S NAME	
DELIVERED BY	
DATE	TIME
TITLE OR POSITION	

1. ONSET OF LABOR (Describe also retrospectively using all available information)		DATE-TIME		TIME LABOR ENDS	
2. DURATION OF LABOR (Hours and Minutes)		FIRST STAGE	SECOND STAGE	THIRD STAGE	
3. GIVE A BRIEF NARRATIVE SUMMARY OF THIS PATIENT'S LABOR AND DELIVERY, NOTING ESPECIALLY ANY FEATURES WHICH SEEM UNUSUAL TO YOU.					

OBSTETRICIAN'S SUMMARY OF LABOR AND DELIVERY

(Complete only the portion of this page that deals with the appropriate type of delivery)

VAGINAL BIRTH, OR FACE DELIVERY

Position during first stage (If operative) _____

Position in delivery room before any attempt at delivery (If operative) _____

Is force or force _____

Not operative

Operative

ROTAION OF HEAD(S) applied by physician

Head rotated from _____ to _____

Manual rotation

Forceps rotation

Simple or easy rotation (Cesarean sect. *Insert pt.*)

Long (If force *Insert pt.*)

Difficult rotation (Head *Insert pt.*)

Extremely difficult delivery (Extremely hard *Insert pt.*)

DELIVERY OF HEAD

Spontaneous

Controlled

Uncontrolled

INDICATION FOR FORCEPS DELIVERY

Prolonged

Exhaustion

Exhaustion (Cerebral *Insert pt.*)

TYPE OF FORCEPS DELIVERY

Low forceps (Application when head visible, shall be perineal *Insert pt.*)

Mid forceps (Application when head visible, shall be perineal *Insert pt.*)

High forceps (Application when engagement of head or when *Insert pt.*)

Uncontrolled attempt at forceps delivery

SOURCE OF COMPLICITY OF FORCEPS DELIVERY

Simple or easy delivery (Cesarean *Insert pt.*)

Long (If force *Insert pt.*)

Difficult delivery (Head *Insert pt.*)

Extremely difficult delivery (Extremely hard *Insert pt.*)

MECHANISM OF DELIVERY

Vertex

Single foetal

Double foetal

TYPE OF DELIVERY OF BODY

Spontaneous (Manual *Insert pt.*)

Partial extraction (Extraction to umbilicus by manual *Insert pt.*)

Total extraction (Entire body external)

Manual decompression only (Through decomposed *Insert pt.*)

Manual decompression only (Through decomposed *Insert pt.*)

DELIVERY OF HEAD

Spontaneous

Controlled

Uncontrolled

FORCEPS TO AFTERCROWNS HEAD

Simple or easy delivery (Cesarean *Insert pt.*)

Long (If force *Insert pt.*)

Difficult delivery (Head *Insert pt.*)

Extremely difficult delivery (Extremely hard *Insert pt.*)

VAGINAL AND EXTRACTING DELIVERY

INDICATION

Exhaustion

Prolonged case

Transverse lie

Other (Specify)

DELIVERY OF HEAD

SPONTANEOUS

Controlled

Uncontrolled

FORCEPS TO AFTERCROWNS HEAD

Simple or easy delivery (Cesarean *Insert pt.*)

Long (If force *Insert pt.*)

Difficult delivery (Head *Insert pt.*)

Extremely difficult delivery (Extremely hard *Insert pt.*)

CEASAREAN SECTION

12. to labor

Not to labor

INDICATION FOR CEASAREAN SECTION

Prolonged labour

Fetal distress

Cephalopelvic disproportion

Placenta with bleed

Early engagement

Transverse lie

Prolapsed cord

Uterine torsion

Previous scars or cervical laceration

Distress

Trauma

Abruptio placentae

Placenta previa

Fetal lesions

Uterine dysfunction

Other (Specify)

TYPE OF CEASAREAN SECTION

Low

Classical

Extraperitoneal

C-section (Specify)

DELIVERY OF HEAD

MANUAL

FORCEPS

Simple or easy delivery (Cesarean *Insert pt.*)

Long (If force *Insert pt.*)

Difficult delivery (Head *Insert pt.*)

Extremely difficult delivery (Extremely hard *Insert pt.*)

OBSTETRICIAN'S SUMMARY OF LABOR AND DELIVERY

CANDID AND PLACENTAL OBSERVATIONS

(To be completed by ALL OBSERVERS)

1. CORD COMPLICATIONS

- No complications noted
- Cord around neck _____ times - right
- Cord around neck _____ times - left
- Cord around body - right
- Cord around body - left
- True knot in cord - right
- True knot in cord - left
- Hiccups of cord
- Squashed cord noted
- Other cord pathology (Describe)

2. PLACENTAL OBSERVATIONS

EVIDENCE OF PREMATURE PLACENTAL DETACHMENT

- None
- Evidence to suggest partial detachment (Describe)

- Evidence to suggest complete detachment (Describe)

EVIDENCE OF PLACENTA PREVIA

- None
- Evidence to suggest placenta previa (Describe)

EVIDENCE OF UMBILICAL VESSEL RUPTURE

- None
- Evidence to suggest ruptured vessel rupture (Describe)

3. METHODS OF LABOR INDUCTION

1. LABOR NOT INDUCED

- LABOR INDUCED:
- Successful
- Not successful

2. METHOD OF INDUCTION

- Spontaneous
- Not stopped
- Squashed
- Not reported
- PITOCIN (In other category)
- Used
- Not used
- CASTOR OIL OR OLIVE
- Used
- Not used
- OTHER MEDICATION
- Used (Describe)
- Not used

3. UNKNOWN METHOD OF INDUCTION

30. ARTIFICIAL RUPTURE OF MEMBRANES

MEMBRANES NOT ARTIFICIALLY RUPTURED

- MEMBRANES ARTIFICIALLY RUPTURED:
- Induction of labor
- STIMULATION OF LABOR:
- Latent phase (After 3 cm dilatation)
- Active phase (After 3 cm dilatation)
- Second stage
- Terminal or delivery room
- Other indication (Describe)

31. OXYTOCIC USE

OXYTOCIC NOT USED

- OXYTOCIC USED:
- INDUCTION OF LABOR
- STIMULATION OF LABOR:
- Latent phase (After 3 cm dilatation)
- Active phase (After 3 cm dilatation)
- Second stage
- Other indication (Describe)

USUAL REACTION TO OXYTOCIC

- No unusual reaction
- Production of sustained contractions
- Production of intermittent tonic contractions
- Other unusual reaction (Describe)

32. SPECIAL PRECAUTIONS DURING LABOR

- No special precautions
- Various measures (See notes and comments) (Describe)

- Special attention of the nurse
- Bolusman's technique
- Ventouse bag
- Additional support during labor, not accompanied by
- Cesarean operation (Specify)
- (Additional notes that be completed)

- Other special attention (Describe)

OBSTETRICIAN'S SUMMARY OF LABOR AND DELIVERY

part

COMPLICATIONS DURING LABOR

- 22. BLEEDING DURING LABOR**
- NO BLEEDING DURING LABOR
 - BLEEDING DURING LABOR:
 - By other operation of the placenta:
 - Partial
 - Complete
 - Properly sutured
 - Low laceration (Edge doesn't reach cervical os)
 - High laceration (Edge reaches os, but doesn't extend to cervical os)
 - Partial (Edge partially reaches cervical os)
 - Total (Fibrous capsule's vessels extend to)
 - High laceration extends
 - Vasa previa
 - Other cause (Specify)

Cause of bleeding unknown

24. UTERINE DYSFUNCTION

- NO UTERINE DYSFUNCTION
- UTERINE DYSFUNCTION OBSERVED (Check one after one of diagnoses mentioned on same line)
 - Latent phase (Lack of progress for 6 or more hours after labor has been established but before 3 cm. dilatation has been reached)
 - Active phase (Continued at cervical dilatation for 3 or more hours, after 3 cm. dilatation has been reached)
 - Second stage (Lack of progress in descent or rotation for 2 or more hours in nulliparous and four hours in parous)
 - Third stage

25. VITELIA

- NO VITELIA
- VITELIA PRESENT OR HYPERTENSION PRESENT:
 - Chronic hypertension without toxemia
 - Chronic hypertension with toxemia
 - Chronic hypertension with edema
 - Preeclampsia
 - Eclampsia

26. MATERNAL DYSTOCIA

- NO MATERNAL DYSTOCIA
- MATERNAL DYSTOCIA PRESENT:
 - Cephalopelvic disproportion with contracted pelvis
 - Cephalopelvic disproportion, without contracted pelvis
 - Tumor blocking birth canal
 - Other maternal dystocia (Specify)

27. FETAL DYSTOCIA

- NO FETAL DYSTOCIA
- FETAL DYSTOCIA PRESENT:
 - Hydrocephalus (Obvious)
 - Breech
 - Head
 - Other fetal dystocia (Specify)

23. PROLAPSED CORD

- NO PROLAPSED CORD
- CORD PROLAPSED:
 - Cord through cervical os into vagina
 - Cord through vaginal introitus
- TREATMENT**
 - Immediate
 - No treatment
 - Manual
 - Presented with hand
 - Present placed in breech
 - Other (Specify)
 - Ultimate
 - No treatment
 - External
 - Cesarean section
 - Version and extraction
 - Other (Specify)

28. STATUS OF VULVA

- UTERUS NOT RUPTURED
- UTERUS RUPTURED:
 - Before labor
 - Spontaneous rupture of
 - Previous Cesarean scar
 - Previous operative scar
 - Inset scar
 - Traumatic (Describe)
 - During labor
 - Spontaneous rupture of
 - Previous Cesarean scar
 - Previous operative scar
 - Inset scar
 - Traumatic (Describe)

29. OTHER LABOR COMPLICATIONS

- No other labor complications
- Other labor complications (Describe)

Code Item Numbers linked to Data Items on DR-31, Obstetrician's Summary of Labor and Delivery

1984 CM FMS	DATA 1PP4 IN	CAND MIN	FROM TO	DATA 1PP4 NAME
6040	...VAR		1306	Abnormal placenta, (vag, no, unknown)
6038	...VAR		1305	Abnormal placenta, degree
6072	...VAR		1341	Abnormal after cord clamps (CC)
6071	...VAR		1342	Abnormal after cord clamps (CC)
6069	...VAR		1337	Abnormal after cord clamps (CC)
6074	...VAR		1354	Abnormal presentation
6073	...VAR		1355	Abnormal presentation
6080	...VAR		1353	Abnormal presentation
6078	...VAR		1354	Abnormal presentation
6076	...VAR		1352	Abnormal presentation
6072	...VAR		1350	Abnormal presentation
6077	...VAR		1351	Abnormal presentation
608	...VAR		1356	Abnormal presentation
6074	...VAR		1349	Abnormal presentation
6074	...VAR		1348	Abnormal presentation
6073	...VAR		1347	Abnormal presentation
6106	...VAR		1380	Abnormal presentation
6107	...VAR		1381	Abnormal presentation
6113	...VAR		1388	Abnormal presentation
6112	...VAR		1389	Abnormal presentation
6111	...VAR		1387	Abnormal presentation
6118	...VAR		1394	Abnormal presentation
6141	...VAR		1417	Abnormal presentation
6133	...VAR		1409	Abnormal presentation
6129	...VAR		1405	Abnormal presentation
6134	...VAR		1390	Abnormal presentation
6106	...VAR		1384	Abnormal presentation
6110	...VAR		1385	Abnormal presentation
6125	...VAR		1401	Abnormal presentation
6160	...VAR		1416	Abnormal presentation
6117	...VAR		1393	Abnormal presentation
6137	...VAR		1408	Abnormal presentation
6116	...VAR		1399	Abnormal presentation
6123	...VAR		1421	Abnormal presentation
6145	...VAR		1391	Abnormal presentation
6117	...VAR		1413	Abnormal presentation
6127	...VAR		1403	Abnormal presentation
6135	...VAR		1411	Abnormal presentation
6121	...VAR		1397	Abnormal presentation
6126	...VAR		1402	Abnormal presentation
6120	...VAR		1396	Abnormal presentation

CORE ITEM NUMBERS LINKED TO DATA ITEMS ON DR-13, OBSTETRICIAN'S SUMMARY OF LABOR AND DELIVERY

ITEM	DATA	CDR	FROM	TO	DATA ITEM NAME
NUM	ITEM	NUM			
CODE	IN	NUM			
0122	....VAR		1198	1308	Cesarean section, indication; surgery, previous pelvic or cervical
0126	....VAR		1400	1400	Remitt (OB-34)
0319	....VAR		1395	1305	Cesarean section; indications; toxemia (OB-34)
0343	....VAR		1419	1419	Cesarean section; indications; transverse lie (OB-34)
0128	....VAR		1404	1404	Cesarean section; indications; twin; obstructing (OB-55)
0108	....VAR		1382	1382	Cesarean section; indications; bearing dysfunction (OB-34)
0138	....VAR		1414	1414	Cesarean section; uterine incision type
0047	....VAR		1313	1313	Cesarean section; indication; prolapsed cord (OB-55)
0048	....VAR		1314	1314	Cord pathology; cord around body
0010	....VAR		1315	1315	Cord pathology; cord around neck, loose, number
0046	....VAR		1312	1312	Cord pathology; cord around neck, tight, number
0045	....VAR		1311	1311	Cord pathology; other abnormality (OB-55)
0042	....VAR		1308	1308	Cord pathology; ruptured cord vessel
0044	....VAR		1310	1310	Cord pathology; true knot
0043	....VAR		1309	1309	Cord pathology; vasa previa, velices (OB-55)
0057	....VAR		1325	1325	Cord; prolapsed, force
0058	....VAR		1326	1326	Cord; prolapsed, ground; yes, no, unknown
057	..DR-34	9334	15	15	Data not coded
047	..DR-34	1334	15	15	Data not coded because
024	..DR-34	1334	15	15	Data not coded because
028	..DR-34	1334	10	19	Delivery attempt unsuccessful
051	..DR-34	1334	10	19	Delivery attempt unsuccessful
062	..DR-34	2334	10	19	Delivery attempt unsuccessful
056	..DR-34	9334	10	19	Delivery attempt unsuccessful
001	..DR-34	2334	10	19	Delivery type
050	..DR-34	1334	10	18	Delivery type
027	..DR-34	3334	10	18	Delivery type
055	..DR-34	0334	10	18	Delivery type
0050	....VAR		1316	1316	Uterus, shoulder
048	..DR-34	1334	16	16	Exit code
070	..DR-34	2334	16	16	Exit code
025	..DR-34	3334	16	16	Exit code
053	..DR-34	9334	16	16	Exit code
049	..DR-34	1334	17	17	Fetus number
026	..DR-34	3334	17	17	Fetus number
054	..DR-34	9334	17	17	Fetus number
080	..DR-34	2334	17	17	Fetus number
0072	....VAR		1306	1306	Hypertension, chronic disease
029	..DR-34	3334	20	20	Labor
083	..DR-34	2334	20	20	Labor
057	..DR-34	1334	20	20	Labor
057	..DR-34	9334	20	20	Labor

Form Item Numbers linked to Data Items on GP-16, Obstetrician's Summary of Labor and Delivery

FORM	DATA ITEM	CARD	FROM	TO	DATA ITEM NAME
NO	ID	NUM			
600A	VAR		22	72	Labor and delivery with (1200-34, 200-55)
603E	VAR		1317	1317	Labor onset, spontaneous or induced
606	OR-34	2334	43	43	Labor procedures, internal, first
607	OR-34	2334	44	44	Labor procedures, internal, second
608A	VAR		1335	1335	Labor, arrested progress, other causes
608B	VAR		1336	1336	Labor, arrested progress, phase and stage
608C	VAR		1334	1334	Labor, arrested progress; retroelvic presentation; cephalopelvic disproportion
6064	VAR		1332	1332	Labor, arrested progress; taloepresentation
6065	VAR		1333	1333	Labor, arrested progress; uterine activity abnormal
6152	VAR		1441	1441	Labor, duration of first and second stages (coded)
6151	VAR		1437	1440	Labor, duration of first and second stages (hrs/mins)
6147	VAR		1426	1426	Labor, duration of first stage (coded)
6146	VAR		1425	1425	Labor, duration of first stage (hrs/mins)
6149	VAR		1431	1432	Labor, duration of second stage (coded)
6148	VAR		1427	1430	Labor, duration of second stage (hrs/mins)
6150	VAR		1433	1436	Labor, duration of third stage (hrs/mins)
6154	VAR		1446	1446	Labor, total duration, first, second and third stages (coded)
6153	VAR		1442	1445	Labor, total duration, first, second and third stages (hrs/mins)
608B	VAR		1362	1362	Lacerations, nursing, degree
6089	VAR		1363	1363	Lacerations, site
607A	OR-14	2334	15	15	Not coded because
6052	VAR		1314	1318	Oxytocic use
6053	VAR		1314	1319	Placenta previa, type
6054	VAR		1320	1320	Placenta previa, amount: yes, no, unknown
6091	VAR		1364	1365	Polychorionic
6055	VAR		1321	1323	Presentation of fetus at delivery
6056	VAR		1324	1324	Presentation of fetus at delivery, rounded vertex, breech, other
6038	VAR		1304	1304	Records present; labor and delivery
6050	VAR		1327	1327	Rupture of membrane, reason
6060	VAR		1324	1324	Rupture of membrane, chronic (30-14)
6165	VAR		1464	1464	Uterine dysfunction
6092	VAR		1366	1366	Uterine rupture
6156	VAR		1451	1451	Uterine stimulant, no response
6161	VAR		1454	1456	Uterine stimulant, other unusual reaction
6158	VAR		1453	1453	Uterine stimulant, persistent increased uterine tone
6093	VAR		1367	1367	Uterine stimulant, reaction to
6150	VAR		1454	1454	Uterine stimulant, significant variation of fetal heart rate or rhythm
6157	VAR		1452	1452	Uterine stimulant, sustained contraction
6160	VAR		1455	1455	Uterine stimulant, simultaneous labor and/or delivery
6177	VAR		1471	1471	Uterine stimulant; induction indication; other
6172	VAR		1474	1476	Uterine stimulant; induction indication; abruptio placenta

Form Item Numbers Linked to Data Items on DR-10, Obstetrician's Summary of Labor and Delivery

ITEM	DATA ITEM	CRKD	FROM	TO	DATA ITEM NAME
FORM	FN	BLNK			
1	6173...VAR		1477	1477	Uterine stimulants; induction indications; diabetes mellitus
1	6169...VAR		1473	1473	Uterine stimulants; induction indications; diabetes mellitus
1	6174...VAR		1478	1478	Uterine stimulants; induction indications; diabetes mellitus
1	6176...VAR		1480	1480	Uterine stimulants; induction indications; diabetes mellitus
1	6175...VAR		1479	1479	Uterine stimulants; induction indications; diabetes mellitus
1	6170...VAR		1474	1474	Uterine stimulants; induction indications; diabetes mellitus
1	6171...VAR		1475	1475	Uterine stimulants; induction indications; diabetes mellitus
1	6067...VAR		1129	1129	Vertex delivery; forceps; application
1	6087...VAR		1161	1161	Vertex delivery; forceps; difficulty
1	6086...VAR		1360	1360	Vertex delivery; forceps; difficulty of conversion
1	6085...VAR		1359	1359	Vertex delivery; forceps; difficulty of rotation
1	6083...VAR		1357	1357	Vertex delivery; forceps; difficulty of traction
1	6062...VAR		1130	1130	Vertex delivery; vacuum extraction (DR-55)
1	863...DR-14	1334	53	53	Vertex, brow of face delivery; position converted
1	861...DR-14	1334	47	49	Vertex, brow of face delivery; position converted
1	862...DR-14	1334	50	52	Vertex, brow of face delivery; position during first stage
1	854...DR-14	1334	23	24	Labor onset date (day)
1	853...DR-14	1334	21	22	Labor onset date (hr)
1	855...DR-14	1334	25	26	Labor onset date (yr)
1	856...DR-14	1334	27	30	Labor onset time (hrs, min, 24 hr clock)
1	6189...VAR		1447	1472	Rupture of membranes, interval from AM to onset of labor
2	6155...VAR		1447	1450	Labor duration, first and second stages combined (hrs, min)
2	860...DR-14	1334	43	46	Labor duration, first stage (hrs, min)
2	857...DR-14	1334	31	34	Labor duration, second stage (hrs, min)
2	858...DR-14	1334	35	38	Labor duration, third stage (hrs, min)
2	859...DR-14	1334	39	42	Labor duration, first and second stages (hrs/min)
2	6151...VAR		1437	1440	Duration of first stage (hrs/min)
2	6146...VAR		1427	1425	Duration of second stage (hrs/min)
2	6148...VAR		1427	1430	Duration of third stage (hrs/min)
2	6150...VAR		1433	1436	Total duration, first, second and third stages (hrs/min)
2	6153...VAR		1442	1445	Vertex, brow of face delivery; head rotation, from
3	865...DR-14	1334	57	59	Vertex, brow of face delivery; head rotation, to
4	866...DR-14	1334	60	62	Vertex, brow of face delivery; head rotation, type
4	864...DR-14	1334	58	59	Cesarean section, following attempt at vaginal delivery
6	6111...VAR		1387	1387	Vertex delivery; forceps; application
6	6087...VAR		1161	1161	Vertex delivery; forceps; difficulty
6	867...DR-14	1334	63	63	Vertex, brow of face delivery; delivery of head, type
6	868...DR-14	1334	64	64	Vertex, brow of face delivery; forceps, type
6	869...DR-14	1334	65	65	Vertex, brow of face delivery; forceps; degree of difficulty
7	6075...VAR		1140	1149	Breech delivery; orientation
7	870...DR-14	1334	65	66	Breech, type
8	8076...VAR		1150	1150	Breech delivery procedures attempted for delivery of body

Zone Free Numbers Linked to Data Items on OB-16, Obstetrician's Summary of Labor and Delivery

ITEM	DATA	CARD	FROM	TO	DATA ITEM NAME
NO	ITEM	NO			
NO	ITEM	NO			
9	873...OB-14	3334	67	67	Breech, delivery of body, type
9	877...VAR		1351	1351	Breech, delivery procedures attempted for delivery of head
9	872...OB-34	3334	68	68	Breech, delivery of head, type
10	873...OB-34	3334	69	69	Breech; infants to aftercoagulation head
10	874...OB-14	3334	70	70	Version indications; extraction indications
12	830...OB-34	3334	21	21	Cesarean section, labor status prior to
13	8030...VAR		1305	1305	Anthrax; placenta, fetus
13	8118...VAR		1394	1394	Cesarean section, indication, elderly primigravida (OB-34)
13	846...OB-14	3334	37	37	Cesarean section, indication, other
13	8120...VAR		1405	1405	Cesarean section, indication, other (OB-34)
13	8114...VAR		1390	1390	Cesarean section, indication, previous cesarean section (OB-34)
13	8109...VAR		1383	1383	Cesarean section, indication, primary (OB-34)
13	847...OB-14	3334	33	33	Cesarean section, indication, abruptio placenta
13	8125...VAR		1401	1401	Cesarean section, indication, abruptio placenta
13	834...OB-34	3334	25	25	Cesarean section, indication, breech primigravida (OB-34)
13	837...OB-14	3334	24	24	Cesarean section, indication, breech primigravida (OB-34)
13	8116...VAR		1302	1302	Cesarean section, indication, cephalopelvic disproportion (OB-34)
13	840...OB-14	3334	31	31	Cesarean section, indication, diastasis
13	832...VAR		1399	1399	Cesarean section, indication, diastasis
13	835...OB-14	3334	26	26	Cesarean section, indication, diabetes mellitus (OB-34)
13	832...OB-14	3334	23	23	Cesarean section, indication, elderly primigravida
13	8115...VAR		1391	1391	Cesarean section, indication, fetal distress
13	8127...VAR		1401	1403	Cesarean section, indication, fetal distress (OB-34)
13	844...OB-14	3334	35	35	Cesarean section, indication, increased delivery failed (OB-34)
13	8121...VAR		1397	1397	Cesarean section, indication, increased delivery failed
13	838...OB-14	3334	10	10	Cesarean section, indication, ovary, uterine (OB-34)
13	843...OB-14	3334	34	34	Cesarean section, indication, pelvic surgery; cervical repair
13	8126...VAR		1402	1402	Cesarean section, indication, placenta previa
13	831...OB-34	3334	27	22	Cesarean section, indication, placenta previa (OB-34)
13	837...OB-14	3334	28	26	Cesarean section, indication, previous section
13	8120...VAR		1396	1396	Cesarean section, indication, prolapsed cord
13	8127...VAR		1398	1398	Cesarean section, indication, prolapsed cord (OB-34)
13	841...OB-14	3334	32	32	Cesarean section, indication, repair (OB-34)
13	8124...VAR		1400	1400	Cesarean section, indication, toxemia (OB-34)
13	836...OB-34	3334	27	27	Cesarean section, indication, toxemia (OB-34)
13	8310...VAR		1395	1395	Cesarean section, indication, transverse lie
13	845...OB-34	3334	35	36	Cesarean section, indication, transverse lie (OB-34)
13	8128...VAR		1404	1404	Cesarean section, indication, uterine dysfunction
13	838...OB-14	3334	29	29	Cesarean section, indication, uterine dysfunction (OB-34)
14	847...OB-34	3334	38	38	Cesarean section, indication, uterine myomata
14	8108...VAR		1382	1382	Cesarean section, indication, uterine incision type

Form Item Numbers linked to Data Items on JR-14, Obstetrician's Summary of Labor and Delivery

ITEM MIN FORM	DATA ITEM ID	CAMP NUM	FROM	TO	DATA ITEM NAME
15	6107....VAR		1301	1301	Cesarean section, delivery of neon
15	648...JR-34	2334	30	30	Cesarean section; delivery of neon
16	686...DR-34	2334	21	21	Cord complications; delivery of neon
16	685...UR-34	2334	22	22	Cord complications; around body
16	684...OR-34	2334	21	21	Cord complications; around neck, loose, number
16	687...DR-34	2334	24	24	Cord complications; around neck, tight, number
16	6067....VAR		1313	1313	Cord complications; from knot
16	6048....VAR		1314	1314	Cord pathology; cord around body
16	6049....VAR		1315	1315	Cord pathology; cord around neck, loose, number
16	6045....VAR		1311	1311	Cord pathology; cord around neck, tight, number
16	6047....VAR		1308	1308	Cord pathology; ruptured cord vessel
16	608...DR-34	2334	25	25	Cord, other
17	6030....VAR		1305	1305	Amniotitis; placenta, sepsis
17	609...JR-34	2334	26	26	Placenta, premature separation
17	609...UR-34	2334	27	27	Placenta, previa
17	609...OR-34	2334	28	28	Placenta; margins; sinus rupture
18	602...DR-34	2334	29	29	Induction; labor induction code
18	6051....VAR		1317	1317	Labor onset, spontaneous or induced
19	607...DR-34	2334	34	34	Induction method, either
19	606...DR-34	2334	35	35	Induction method; vector oil; quinine
19	603...DR-34	2334	30	30	Induction method; membranes stripped
19	604...DR-34	2334	31	31	Induction method; membranes; ruptured
19	605...DR-34	2334	32	32	Induction method; oxytocic
19-20	6052....VAR		1318	1318	Oxytocic use
20	608...DR-34	2334	35	35	Rupture of membranes, artificial
21	609...DR-34	2334	36	36	Oxytocic use
21	607...JR-34	2334	30	30	Oxytocic, active phase
21	604...DR-34	2334	41	41	Oxytocic, induction, other
21	600...DR-34	2334	37	37	Oxytocic, induction
21	601...DR-34	2334	38	38	Oxytocic, latent phase
21	603...DR-34	2334	40	40	Oxytocic, second stage
21	605...DR-34	2334	42	42	Oxytocic, unusual reaction
23	608...DR-34	2334	45	45	Bleeding during labor, ves/no
23	611...DR-34	2334	48	48	Bleeding during labor; marginal sinus rupture
23	610...DR-34	2334	47	47	Bleeding during labor; placenta previa
23	609...DR-34	2334	46	46	Bleeding during labor; placenta, premature separation
23	6053....VAR		1319	1319	Placenta previa, tears
24	6041....VAR		1307	1307	Labor, arrested progress
24	612...DR-34	2334	49	49	Uterine dysfunction
24	6165....VAR		1464	1464	Uterine dysfunction
25	613...DR-34	2334	50	50	Toxemia
25	606...DR-34	2334	1328	1328	Insular hypertension, chronic (DR-34)
26	614...DR-34	2334	51	51	Dystocia, external

Post Item Numbers linked to Data Items on UA-14, Obstetrician's Summary of Labor and Delivery

ITEM ON CARD	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
27	015..0A-14	2334	52	52	DYSTOCIA, PAIN
27	020.....VAR		1316	1316	UVSTOCIA, SHOULDER
28	027.....VAR		1324	1325	CERV PROLONGED, DEGREE
28	016..0A-14	2334	53	53	PROLONGED CERV
28	017..0A-14	2334	54	54	PROLONGED CERV, IMMEDIATE TREATMENT
29	018..0A-14	2334	54	55	PROLONGED CERV, UTERINE TREATMENT
30	019..0A-14	2334	56	56	HURRY OF CERVIX
35	020.....VAR		57	57	LABOR COMPLICATIONS, OTHER
02	030.....VAR		1327	1327	HURRY OF MEMBRANE, TEAR
			1404	1405	ABRUPTIO PLACENTA, DEGREE

DEFINITION OF CODES
OBSTETRICIAN'S SUMMARY OF LABOR AND DELIVERY
FORM OB-34 **CARD 1334**

<u>FIELD</u>	<u>CARD</u> <u>COLUMNS</u>
1. <u>Card Number</u> Code: 1	1
2. <u>Form Number</u> Code: 334	2-4
3. <u>Revision Number</u> Code: 2 Form Dated: 1/59	5
4. <u>MINDB Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Not Coded Because</u> Code: 0 - None listed 1 - Abortion * 2 - Mole, Choriocarcinoma, ectopic pregnancy * 3 - Died undelivered * 4 - Delivered elsewhere * 5 - Unusual delivery procedures, not subject to coding * 9 - Other and unknown reasons *	15
6. <u>Edit Code</u> Code: 0 - Not edited with other forms 1 - Edited with other forms 2 - Provisional coding of one or more items 3 - Data abstracted at PSB 9 - Edit code not used	16
7. <u>Petus Number</u> Code: 0 - Single birth 1 - 1st of multiple 2 - 2nd of multiple 3 - 3rd of multiple 4 - 4th of multiple	17

* Card 93342 replaces card 13342 and card ends in col. 20 (see card 9)

DEFINITION OF CODES (Continued)

FORM OB-34
Card 1334

FIELD

CARD
COLUMNS

7. Fetus Number (continued) 17
Code: 9 - Unknown (includes abortion and fetus not specified as multiple)
8. Type of Delivery 18
Code: 0 - Not applicable
1 - Vertex, undifferentiated
2 - Breech
3 - Version and Extraction
4 - Cesarean Section
5 - Occiput
6 - Brow, face or chin (sinciput)
9 - Unknown
9. Unsuccessful Attempt to Deliver (Preceding Cesarean Section) 19
Code: 0 - None - not applicable
1 - Vertex
2 - Breech
3 - Version and Extraction
9 - Unknown
10. Labor 20
Code: 0 - None, Cesarean Section, questionable Labor
1 - Labor
8 - Labor, but no information on duration of any stage
9 - Unknown if Labor, not applicable
11. Date of Onset of Labor 21-26
Item 1
Six-digit code for month (cols. 21-22), day (cols. 23-24), and year (cols. 25-26)
Code: As given
000000 - Not applicable
6X** and four blanks - Decapitation (card ends in col. 35)
7X** and four blanks - No Labor (card ends in col. 35)

** X = 11 punch

DEFINITION OF CODES (Continued)

FORM OB-34
Card 1334

<u>FIELD</u>	<u>CARD</u> <u>COLUMNS</u>
<p>11. <u>Date of Onset of Labor (continued)</u> Code: 8X** and four blanks - Abortion (card ends in col. 22) 9X** and four blanks - Home or other hospital delivery (card ends in col. 35) 99 - Month, day and/or year unknown</p>	21-26
<p>12. <u>Time of Onset of Labor</u> Item 1 Code: As given in hours and minutes based on 24 hour clock Blank - Codes 6X, 7X, 8X, 9X in Field 11 0000 - Not applicable **** - Unknown</p>	27-30
<p>13. <u>Duration: First Stage of Labor</u> Item 2 Code: As given in hours and minutes Blank - Same as in Field 12 0000 - Not applicable 9999 - Unknown</p>	31-34
<p>14. <u>Duration: Second Stage of Labor *</u> Item 2 Code: Same as in Field 13, except that X and three blanks - no labor, unknown, no 2nd stage</p>	35-38
<p>15. <u>Duration: Third Stage of Labor *</u> Item 2 Code: As given in hours and minutes 0000 - Not applicable 8888 - Placenta delivered with or before infant (except C/S) 9999 - Unknown</p>	39-42
<p>16. <u>Total - Combined First and Second Stages *</u> Item 2 Code: As given in hours and minutes</p>	43-46

* Blanks can exist in this field, see field 12
 ** X = 11 punch

DEFINITION OF CODES (Continued)

FORM OB-3-
Card 1334

FIELD

CARD
COLUMNS

16. Total - Combined First and Second Stages* (cont.) 43-46
 Code: 0000 - Not applicable, combined total
 not reported - duration of both
 first and second stages specified
 in Fields 13 and 14
 9999 - Unknown
17. VERTEX, BROW, FACE DELIVERY
Position. Presentation During First Stage* 47-49
 Code: See attachment "Position Codes"
 page OB 34 - 20
- Additional codes:
 000 - No labor
 666 - Breach; all, including compound
 breach
 777 - Vertex undifferentiated
 888 - Other presentations
 999 - Unknown
18. Position in Delivery Room* 50-52
 Code: See attachment "Position Codes"
 page OB 34 - 20
- Additional codes:
 Same as in Field 17, except
 999 - Unknown, no labor, not applicable
19. Position Converted to (From Brow, Face, or
Chin)* 53-55
 Code: See attachment "Position Codes"
 page OB 34 - 20
- Additional codes:
 000 - Conversion not attempted, not
 applicable
 777 - Converted to unknown position
 888 - Unsuccessful attempt to convert
 999 - Unknown

* Blanks can exist in this Field, see Field 12

DEFINITION OF CODES (Continued)

FORM OB-34
Card 1334

FIELD

CARD
COLUMNS

20. Rotation of Head*
Item 5 56
Code: 0 - No attempt to rotate, not applicable
1 - Manual
2 - Simple, easy forceps
3 - Firm forceps
4 - Difficult forceps
5 - Extremely difficult forceps
6 - Unsuccessful attempt, any method
(even if followed by successful)
7 - Forceps used - degree of difficulty
not specified
8 - Successful rotation (more than one
direction, or two or more forcep
rotations)
9 - Unknown
21. Head Rotated From*
Item 5 57-59
Code: See attachment "Position Codes"
page OB 34 - 20
Additional codes:
000 - No attempt at rotation, not applicable
999 - Unknown
X** and two blanks - No attempt to rotate,
not applicable
22. Head Rotated To*
Item 5 60-62
Code: See attachment "Position Codes"
page OB 34 - 20
Additional codes:
Same as in Field 21, except
Three blanks - No attempt to rotate, not applicable
23. Delivery of Head*
Item 6 63
Code: 0 - Not applicable, no attempt to deliver
as vertex
1 - Spontaneous, controlled
2 - Spontaneous, uncontrolled
3 - Elective forceps attempt
4 - Indicated forceps attempt
- * Blanks can exist in the Field, see Field 12
** X = 11 punch

DEFINITION OF CODES (Continued)

FORM OB-34
Card 1334

ITEMS

CARD
COUNCIL

23. Delivery of Head* (cont.)

- Code: 5 - Spontaneous, unknown if controlled or uncontrolled
6 - Forceps, unknown if elective or indicated
7 - Vacuum extractor without forceps
8 - Vacuum extractor with forceps
9 - Unknown

63

24. Type of Forcep Delivery

- Item 6
Code: 0 or X** - Not applicable, no attempt at forceps delivery
1 - Low - Class I Outlet
2 - Mid (when skull on perineal floor, but sagittal suture not in AP diameter of pelvis) - Class II Low
3 - Mid (when engagement of BIP in inlet but skull not on pelvic floor) - Class III Mid
4 - High forceps - Class IV High
7 - Unknown if used
8 - Unsuccessful attempt
9 - Unknown

64

25. Degree of Difficulty of Forcep Delivery

- Item 6
Code: Blank or 0 - Not applicable, no attempt at forcep delivery
1 - Simple, easy
2 - Snug fit
3 - Difficult
4 - Extremely difficult
7 - Unknown if forceps used
8 - Unsuccessful attempt
9 - Unknown
- } Average difficulty

65

26. Type
Item 7

- Code: 0 - Not applicable
1 - Frank
2 - Single footling, single knee
3 - Double footling, double knee
4 - Complete
5 - Compound
6 - Version and extraction attempt
9 - Unknown

66

* Blanks can exist in the field, see Field 12
** X = 11 punch

DEFINITION OF CODES (Continued)

FORM OB-34
Card 1335

FIELD

CARD
COLUMNS

- | | | |
|-----|---|----|
| 27. | <u>Delivery of Baby</u>
Item 8 | 67 |
| | Code: 0 - Not applicable
1 - Spontaneous
2 - Partial extraction
3 - Total extraction
4 - Breech decomposition only
8 - Version and extraction attempt
9 - Unknown | |
| 28. | <u>Delivery of Head</u>
Item 9 | 68 |
| | Code: 0 - Not applicable, none
1 - Spontaneous, controlled, (manual)
2 - Spontaneous, uncontrolled
3 - Spontaneous, unknown if controlled or uncontrolled
8 - Unsuccessful attempt
9 - Unknown | |
| 29. | <u>Forceps to After-coming Head</u>
Item 9 | 69 |
| | Code: 0 - Not applicable, none
1 - Simple, easy
2 - Smug
3 - Difficult
4 - Very difficult
5 - Unknown difficulty
8 - Unsuccessful attempt at delivery of head
9 - Unknown | |
| 30. | <u>VERSION AND EXTRACTION</u>
<u>Indications for Attempt</u>
Item 10 | 70 |
| | Code: 0 - Not applicable
1 - Second twin
2 - Prolapsed cord
4 - Transverse lie
8 - Other and multiple indications
9 - Unknown | |

DEFINITION OF CODES (Continued)

FORM OB-34
Card 2334

FIELD

**CARD
COLUMN**

- | | | |
|----|---|-------|
| 1. | <u>Card Number</u>
Code: 2 | 1 |
| 2. | <u>Basic Data</u>
Code: Same as in columns 2-20 of Card 1 | 2-20 |
| 3. | <u>Cord Complications</u>
Item 16
Five-digit code for:
<u>Around Neck, Tight</u> (col. 21)
Code: 0 - None, no cord complications
1-7 - Number of times as given
8 - Unknown number of times
9 - Unknown if around neck, tight

<u>Around Neck, Loose</u> (col. 22)
Code: 0 - None
1-7 - Number of times as given (tension loose or unknown)
8 - Unknown number of times
9 - Unknown if around neck, loose
X* - No cord complications

<u>Around Body</u> (col. 23)
Code: Blank - No cord complications
0 - None
1 - Tight only, tight and loose
2 - Loose only, unknown tension
9 - Unknown if around body

<u>True Knot in Cord</u> (col. 24)
Code: Blank - No cord complications
0 - None
1 - Tight (one or more)
2 - Loose (all loose), unknown tension
9 - Unknown

<u>Other Complications</u> (col. 25)
Code: Blank - No cord complications
0 - None
1 - Hematoma
2 - Ruptured cord or vessel
3 - Combination of codes 1 and 2
4 - Other cord complications
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2, and 4
9 - Unknown | 21-25 |

* X = 11 punch

DEFINITION OF CODES (Continued)

FORM OB-34
Card 2334

FIELD

CARD
COLUMNS

4. Evidence of Premature Placental Separation (ABRUPTIO) 26
Item 17
 Code: 0 - None
 1 - Partial
 2 - Complete
 9 - Unknown
5. Evidence of Placenta Previa 27
Item 17
 Code: 0 - None
 1 - Present
 9 - Unknown
6. Evidence of Marginal Sinus Rupture 28
Item 17
 Code: Same as in Field 5
7. Induction of Labor 29
Item 18
 Code: 0 - No attempt
 1 - Successful
 2 - Unsuccessful
 8 - Attempted, unknown if successful
 9 - Unknown if attempted
8. Method of Induction 30-34
Item 19
 Five-digit code for:
Membranes Stripped (col. 30)
 Code: 0 - Not stripped
 1 - Stripped
 6 - No attempt at induction
 7 - Unknown if induction attempted
 9 - Unknown if stripped
 X* - Labor not induced, if induced method
 unknown or unknown if induced
- Membranes Ruptured (col. 31)
Oxytocic (col. 32)
Castor Oil or Quinine (col. 33)
Other (col. 34)
- Code for each column:
 X* or blank - Same as code "X" in col. 30
 0 - No
 1 - Yes
 6 - No attempt at induction
 7 - Unknown if induction attempted
 9 - Unknown
- Note: 6's in entire field = no attempt at induction;
 7's in entire field = unknown if induction attempted
- * X = 11 punch

DEFINITION OF CODES (Continued)

FORM OB-34
Card 2334

FIELD

CARD
COLUMNS

9. Artificial Rupture of Membranes
Item 20 35
Code: 0 - Not artificially ruptured
1 - For induction
2 - Stimulation - latent phase
3 - Stimulation - active phase
4 - Stimulation - second stage
5 - Terminal in delivery room; at C/S (if previously intact)
6 - Stimulation at unknown phase or stage
7 - Other indication, alone or in combination with one of the above
8 - Unknown if for induction, stimulation or other indication
9 - Unknown if artificially ruptured
10. Use of Oxytocic
Item 21 36
Code: 0 - Not used
1 - Used
9 - Unknown
11. Oxytocic
Item 21 37-42
Six-digit code for:
Induction (col. 37)
Code: 0 - Not used
1 - Used
6 or X* - Oxytocic not used
7 - Unknown if oxytocic used
9 - Unknown if used for induction
- Stimulation Latent Phase (col. 38)
Stimulation Active Phase (col. 39)
Stimulation Second Stage (col. 40)
Other Indication (col. 41)
Code for each column:
Blank - Oxytocic not used
0 - Not used
1 - Used
6 - Oxytocic not used
7 - Unknown if oxytocic used
9 - Unknown if used

* X = 11 punch

DEFINITION OF CODES (Continued)

FORM OB-34
Card 2334

FIELD

CARD
COLUMN

11. Oxytocic (cont.)
Unusual Reaction (col. 42)
Code: Blank - Oxytocic not used
0 - Not applicable, no unusual response, no reaction
1 - Sustained contraction
2 - Intermittent tetanic contraction
3 - Combination of codes 1 and 2
4 - Other unusual reaction
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2, and 4
9 - Unknown reaction

37-42

12. Special Procedures During Labor
Two-digit code for:

43-44

First Procedure (col. 43)

- Code: 0 - None
1 - Version maneuver (internal or external excluding version and extraction)
2 - Manual dilatation of cervix
3 - Combination of codes 1 and 2
4 - Dührssen's incisions
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2, and 4
9 - Unknown

Second Procedure (col. 44)

- Code: 0 - None
1 - Vorhees Bag
2 - Abdominal surgery during labor (not C/S)
3 - Combination of codes 1 and 2
4 - Other
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2, and 4
9 - Unknown

13. Bleeding
Item 23

45

- Code: 0 - None
1 - Yes (heavy show or free)
5 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-34
Card 2334

FIELD

CARD
COLUMN

14.

Bleeding in Labor

Item 23

46-48

Three-digit code for:

Prezature Separation (col. 46)

- Code: 0 - None, not applicable
1 - Partial
2 - Complete
8 - Separation of unknown degree
9 - Unknown

Placenta Previa (col. 47)

- Code: 0 - None, not applicable
1 - Low implantation
2 - Marginal
3 - Partial
4 - Total
8 - Previa of unknown degree
9 - Unknown

Other or Unknown Causes (col. 48)

- Code: 0 - None, not applicable
1 - Marginal sinus rupture
2 - Vasa previa
3 - Combination of codes 1 and 2
4 - Other causes (includes excessive "show")
5 - Combination of codes 1 and 4
6 - Combination of codes 3 and 4
7 - Combination of codes 1, 2, and 4
9 - Unknown

15.

Uterine Dysfunction

Item 24

49

- Code: 0 - None
1 - Latent phase
2 - Active phase
3 - Combination of codes 1 and 2
4 - Second stage
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2, and 4
8 - Unknown phase or stage
9 - Unknown if uterine dysfunction

DEFINITION OF CODES (Continued)

FORM OB-34
Card 2334

FIELD

CARD
COLUMN

- | | | |
|-----|---|----|
| 16. | <p><u>Toxemia</u>
Item 25</p> <p>Code: 0 - None
1 - Chronic hypertension without toxemia
2 - Chronic hypertension with toxemia
3 - Chronic hypertension with eclampsia
4 - Pre-eclampsia
5 - Eclampsia
6 - Unclassified
9 - Unknown</p> | 50 |
| 17. | <p><u>Maternal Dystocia</u>
Item 26</p> <p>Code: 0 - None
1 - CPD with contracted pelvis
2 - CPD without contracted pelvis
3 - Tumor blocking birth canal
4 - Other maternal dystocia
7 - Multiple maternal causes of dystocia
8 - Unknown type of dystocia
9 - Unknown if any dystocia</p> | 51 |
| 18. | <p><u>Fetal Dystocia</u>
Item 27</p> <p>Code: 0 - None
1 - Hydrocephalus
2 - Shoulder
3 - Head
4 - Persistent posterior, positional dystocia
5 - Other fetal dystocia
7 - Multiple fetal causes
8 - Unknown type of dystocia
9 - Unknown if dystocia</p> | 52 |

DEFINITION OF CODES (Continued)

FORM OB-3
Card 2334

FIELD

CARD
COLUMN

19. Prolapsed Cord
Item 28 53
Code: 0 - None
1 - Occult
2 - Cord through cervical Os into vagina
3 - Cord through vaginal introitus
8 - Unknown degree
9 - Unknown if prolapse
20. Prolapse of Cord: Treatment
Item 28 54-55
Two-digit code for:
Immediate (col. 54)
Code: Blank - No prolapse
0 - None, no prolapse
1 - Replaced
2 - Protected with hand
4 - Knee-chest position
7 - Multiple
8 - Other
9 - Unknown
Ultimate (col. 55)
Code: Blank - No prolapse
0 - None, no prolapse
1 - Replaced
2 - Cesarean Section
4 - Version and extraction
8 - Other
9 - Unknown
21. Rupture of Uterus
Item 29 56
Code: 0 - None
1 - Spontaneous (before labor), previous
C/S scar
2 - Spontaneous (before labor), previous
operative scar
3 - Spontaneous (before labor), intact uterus
4 - Traumatic (before labor)
5 - Spontaneous (during labor), previous
C/S scar
6 - Spontaneous (during labor), previous
operative scar
7 - Spontaneous (during labor), intact uterus
8 - Traumatic (during labor)
9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-34
Card 2334

FIELD

CARD
COLUMN

22. Other Labor Complications
Item 30
Code: 0 - No
1 - Yes
9 - Unknown

57

DEFINITION OF CODES (Continued)

FORM OB-34
Case 1334

FIELD

**CARD
COLUMNS**

1. Card Number
Code: 3 1

2. Basic Data
Code: Same as in cols. 2-20 of Card 1 2-20

CESAREAN SECTION

3. Labor
Item 12
Code: 0 - Not in labor, questionable 21
 1 - In labor
 9 - Unknown

4. Indication
Item 13 22-37
 Sixteen digit code for:
Previous Cesarean Section (col. 22)
Fetal distress (col. 23)
Cephalo-pelvic disproportion (col. 24)
Primigravida with breech (col. 25)
Elderly primigravida (col. 26)
Transverse lie (col. 27)
Prolapsed cord (col. 28)
Uterine Myomata (col. 29)
Previous pelvic or cervical repair (col. 30)
Diabetes (col. 31)
Toxemia (col. 32)
Abruptio placentae (col. 33)
Placenta previa (col. 34)
Failed forceps (col. 35)
Uterine dysfunction (col. 36)
Other (col. 37)

 Code for each column:
 0 - No
 1 - Yes
 9 - Unknown

5. Type
Item 14 38
 Code: 1 - Low
 2 - Classical

DEFINITION OF CODES (Continued)

FORM OB-34
Card 9324

<u>FIELD</u>		<u>CARD COLUMN</u>
1.	<u>Card Number</u> Code: 9	1
2.	<u>Basic Data</u> Code: Same as in columns 2-14 of Card 1	2-14
3.	<u>Not Coded Because</u> Code: 1 - Abortion 2 - Mole, Choriocarcinoma, ectopic pregnancy 3 - Died undelivered 4 - Delivered elsewhere 5 - Unusual delivery procedures, not subject to coding 9 - Other and unknown reasons	15
4.	<u>Edit Codes</u> Code: 0 - Not edited with other forms 1 - Edited with other forms 2 - Provisional coding of one or more items 3 - Data abstracted at FRB 9 - None of the above	16
5.	<u>Fetus Number</u> Code: 0 - Single birth 1 - 1st of twins 2 - 2nd of twins 6 - One of twins - order of birth not specified 7 - Remaining twins - order of birth not specified 8 - Triplets or more (for all infants in case) 9 - Unknown (includes abortion and fetus not specified as multiple)	17
6.	<u>Type of Eventual Delivery</u> Code: 0 - Abortion, Choriocarcinoma, Ectopic Pregnancy, died undelivered 1 - Vertex, undifferentiated	18

DEFINITION OF CODES (Continued)

FORM OB-34
Card 9334

FIELD

CARD
COLUMN

6. Type of Eventual Delivery (cont.) 18
Code: 2 - Breech
3 - Version and Extraction
4 - Cesarean Section
5 - Occiput
6 - Brow, face or chin (sinciput)
9 - Unknown
7. Unsuccessful Attempt to Deliver (Preceding Cesarean Section) 19
Code: 0 - None, not applicable
1 - Vertex, brow, face, occiput
2 - Breech
3 - Version and extraction
9 - Unknown
8. Labor 20
Code: 0 - None, questionable labor in Cesarean Section
1 - Labor
8 - Labor, but no information on duration of any stage
9 - Unknown if labor, not applicable

OB-34
Attachment A
Position Codes

011	OA
012	OT
013	OP
021	MA
030	Brow
031	Brow, anterior
050	Face
051	Face anterior
110	LO
111	LGA
112	LOT
113	LGP
121	LMA
122	LMT
123	LMP
132	L brow T
141	L Sinciput A
142	L Sinciput T
143	L Sinciput P
211	ROA
212	ROT
213	ROP
221	RMA
222	RMT
223	RMP
231	R brow A
232	R brow T
233	R brow P

OBSTETRICIAN'S SUMMARY OF LABOR AND DELIVERY
FORM OB-34

ITEM # OR CHARM	1/29-6am	8	16	17	19	21	23	26	BLANK
CHARM # 2334	MINIB #	CMO	PROSTHETIC PLATE	PROSTHETIC PLATE	PROSTHETIC PLATE	PROSTHETIC PLATE	PROSTHETIC PLATE	PROSTHETIC PLATE	

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OB-34

CONTRACTOR'S SUMMARY OF LABOR AND DELIVERY
FORM OB-34

1	2	3	4	5	6	7	8	9
STATION #	1/20 Gals	13	MOUNTING FOR CERAMIC SECTION					
AS			BLANK					
FORM			BLANK					

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OBSTETRICIAN'S SUMMARY OF LABOR AND DELIVERY
 FORM OB-34

1	2	3	4	5	6	7	8	9	10	
Time of Onset	Year	Month	Day	Hour	Minute	Place	Blank			

OB-34 - 24

OBSTETRICIAN'S SUMMARY OF LABOR AND DELIVERY
(For Form OB-34, Dated 1-59)

I. INSTRUCTIONS FOR OBSTETRICIAN

This summary includes observations by the obstetrician which only he, by virtue of his training, experience, and role in the delivery, could be expected to know. It will serve to augment the observations of the labor room and delivery room observer. In general, observations which may be determined from the observer's form have been omitted from this summary in order to concentrate on certain crucial evaluations by the obstetrician.

At the top of the first page, in the space titled "Physician in Charge", fill in the name of the senior obstetrician in charge of the delivery. In some cases, it may be the same obstetrician who does the delivery. In the next space, titled "Delivered by", fill in the name of the physician actually doing the delivery. In the next space, fill in your own name. Under "Date", fill in the month, day, and year that this summary is prepared. In the next space, give the title or position of the person preparing the summary, whether an intern, resident, project obstetrician, etc. This summary may be prepared by the person doing the delivery and should be, if he has had sufficient obstetrical experience to be able to evaluate the items called for. If he is lacking such experience, the summary should be filled in by the physician in charge after detailed conversation with the person actually doing the delivery, in all areas concerned.

II. SPECIFIC INSTRUCTIONS

Item #1. "Onset of Labor"

The actual time of onset of labor should be determined at this point in retrospect using all available information. This may or may not be the same as the onset of labor which was determined at the time the patient was admitted, and recorded on the "Admitting Record", OB-30. It is anticipated that this recording of the onset of labor will be the most accurate that can be determined. Give the date (month, day, and year) and the time, utilizing the twenty-four hour clock.

Item #2. "Duration of Labor"

Using the time of onset of labor given in Item #1, calculate in hours and minutes the duration of the first stage, second stage, and the third stage.

Item #3. "Give a Brief Narrative Summary of this Patient's Labor and Delivery, Noting Especially any Features which seem Unusual to You"

This summary is included because it is very important in a study of this type to give the obstetrician a chance to note all unusual features of the patient's labor and delivery. Some of these may not be brought out in the check type of summary provided on the following three pages.

Page 2

This is the summary of the actual delivery, and is obviously a very important area. Only the portion of this page need be completed which is

Page 2 (Con't)

concerned with the appropriate type of delivery.

If the baby delivered as a vertex, brow, or face, only the first half of the first column need be filled in.

If the baby delivered as a breech, only Items #7, #8, and #9 need be filled in.

If a version and extraction were done, only Items #10 and #11 need be completed.

If a cesarean section were done, Items #12, #13, #14, and #15 should be completed.

VERTEX, BROW, OR FACE DELIVERY

Under "Position during first stage", be as specific as possible, such as ROP, LOA, etc. This should be your best estimate as to the position of the baby during the first stage. Occasionally, sterile pelvic examination at delivery will make it obvious that what was thought to be one position in the first stage actually was another. Therefore, this should be determined retrospectively after you have made the pelvic examination in the delivery room, and should be the position which you, considering all available information, think the baby occupied during the majority of the first stage. If, with all this information at hand you are still unable to be specific, simply indicate "vertex", "brow", or "face" in this space.

The next item is the baby's position in the delivery room before any attempt at delivery. Be sure you understand what is asked for in each of these two questions, and be as specific as possible. It should be possible in most instances to be able to give the baby's exact position immediately before delivery, such as LOP, etc.

In the next category, if the baby presents as a brow or face, indicate that it was not converted by checking the box labeled "Not converted". If it was converted, check the appropriate box and indicate specifically what it was converted to. This item refers to a conversion performed by the obstetrician and not to a spontaneous conversion by the baby. If the baby presented as a vertex, these two boxes should not be checked.

Item #5. "Rotation of Head"

This relates to the rotation of the head by the obstetrician. If you do not rotate the head, check the box labeled, "Head not rotated". If you do rotate the head, indicate specifically what you rotated it from, what you rotated it to, and if it was a manual rotation, check the box marked, "Manual rotation". If a forceps rotation is done, check the degree of

Item #5. "Rotation of Head" (Con't)

difficulty. This calls for an honest, sincere evaluation of the difficulty of obstetrical procedure, which is obviously difficult to quantitate, but it is felt that with some serious thought, these procedures can be divided on the basis of difficulty into four categories. The first is the rotation which can best be described as "Simple", or "Easy". The head is a loose fit in the pelvis and turns easily. The second may best be described as a "Snug fit", but the head is not really hard to turn. Check the box marked "Difficult rotation", if the rotation is more than just a snug fit, and it is really hard to turn the head. This is the type of situation in which one might say, "I wouldn't say that rotation was extremely difficult, but it wasn't easy, either. It was a hard rotation". The fourth category labeled "Extremely difficult rotation", should be reserved for those rotations in which one eventually gets the head rotated, but only with extreme difficulty, and in retrospect wonders whether it might have been preferable to deliver the baby in its original position.

Item #6. "Delivery of Head"

If the head delivered spontaneously, check whether it delivered under "controlled" conditions with gentle back pressure and guiding out of the head by the obstetrician, or delivered under "uncontrolled" conditions in which the physician plays no role of any kind in the delivery of the head. If either one of these two boxes is checked, denoting a spontaneous delivery, no further filling out of this particular portion of the delivery summary is required. If the head is delivered with forceps, check either "Elective" or "Indicated". The forceps delivery is "elective" if this type of delivery is merely elected by the obstetrician as a means of terminating the second stage of labor. The forceps is "indicated" if it is done for a specific obstetrical indication. If you check the box labeled "Indicated", be sure to give the indication for which the procedure was done.

TYPE OF FORCEPS DELIVERY

One of the boxes under "type of forceps delivery" must be checked if the head was delivered with forceps. If the forceps were applied when the head was vertex, the skull on the perineal floor and the sagittal suture in the AP diameter of the pelvis, check the box labeled "low forceps". If the forceps are applied when the skull is on the perineal floor, but the sagittal suture is not in the AP diameter of the pelvis, check the first box labeled "Mid-forceps". There has been a great deal of discussion as to whether it is proper to call this a mid-forceps delivery. However, it makes no difference whether this particular category is labeled "low forceps" or "mid-forceps", as long as the definition is constant. Thus, whether or not you agree that this is properly called a mid-forceps application, be sure to check this particular box when the condition called for in the definition is present; i.e., "the

TYPE OF FORCEPS DELIVERY (Con't)

skull is on the perineal floor but the sagittal suture is not in the AP diameter of the pelvis".

The next box, also labeled "mid-forceps" should be checked when the forceps are applied when the engagement of the BIP in the inlet has taken place, but the skull is not on the pelvic floor. This is the classic definition of mid-forceps and should cause no difficulty in interpretation.

The box labeled "high forceps" should be checked when the forceps are applied before the head is engaged.

If an unsuccessful attempt at any type of forceps delivery is made and this type of delivery is abandoned, check the box labeled "unsuccessful attempt at forceps delivery". This should also include situations where you find it impossible to successfully apply forceps.

DEGREE OF DIFFICULTY OF FORCEPS DELIVERY

This calls for an evaluation of the force necessary for delivery, and as in the case of forceps rotation, can only be determined by the obstetrician who is actually doing the delivery. If it can be considered a simple or easy delivery in which only a gentle pull of the forceps is required, the box labeled "Simple or easy delivery (gentle pull)" should be checked. This would be the case in many multiparas delivered by forceps where it is obvious that little or no effort is required to deliver the head. If the head is a snug fit in the pelvis, requiring a firm pull for delivery, this category should be checked. This type of delivery could not be called "difficult" and yet it does not fit into the "simple or easy" category. Possibly forceps deliveries of many primi-gravidas might well fall into this category. Skipping to the last item, "extremely difficult delivery", this category should be reserved for those extremely difficult deliveries in which a very hard pull is required, and one wonders in retrospect whether another method of delivery might not have been preferable. This situation, although rare, is one to which the obstetrician is occasionally pushed by the circumstances of the case. The box labeled "difficult delivery" should be reserved for all those cases which cannot be called extremely difficult and yet require more than just a firm pull resulting from a snug fit of the head. This is a difficult delivery requiring a hard pull on the forceps.

BREECH DELIVERY

Item #7. "Type"

This refers to the type of breech encountered in the delivery room just prior to delivery, and before any attempt at delivery has been made. If

OBSTETRICIAN'S SUMMARY OF LABOR AND DELIVERY (Con't)

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BREECH DELIVERY (Con't)

The baby presents by the buttocks only with neither foot down, check the box labeled "frank breech". If one foot is down, check "single footling", and check "double footling" if both feet are down.

Item #8. "Type of Delivery of Body:"

If the entire body up to the head is delivered by maternal forces only, with no help from you, check the box labeled "Spontaneous". If the body is partially extracted, that is, extruded to the region of the umbilicus by maternal forces and the remainder of the body extracted by you, check the box labeled "Partial extraction". If the body is totally extracted by you, beginning at a point before the body has been extruded to the umbilicus, regardless of whether or not this involves breaking up of the breech, check the box marked "Total extraction". The fourth box "Breech decomposition only" is reserved for those cases in which you "break up the breech" but make no further effort to deliver the body and allow the remainder of the delivery of the body to be accomplished by maternal forces only.

Item #9. "Delivery of Head:"

This refers to delivery of the after-coming head. If the head delivered spontaneously, that is, without the aid of forceps, indicate by checking the appropriate box whether the delivery of the head was "controlled" or "uncontrolled". If you perform a Mauriceau-Smellie-Viet Maneuver on the after-coming head, or make gentle back pressure on the head so that it delivers slowly, this should be considered a controlled spontaneous delivery. The delivery of the head is uncontrolled if it is delivered by expulsive forces of the mother with no gentle easing out of the head by the obstetrician. If forceps were used to deliver the after-coming head, one of the small boxes under "Forceps to After-coming Head" must be checked. The philosophy for determining into which category the difficulty of delivery of the head belongs is in general the same as that described under vertex delivery. The first box should be checked if the delivery of the head is "simple or easy", requiring only a gentle pull. The box labeled "Snug fit", should be checked if a firm pull on the after-coming head is required. If it is necessary to exert extreme pull on the head to effect delivery so that the procedure could be called extremely difficult, the last box should be checked. All other deliveries of the head falling between extremely difficult and firm pull should fall into the category labeled "Difficult delivery" in which a hard pull is required.

VERSION AND EXTRACTION DELIVERY

The next two items, #10 and #11, refer to a version and extraction procedure.

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Item #10. "Indication"

If a version and extraction is performed, check whether the indication is for "Second twin", "Prolapsed cord", "Transverse lie", or some other indication. If the box labeled "Other" is checked, the indication must be described.

Item #11. "Delivery of Head"

This item refers to delivery of the after-coming head after the version has been done and the body extracted. All comments on Item #4, "Delivery of Head" under BREECH DELIVERY apply to Item #11.

CESAREAN SECTION

The next four items, #12, #13, #14, and #15, apply to cesarean section.

Item #12

If the patient is in labor when the cesarean section is performed, check the box labeled "In labor". If the patient is not in labor, the box labeled "Not in labor" should be checked.

Item #13. "Indication for Cesarean Section"

Any condition which entered into your decision to perform a cesarean section should be checked. In many cases, a cesarean section will be performed for only one of these indications, but in those cases where more than one condition is present and actually enters into the decision to perform this surgery, more than one indication should be checked. In the event that the cesarean is performed for an indication which is not listed, check the box labeled "Other", and describe the indication.

Item #14. "Type of Cesarean Section"

If the incision in the uterus is "low", through the lower uterine segment, check the box labeled "Low" regardless of whether the incision in the uterus is transverse or vertical. If a "classical" cesarean is done involving a classical longitudinal incision in the upper fundus, check the box so labeled. If an "extra-peritoneal" cesarean is performed, check the appropriate box. If the uterus is removed following the cesarean, check the box labeled "Cesarean-Hysterectomy".

Item #15. "Delivery of Head"

If the head is delivered manually, check the box labeled "Manual". If forceps are used for delivery, attempt to evaluate the degree of difficulty just as with other delivery procedures. If the head is easily delivered with a gentle pull, check the first box. If the head fits snugly in the uterine incision requiring a firm pull, the second box labeled " snug fit" should be checked. If delivery of the head through the uterine incision

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(For Form in Use April 1951)

Item #15. "Delivery of Head" (Cont.)

requires an extreme degree of force, and one factor concerns what the delay in delivery of the head, the box labeled "difficult delivery" should be checked. If the delivery is "difficult" requiring a hard pull in which the degree of difficulty would seem to be beyond those requiring merely a firm pull and those which would be considered as extremely hard, the box labeled "difficult delivery" should be checked.

Page 3

CORD AND PLACENT & OBSERVATIONS

The next two items, #16 and #17, are to be completed for all deliveries, whether vertex, breech, or other presentation, or cesarean. These observations are extremely important and time of completion is noted by the obstetrician at the time of delivery, since they will be obvious to the pathologist in the laboratory.

Item #16. "Cord Examination"

If there are no complications of the cord, check the first box in each "no complications noted". If the cord is wrapped around the neck, check the second box and note how many times the cord is wrapped around the neck. If the cord is wrapped around the neck, check the third box and indicate how many times the cord is wrapped around the neck. If the cord is wrapped around the neck, check the fourth and is tight, check the next box "cord around the neck". If the cord is wrapped around the neck, check the fifth box "cord around the neck". If the cord is wrapped around the neck, check the sixth box "cord around the neck". If the cord is wrapped around the neck, check the seventh box "cord around the neck". If the cord is wrapped around the neck, check the eighth box "cord around the neck". If the cord is wrapped around the neck, check the ninth box "cord around the neck". If the cord is wrapped around the neck, check the tenth box "cord around the neck". If the cord is wrapped around the neck, check the eleventh box "cord around the neck". If the cord is wrapped around the neck, check the twelfth box "cord around the neck". If the cord is wrapped around the neck, check the thirteenth box "cord around the neck". If the cord is wrapped around the neck, check the fourteenth box "cord around the neck". If the cord is wrapped around the neck, check the fifteenth box "cord around the neck". If the cord is wrapped around the neck, check the sixteenth box "cord around the neck". If the cord is wrapped around the neck, check the seventeenth box "cord around the neck". If the cord is wrapped around the neck, check the eighteenth box "cord around the neck". If the cord is wrapped around the neck, check the nineteenth box "cord around the neck". If the cord is wrapped around the neck, check the twentieth box "cord around the neck".

Item #17. "Placenta Examination"

The first three boxes refer to possible degrees of placental separation. If the placenta separates completely, check the first box labeled "total". If the placenta separates partially, check the second box labeled "partial". If the placenta does not separate, check the third box labeled "no separation". If the placenta separates partially, check the fourth box labeled "partial". If the placenta separates partially, check the fifth box labeled "partial". If the placenta separates partially, check the sixth box labeled "partial". If the placenta separates partially, check the seventh box labeled "partial". If the placenta separates partially, check the eighth box labeled "partial". If the placenta separates partially, check the ninth box labeled "partial". If the placenta separates partially, check the tenth box labeled "partial". If the placenta separates partially, check the eleventh box labeled "partial". If the placenta separates partially, check the twelfth box labeled "partial". If the placenta separates partially, check the thirteenth box labeled "partial". If the placenta separates partially, check the fourteenth box labeled "partial". If the placenta separates partially, check the fifteenth box labeled "partial". If the placenta separates partially, check the sixteenth box labeled "partial". If the placenta separates partially, check the seventeenth box labeled "partial". If the placenta separates partially, check the eighteenth box labeled "partial". If the placenta separates partially, check the nineteenth box labeled "partial". If the placenta separates partially, check the twentieth box labeled "partial".

Item #17. "Placental Observation" (Cont'd)

described. In some cases the placenta may deliver shortly after the baby, accompanied by a quantity of old and fresh clot. This situation would then be described under "evidence".

The next two observations "Evidence of Placenta Previa" and "Evidence of Marginal Sinus Rupture", should be checked as either "None" or "Evidence". In the case of placenta previa, the evidence would possibly be an area of ragged appearing placenta with overlying clot immediately adjacent to the area of rupture of the membranes. In the case of marginal sinus rupture, it presumably would be old clot lying along the placental margin. In the case of placenta previa and marginal sinus rupture, the pathologist will be able to confirm your observations through laboratory study. In the case of true premature placental separation, however, the obstetrician may be the only one who can make a diagnosis of this condition.

PROCEDURES AFFECTING THE PROGRESS OF LABOR

The remaining items grouped together under "Procedures Affecting the Progress of Labor" must be evaluated for all cases.

Item #18. "Induction of Labor"

If labor was not induced, check the first box labeled "Labor not induced". If induction of labor was attempted by you, by the patient, or by anyone else, check the box labeled "Successful" if the patient went into labor, and check the box labeled "Not successful" if the induction was not effective.

Item #19. "Method of Induction"

This should not be filled out if no attempt was made to induce labor. If an attempt was made, whether successful or unsuccessful, indicate whether the membranes were "Stripped", or "Not stripped", and whether the cervix was "Dilated" or "Not dilated", by checking the appropriate box.

The next category refers to the use of an oxytocic in the induction of labor. If pituitin or any other oxytocic was used in the induction or attempted induction, check the box labeled "Used". If no oxytocic was used, check the box labeled "Not used".

For the next category, "Ocular oil or quinine", the box labeled "Used" should be checked if either of these substances was used in an attempt to induce labor. If neither of these substances was used, check the box labeled "Not used". If any method of induction other than those above was used, check the box labeled "Other method: Used" and describe the method of induction. If no other method was used, check the box labeled, "Not used". If labor was induced, but it is not known how the induction

Item #19. "Method of Induction" (Con't)

was accomplished, check the box labeled "Unknown method of induction". It is assumed that in most cases, the method of induction will be known.

Item #20. "Artificial Rupture of Membranes"

If the membranes ruptured spontaneously, check the first box labeled "Membranes not artificially ruptured". In this case, no further evaluation of this item is necessary. If membranes were artificially ruptured, indicate why the artificial rupture was done by checking the appropriate box, whether for "Induction of labor" or for "Stimulation of labor before three centimeters dilatation", "Stimulation of labor after three centimeters dilatation", "Stimulation of labor in the second stage", or as a terminal procedure in the delivery room immediately prior to delivery. If the membranes were artificially ruptured on any other indication, check the box labeled, "Other indication" and describe the indication for rupture.

Item #21. "Oxytocic Use"

This refers to the use of an oxytocic while the baby is still inside the uterus, and not to the use of oxytocic during the third stage of labor or that given with delivery of the anterior shoulder. If an oxytocic was not used during the first or second stages of labor or for induction, check the box labeled "Oxytocic not used". If an oxytocic was used, check the areas in which it was used by checking the appropriate boxes. If it was used for the induction of labor, check the box labeled "Induction of labor". If it was used during the latent phase before three centimeters dilatation, check this box. If it was used during the active phase after three centimeters dilatation check the box labeled "Active phase". If it was used in the second stage of labor, check the box labeled "Second stage". Be sure to check all boxes for all phases or stages of labor in which an oxytocic was used. Thus, if pitocin was used to induce labor and was continued through the latent phase, through the active phase, and the second stage, or was used at any time in all of these areas, all four of these boxes would be checked. If an oxytocic was used for any other indication, check the box labeled "Other indication" and describe the indication for its use.

The next subject, "Unusual reaction to oxytocic", must be evaluated for all cases in which an oxytocic is used before delivery. If no unusual reaction of any kind is noted, check the first box labeled, "No unusual reaction". If a sustained continuous contraction is noted, check the box labeled "Production of sustained contraction", and following this record the approximate number of minutes that this contraction lasted. If a number of intermittent tetanic contractions were produced, check the next box, and following this indicate over how long a period of time the tetanic contractions continued. If any other unusual reaction to an oxytocic was noted, check this box and describe the reaction.

SPECIAL PROCEDURES DURING LABOR

If no special procedures noted below were performed, check the first box labeled "No special procedures", and no further evaluation of this group is necessary. If any type of version maneuver was done, (not to include version and extraction which would be described under Items #10 and #11 in this summary), check this box and describe the type of version maneuver that was done. If the cervix was manually dilated, or if Dührssen's incisions were performed, check the appropriate box. If a Voorhees Bag was used, this box must be checked. If the patient had any type of abdominal surgery during labor which was not accompanied by the cesarean procedure, this box must be checked and the abdominal surgical procedure described. The anesthesia record obviously must be completed if any special procedure was performed which you consider important and which is not listed in the group of special procedures above, check the box labeled "Other special procedures" and describe the procedure performed.

Page 4COMPLICATIONS DURING LABOR

Items #23 through #30 refer to various labor complications. In each case if this complication was not present, a check in the first box will serve to negate the entire item.

Item #23. "Bleeding During Labor"

If the patient had free bleeding during labor, an attempt should be made to indite the clinical condition responsible. This inditement should be based on all known factors, including clinical course during labor, any examinations performed, placental observations, etc. If the bleeding is apparently due to either partial or complete premature separation of the placenta, check the appropriate box. If the diagnosis of placenta previa is made, check one of the four appropriate boxes under "Placenta Previa". If, in your opinion, the bleeding was due to a marginal sinus rupture, check this box and similarly in the case of vasa previa. If any other cause is responsible for bleeding, check the box labeled "Other cause" and specify the cause. If the patient had free bleeding during labor, the etiology of which cannot be determined, check the box labeled "Cause of bleeding unknown".

Item #24. "Uterine Dysfunction"

If no uterine dysfunction was observed, check the first box labeled "No uterine dysfunction". If uterine dysfunction was observed at any time during labor, check the appropriate box according to the definition listed. The latent phase of labor is from the onset of labor until three centimeters dilatation of the cervix has been reached. Lack of progress for

Item #24. "Uterine Dysfunction" (Cont)

six or more hours during this phase should result in the box labeled "Latent phase" being checked. The active phase of labor is from three centimeters cervical dilatation to complete dilatation. Cessation of dilatation for three or more hours during this phase constitutes uterine dysfunction, active phase, and the box labeled "Active phase" should be checked. Second stage dysfunction should be checked if there is lack of progress in descent or rotation for two or more hours in association with poor uterine function during the second stage. If uterine dysfunction has been observed, but it is not known at which stage or phase of labor the dysfunction took place, check the box labeled "Unknown stage". If uterine dysfunction occurred at more than one phase or stage, check more than one box.

Item #25. "Toxemia"

If no toxemia was present, check the first box labeled "No toxemia". If toxemia or hypertension was noted at any time during the prenatal course or during labor, the appropriate box should be checked.

Item #26. "Maternal Dystocia"

If no maternal dystocia was observed, check the first box labeled "No maternal dystocia". If maternal dystocia is believed to be present, check the appropriate box. If there is cephalopelvic disproportion, and the maternal pelvis is considered contracted, check the first box. If there is cephalopelvic disproportion and the maternal pelvis appears to be clinically adequate, the second box should be checked. If there is a type of maternal tumor blocking the birth canal and causing dystocia, this box should be checked. If any other cause of maternal dystocia is present, check the box labeled "Other maternal dystocia" and describe.

Item #27. "Fetal Dystocia"

This refers to fetal causes for dystocia, other than abnormal position. If no fetal cause for dystocia is present, check the box labeled "No fetal dystocia". If a fetal cause for dystocia is present, check the appropriate box. If the baby has obvious hydrocephalus, check the first box. If the baby has broad shoulders which constitute a reason for difficult delivery or delay during delivery, this box should be checked. If the baby's head, for reasons other than hydrocephalus, was a cause for dystocia, this box should be checked. If any other cause for dystocia was present, check the box labeled "Other fetal dystocia" and specify the fetal cause.

Item #28. "Prolapsed Cord"

If no prolapsed cord was observed, check the first box labeled "No prolapsed cord". If a prolapsed cord was noted, check one of the first three boxes indicating whether it was "Occult prolapse", "Cord through

Item #28. "Prolapsed Cord" (Con't)

cervical os into vagina" or "Cord through vaginal introitus". For all cases of cord prolapse, indicate the treatment both immediate and ultimate. Under immediate treatment, if no treatment of the prolapsed cord was elected immediately, the first box should be checked. If the cord was replaced, check the second box. If the cord was protected with the hand, check the third box. The fourth box should be checked if the patient was placed in the knee-chest position. If any other form of treatment was used, check the box labeled "Other", and describe the immediate treatment. If more than one treatment was used immediately, more than one box should be checked.

The next group listed under "Ultimate treatment", refers to the method of treatment which is ultimately selected. If no treatment for the cord prolapse is carried out (other than that specified as immediate treatment), the first box labeled "no treatment" should be checked, except that if replacement of the cord is the only treatment that is ever utilized, the second box labeled "replaced" should be checked. If a cesarean section is performed as ultimate treatment for the cord prolapse, this box labeled "Cesarean section" should be checked. If a version and extraction is done as the ultimate solution to the problem of prolapsed cord, this box should be checked. If any other treatment for prolapsed cord not listed above is elected, the box labeled "Other" should be checked and the treatment should be specified.

Item #29. "Rupture of Uterus"

If the uterus is not ruptured before or during labor, check the box labeled "Uterus not ruptured". Should uterine rupture occur, check whether before labor or during labor in the appropriate boxes, and check whether it was a spontaneous rupture or a previous cesarean scar, a spontaneous rupture of a previous operative scar, a spontaneous rupture of an intact uterus, or a traumatic rupture, by checking the appropriate boxes. If traumatic rupture is checked, the trauma responsible must be described.

Item #30. "Other Labor Complications"

If any other complications of labor were present which you consider important, check the box labeled "Other labor complications", and describe these complications. If, in your opinion, no other labor complications were present, check the box labeled "no other labor complications".

II.B.128



1.0



1.1



1.25

RESOLUTION



1.28



1.32



1.36



1.40



1.25



1.22



1.20



1.18



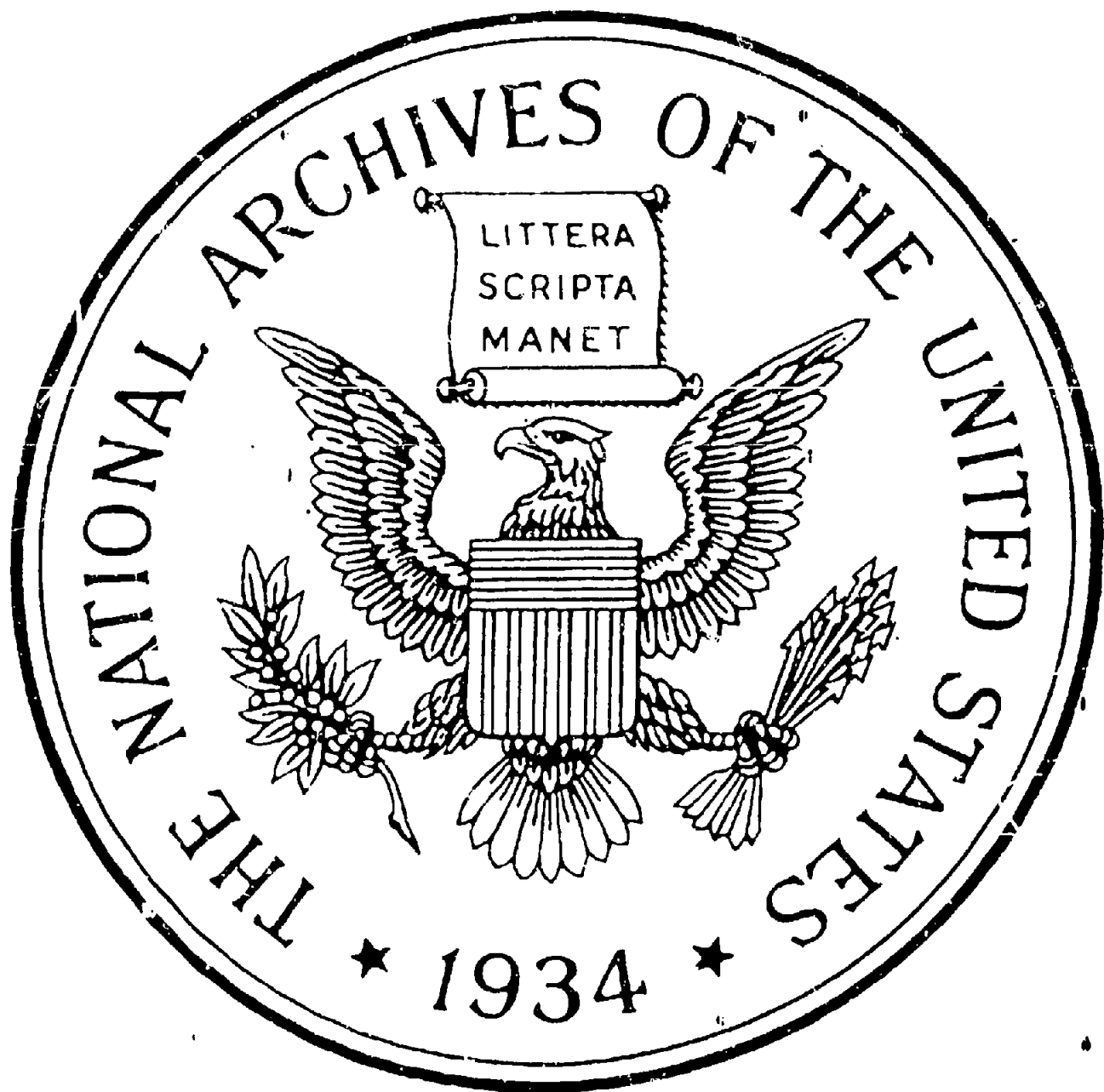
1.4



1.6

MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART NO. 2)

CONTINUED ON NEXT FICHE



OB-51 Admission Examination, Part I; OB-52 Admission Examination, Part II

Form OB-51 was used to record the results of the general examination on every admission to the hospital service. First implemented in April 1962, form OB-51 replaced the general examination findings reported on form OB-31.

Form OB-52, also implemented in April 1962, was used to record the results of the abdomino-pelvic examination after admission and to record all diagnostic impressions made immediately following admission. This form replaced that portion of OB-31 where results of the obstetric examination were reported.

Findings from form OB-51 and OB-52 were combined onto three cards in the master file: 1351, 2351, and 3351 (Table OB-51.1). Slight changes were made in the forms in September 1962; revision affected layout only.

TABLE OB-51.1 Cards and Data Records by Revision for Forms OB-51 and OB-52

Card Name	Card Number	Rev. No.	Number Records
OB-51: Weight, Pulse, Temperature, General Exam	1351	0	38,070
OB-51: General Exam OB-52: Abdomen, Uterus	2351	0	38,069
OB-52: Pelvic, Membranes, Fetal Observations	3351	0	38,060
	total for form		114,199

Data Items Referencing Form OB-51, Admission Exam, Pt. 1

DATA ITEM ID	IFPM CW FJPM	CARD NUM	FROM ID	DATA ITEM NAME
1558.....		1351	1	5 Card number (sequence, form type, form number, revision number)
1559.....		1351	6	14 WINDB case number
1560..OB-51	2	1351	15	16 Form OB-51 date (mo)
1561..OB-51	2	1351	17	18 Form OB-51 date (day)
1562..OB-51	2	1351	19	20 Form OB-51 date (yr)
1563..OB-51		1351	21	21 Admission exam, total
1564..OB-51		1351	22	22 Admission exam, number
1565..OB-51	10	1351	23	25 Weight (lbs)
1566..OB-51	10	1351	26	26 Weight, attire worn while
1567..OB-51	11	1351	27	30 Temperature
1568..OB-51	12	1351	31	33 Pulse
1569..OB-51	13	1351	34	36 Blood pressure, systolic
1570..OB-51	13	1351	37	39 Blood pressure, diastolic
1571..OB-51	14	1351	40	40 Appearance, acutely ill
1572..OB-51	14	1351	41	41 Appearance, chronically ill
1573..OB-51	14	1351	42	42 Appearance; obese
1574..OB-51	14	1351	43	43 Appearance; dehydrated
1575..OB-51	14	1351	44	44 Appearance; other abnormality
1576..OB-51	15	1351	45	45 Skin lesion
1577..OB-51	15	1351	46	46 Skin scars, operative
1578..OB-51	15	1351	47	47 Skin pigmentation abnormal
1579..OB-51	15	1351	48	48 Skin; hirsutism
1580..OB-51	15	1351	49	49 Skin; rash
1581..OB-51	15	1351	50	50 Skin, other abnormality
1582..OB-51	15	1351	51	51 Edema, face
1583..OB-51	15	1351	52	52 Edema, hands
1584..OB-51	15	1351	53	53 Edema, abdominal wall
1585..OB-51	15	1351	54	54 Edema, presacral
1586..OB-51	15	1351	55	55 Edema, pretibial
1587..OB-51	15	1351	56	56 Edema, ankle/feet
1588..OB-51	17	1351	57	57 Lymph nodes, enlarged locally
1589..OB-51	17	1351	58	58 Lymph nodes, enlarged generally
1590..OB-51	17	1351	59	59 Lymph nodes, tenderness
1591..OB-51	17	1351	60	60 Lymph nodes, other abnormality
1592..OB-51	18	1351	61	61 ENT and mouth; pharynx inflammation
1593..OB-51	18	1351	62	62 ENT and mouth; inflammation, other
1594..OB-51	18	1351	63	63 ENT and mouth; hearing impairment
1595..OB-51	18	1351	64	64 ENT and mouth; gums abnormal
1596..OB-51	18	1351	65	65 ENT and mouth; teeth carious or missing
1597..OB-51	18	1351	66	66 ENT and mouth, other abnormality
1598..OB-51	19	1351	67	67 Eyes, papillary reflexes abnormal
1599..OB-51	19	1351	68	68 Eyes, inflammation

Data Items Referencing Form OB-51, Admission Exam, Pt. 1

DATA ITEM TO	YFM	JM	FDM	CARD NUM	FROM	TO	DATA ITEM NAME
1600--08-51	10			1351	69	69	Eyes: jaundice
1601--08-51	10			1351	70	70	Eyes: visual impairment, severe
1602--08-51	10			1351	71	71	Eyes, other abnormality
1603.....				1351	72	72	Blank
1604.....				2351	1	5	Card number (sequence, form type, form number, revision number)
1605.....				2351	6	14	NIMNB case number
1606--08-51	2			2351	15	16	Form OB-51 date (mo)
1607--08-51	2			2351	17	18	Form OB-51 date (day)
1608--08-51	2			2351	19	20	Form OB-51 date (yr)
1609--08-51	4			2351	21	21	Admission exams, total
1610--08-51	5			2351	22	22	Admission examination, number
1611--08-51	20			2351	23	23	thyroid and thyroid function
1612--08-51	20			2351	24	24	Thyroid abnormal to palpation
1613--08-51	20			2351	25	25	Thyroid, other abnormality
1614--08-51	21			2351	26	26	Breasts: palpable mass
1615--08-51	21			2351	27	27	Breasts: inflammation
1616--08-51	21			2351	28	28	Breasts: nipples, inverted
1617--08-51	21			2351	29	29	Breasts, other abnormality
1618--08-51	22			2351	30	30	Lungs, auscultation abnormal
1619--08-51	22			2351	31	31	Lungs, percussion abnormal
1620--08-51	22			2351	32	32	Lungs: dyspnea at rest
1621--08-51	22			2351	33	33	Lungs, other abnormality
1622--08-51	23			2351	34	34	Heart murmur
1623--08-51	23			2351	35	35	Heart rhythm, irregular
1624--08-51	23			2351	36	36	Heart: organic heart disease suspected
1625--08-51	23			2351	37	37	Heart, other abnormality
1626--08-51	24			2351	38	38	Extremities: varicosities, moderate
1627--08-51	24			2351	39	39	Extremities: varicosities, severe
1628--08-51	24			2351	40	40	Extremities: ulcers
1629--08-51	24			2351	41	41	Extremities, other abnormality (not edema)
1630--08-51	25			2351	42	42	Neurological; reflexes abnormal
1631--08-51	25			2351	43	43	Neurological; other evidence of disorder
1632--08-51	26			2351	44	44	Fundusoscopic; vessel changes
1633--08-51	26			2351	45	45	Fundusoscopic; retinal changes
1634--08-51	26			2351	46	46	Fundusoscopic; disc changes
1635--08-51	26			2351	47	47	Fundusoscopic; hemorrhage
1636--08-51	26			2351	48	48	Fundusoscopic; exudate
1637--08-51	26			2351	49	49	Fundusoscopic; other abnormality
1638--08-51	27			2351	50	50	Abnormalities, anomalies, other
1657--08-51	2			3351	15	16	Form OB-51 date (mo)
1658--08-51	2			3351	17	18	Form OB-51 date (day)
1659--08-51	2			3351	19	20	Form OB-51 date (yr)
1660--08-51	4			3351	21	21	Admissions examination, total

Data Items Referencing Form DR-51, Admission Exam, Pt. 1

DATA ITEM ID	ITEM CH FORM	CARD NUM	FROM ID	DATA ITEM NAME
4997....VAP	10		86	88 weight gain (lbs)
5273....VAP	10		341	343 weight, prior to delivery, final (lbs)

Data Items Referencing Form OB-52, Admission Exam, Pt. 2

DATA ITEM ID	TYPE CM FORM	CARD NUM	FROM TO	DATA ITEM NAME
1655.....		3351	1	5 Card number (sequence, form type, form number, revision number)
1656.....		3351	6	16 MKNB case number
1661..OB-52		3351	27	72 Admission examination number
1662..OB-52	5	3351	23	74 Gestational age, estimated by examination (wks)
1663..OB-52	13	3351	24	77 Fetal weight, estimated
1664..OB-52	14	3351	28	78 Pelvic examination type
1665..OB-52	15	3351	29	79 Pelvic examination; presentation
1666..OB-52	16	3351	30	82 Pelvic examination; position
1667..OB-52	17	3351	31	86 Pelvic examination; effacement (percent)
1668..OB-52	18	3351	34	88 Pelvic examination; dilatation
1669..OB-52	19	3351	37	89 Pelvic examination; station
1670..OB-52	20	3351	38	90 Pelvic examination; membranes
1671..OB-52	21	3351	40	91 Pelvic examination; vaginal bleeding
1672..OB-52	22	3351	41	92 Pelvic examination; vaginal bleeding, amount (cc)
1673..OB-52	23	3351	46	93 Heart rate
1674..OB-52	24	3351	47	94 Pelvic examination; speculum exam
1675.....		3351	68	95 OB exam

COLR-3000-01
4-68
(CHANGE 0-68)

1. PATIENT IDENTIFICATION

OB-51 ADMISSION EXAMINATION, PART 1

2. DATE 3. TIME 6. THIS EXAM WAS CONDUCTED USING THIS FORM

4. EXAMINED BY 7. REEXAMINED BY

5. TITLE OR POSITION 8. TITLE OR POSITION

9. ABNORMAL FINDINGS REVIEWED ABNORMAL FINDINGS REVIEWED

10. WEIGHT STREET CLOTHES GOWN 11. TEMP. 12. PULSE 13. BLOOD PRESSURE

10. (Initial All Changes)

GENERAL EXAMINATION

NOT DONE DONE AFTER DELIVERY

Mark (X) all appropriate boxes and describe any positive findings in right

14. GENERAL APPEARANCE NORMAL ACUTELY ILL GROSSLY DEHYDRATED CHRONICALLY ILL OTHER

15. SKIN NORMAL LESION RUPTURE SCAR ABNORMAL PIGMENTATION OTHER

16. SKELTA NONE FACE PNEUMOTHORAX HANDS FRACTURE ABDOMINAL WALL ANGLE AND/OR TENDRIL

17. LYMPH NODES ENLARGED LOCALLY TENDERNESS ENLARGED GENERALLY OTHER

18. EYE AND MOUTH NORMAL INFLAMMATION OF PHARYNX ABNORMAL GUMS OTHER INFLAMMATION CARIOUS OR MISSING TEETH HEARING IMPAIRMENT OTHER

19. EYES NORMAL ABNORMAL PUPILLARY REFLEXES SEVERE VISUAL IMPAIRMENT INFLAMMATION OTHER CATARACTS

20. THYROID AND THYROID FUNCTION NORMAL BY CLINICAL EXAM ABNORMAL TO PALPATION SIGNS OF THYROID DYSFUNCTION AT EXAM. OTHER

21. BREASTS NORMAL MASS INVERTED NIPPLES INFLAMMATION OTHER

22. LUNGS NORMAL ABNORMAL TO AUSCULTATION STRIKE AT REST ABNORMAL TO PERCUSSION OTHER

23. HEART NORMAL MURMUR ORGANIC HEART DISEASE -- SUSPECTED IRREGULAR RHYTHM OTHER

24. EXTREMITIES NORMAL VARICOSES, MODERATE ULCERS VARICOSES, SEVERE OTHER (SEE OTHERS)

25. NEUROLOGICAL NORMAL ABNORMAL REFLEXES OTHER EVIDENCE OF NEUROLOGICAL DISORDER NOT EVAL.

26. FUNDUSCOPIC (If done) NORMAL VESSEL CHANGES HEMORRHAGE RETINAL CHANGES EXUDATE DISK CHANGES OTHER

27. OTHER ABNORMALITIES AND ANOMALIES NONE

28. BY

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDS, NIH
BETHESDA 14, MD.

4-68
(CHANGE 0-68)

OB-51

COLR-5000-02
6-62
(CHANGED 5-62)

1. PATIENT IDENTIFICATION

OB-52 ADMISSION EXAMINATION, PART II

2. EXAMINED BY	6. RE-EXAMINED BY
3. TITLE OR POSITION	7. TITLE OR POSITION
4. DATE Mo. Day Year	5. <input type="checkbox"/> ABNORMAL FINDINGS REVIEWED <input type="checkbox"/> NORMAL FINDINGS REVIEWED INITIAL ALL CHANGED
8. TIME (24 Hr. Clock)	9. THIS EXAMINATION WAS <input type="checkbox"/> CONDUCTED <input type="checkbox"/> OTHER 1. (SEE THIS PAGE) 2. (SEE MANUAL)

ABDOMINO-PELVIC EXAMINATION (Do not record results of Papapanum Exam. on this form) Mark (X) All appropriate boxes and describe any positive findings at right.

10. ABDOMEN (except breasts) <input type="checkbox"/> NORMAL <input type="checkbox"/> NOT EVAL. <input type="checkbox"/> ABNORMAL MASS <input type="checkbox"/> HERNIA <input type="checkbox"/> ABDOMINAL TENDRNESS <input type="checkbox"/> CYA TENDERNESS <input type="checkbox"/> OTHER	11. UTERUS <input type="checkbox"/> NORMAL FOR WEEKS GESTATION <input type="checkbox"/> NOT EVAL. <input type="checkbox"/> SIZE NOT ESTIMATABLE WITH DATES <input type="checkbox"/> TUMOR <input type="checkbox"/> MULT. PREGNANT <input type="checkbox"/> UTERINE TENDRNESS <input type="checkbox"/> POLYHYDRAMNIO <input type="checkbox"/> OTHER	12. OTHER ABNORMALITIES <input type="checkbox"/> NONE <input type="checkbox"/> HEM. VAGINA <input type="checkbox"/> ADHESIA <input type="checkbox"/> VAGINA <input type="checkbox"/> OTHER
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13. ESTIMATED WKS GESTATION BY PALPATION	15. PELVIC <input type="checkbox"/> NOT DONE <input type="checkbox"/> RECTAL <input type="checkbox"/> VAGINAL	16. EFFACEMENT	17. PRESENTATION	18. DILATATION	19. POSITION	20. STATION <input type="checkbox"/> ON PERINEUM	21. MEMBRANES <input type="checkbox"/> INTACT <input type="checkbox"/> NOT EVAL. <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> RUPTURED, MEDIUM <input type="checkbox"/> RUPTURED, NO MEDIUM	22. VAGINAL BLEEDING AT EXAMINATION <input type="checkbox"/> NONE <input type="checkbox"/> BROWN ONLY <input type="checkbox"/> FRESH BLEEDING <input type="checkbox"/> VISIBLE EVIDENCE OF RECENT BLEEDING
--	--	----------------	------------------	----------------	--------------	---	--	--

23. FETAL HEART RATE
 NOT HEARD
 NOT EVALUATED
/min.

ADMISSION LABORATORY DATA (Optional on this form—must appear on OB-4)

HCT	<input type="checkbox"/> VOIDED	URIC ACID	CASTS
HGB	<input type="checkbox"/> CLEAN CATCH	GLUCOSE	BACTERIA
NIHA- SINE TEST	<input type="checkbox"/> CATHETERIZED	ACETONE	OTHER
	<input type="checkbox"/> CENTRIFUGED	SP. GRAY.	
	<input type="checkbox"/> UNCENTRIFUGED	WBC	
		RBC	

24. SPECULUM EXAMINATION
 NOT DONE

25. DIAGNOSTIC IMPRESSIONS (Record all, including observations)

27. LAY EDIT BY

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, HINDB. NIH
BETHESDA 14, MD.

6-62
(CHANGED 5-62)

OB-52

Form Item Numbers linked to Data Items on OR-51, Admission Exam, Pt. 1

ITEM NO FORM	DATA TYPE IN	CARD NUM	FROM	TO	DATA ITEM NAME
2	1564--OR-51	1351	22	22	Admission exam, number
2	1563--OR-51	1351	21	21	Admission exam, total
2	1561--OR-51	1351	17	18	Form OR-51 date (1st)
2	1658--OR-51	3351	17	18	Form OR-51 date (1st)
2	1607--OR-51	2351	17	18	Form OR-51 date (1st)
2	1560--OR-51	1351	15	16	Form OR-51 date (MO)
2	1657--OR-51	3351	15	16	Form OR-51 date (MO)
2	1606--OR-51	2351	15	16	Form OR-51 date (MO)
2	1659--OR-51	3351	19	20	Form OR-51 date (YR)
2	1608--OR-51	2351	19	20	Form OR-51 date (YR)
2	1562--OR-51	1351	19	20	Form OR-51 date (YR)
4	1609--OR-51	2351	21	21	Admission exam, total
4	1660--OR-51	3351	21	21	Admission exam, total
5	1610--OR-51	2351	22	22	Admission examination, number
10	1565--OR-51	1351	23	25	Weight (lbs)
10	4997--VAR		06	08	Weight gain (lbs)
10	1566--OR-51	1351	26	26	Weight, attire worn while
10	5223--VAR		341	343	Weight, prior to delivery, final (lbs)
11	1567--OR-51	1351	27	30	Temperature
12	1568--OR-51	1351	31	33	Pulse
13	1570--OR-51	1351	37	39	Blood pressure, diastolic
13	1569--OR-51	1351	34	36	Blood pressure, systolic
14	1571--OR-51	1351	40	40	Appearance, acutely ill
14	1572--OR-51	1351	41	41	Appearance, chronically ill
14	1575--OR-51	1351	44	44	Appearance, other abnormality
14	1574--OR-51	1351	43	43	Appearance, other abnormality
15	1584--OR-51	1351	53	42	Appearance; obese
15	1587--OR-51	1351	56	53	Edema, abdominal wall
15	1582--OR-51	1351	51	56	Edema, ankle/feet
15	1583--OR-51	1351	52	51	Edema, face
15	1585--OR-51	1351	54	52	Edema, hands
15	1586--OR-51	1351	55	54	Edema, presacral
15	1578--OR-51	1351	45	55	Edema, pretibial
15	1577--OR-51	1351	47	45	Skin lesion
15	1579--OR-51	1351	46	47	Skin pigmentation abnormal
15	1581--OR-51	1351	50	46	Skin scars, operative
15	1579--OR-51	1351	48	50	Skin, other abnormality
15	1580--OR-51	1351	49	48	Skin; hirsutism
17	1589--OR-51	1351	58	49	Skin rash
17	1588--OR-51	1351	57	58	Lymph nodes, enlarged generally
17	1591--OR-51	1351	60	57	Lymph nodes, enlarged locally
				60	Lymph nodes, other abnormality

Form Item Numbers linked to Data Items on OR-51, Admission Exam, Pt. 1

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
17	1590..OR-51	1351	59	59	Lymph nodes, tenderness
18	1597..OR-51	1351	66	66	EVI and mouth, other abnormality
18	1595..OR-51	1351	64	64	EVI and mouth; eyes abnormal
18	1594..OR-51	1351	63	63	EVI and mouth; hearing impairment
18	1593..OR-51	1351	62	62	EVI and mouth; inflammation, other
18	1592..OR-51	1351	61	61	EVI and mouth; pharynx inflammation
18	1596..OR-51	1351	65	65	EVI and mouth; teeth carious or missing
19	1599..OR-51	1351	68	68	Eyes, inflammation
19	1602..OR-51	1351	71	71	Eyes, other abnormality
19	1598..OR-51	1351	67	67	Eyes, papillary reflexes abnormal
19	1600..OR-51	1351	69	69	Eyes; jaundice
19	1601..OR-51	1351	70	70	Eyes; visual impairment, severe
20	1612..OR-51	2351	24	24	Thyroid abnormal to palpation
20	1611..OR-51	2351	23	23	Thyroid and thyroid function, signs of dysfunction at exam
21	1613..OR-51	2351	25	25	Thyroid, other abnormality
21	1617..OR-51	2351	29	29	Breasts, other abnormality
21	1615..OR-51	2351	27	27	Breasts; inflammation
21	1614..OR-51	2351	28	28	Breasts; nipples, inverted
22	1618..OR-51	2351	26	26	Breasts; palpable mass
22	1621..OR-51	2351	30	30	Lungs, auscultation abnormal
22	1619..OR-51	2351	31	31	Lungs, other abnormality
22	1620..OR-51	2351	32	32	Lungs, percussion abnormal
23	1622..OR-51	2351	34	34	Heart murmur
23	1623..OR-51	2351	35	35	Heart rhythm, irregular
23	1625..OR-51	2351	37	37	Heart, other abnormality
23	1624..OR-51	2351	36	36	Heart; organic heart disease suspected
24	1629..OR-51	2351	41	41	Extremities, other abnormality (not edema)
24	1628..OR-51	2351	40	40	Extremities; ulcers
24	1626..OR-51	2351	38	38	Extremities; varicosities, moderate
24	1627..OR-51	2351	39	39	Extremities; varicosities, severe
25	1631..OR-51	2351	43	43	Neurological, other evidence of disorder
25	1630..OR-51	2351	42	42	Neurological; reflexes abnormal;
26	1637..OR-51	2351	49	49	Fundusoscopic; other abnormality
26	1634..OR-51	2351	46	46	Fundusoscopic; disc changes
26	1636..OR-51	2351	48	48	Fundusoscopic; exudate
26	1635..OR-51	2351	47	47	Fundusoscopic; hemorrhage
26	1633..OR-51	2351	45	45	Fundusoscopic; retinal changes
26	1632..OR-51	2351	44	44	Fundusoscopic; vessel changes
27	1638..OR-51	2351	50	50	Abnormalities, anomalies, other

Form Item Numbers linked to Data Items on DR-52, Admission Exam, Pt. 2

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
9	1661..DR-52	3351	27	22	Admission examination, number
13	1662..DR-52	3351	23	24	Gestational age, estimated by examination (wks)
14	1663..DR-52	3351	25	27	Fetal weight, estimated
15	1664..DR-52	3351	28	28	Pelvic examination type
16	1665..DR-52	3351	29	29	Pelvic examination; presentation
17	1666..DR-52	3351	30	32	Pelvic examination; position
18	1667..DR-52	3351	33	34	Pelvic examination; dilatation
19	1668..DR-52	3351	35	36	Pelvic examination; dilatation
20	1669..DR-52	3351	37	38	Pelvic examination; dilatation
21	1670..DR-52	3351	39	39	Pelvic examination; membranes
22	1671..DR-52	3351	40	40	Pelvic examination; vaginal bleeding
22	1672..DR-52	3351	41	43	Pelvic examination; vaginal bleeding, amount (cc)
23	1673..DR-52	3351	44	46	Heart rate
24	1674..DR-52	3351	47	47	Pelvic examination; speculum exam

DEFINITION OF CODES
 ADMISSION EXAMINATION (PARTS I AND II)
 FORMS OB-51 AND 52 CARD 1351

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 1	1
2. <u>Form Number</u> Code: 351	2-4
3. <u>Revision Number *</u> Code: 0 - Forms Dated: 4/62 and 4/62 changed 9/62	5
4. <u>NINDB #</u> Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Date of Examination</u> Item 2 (OB-51) Six-digit code for: <u>Month</u> (cols. 15-16) <u>Day</u> (cols. 17-18) <u>Year</u> (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>Total Number of Admission Examinations</u> Code: 1-8 - As given	21
7. <u>Admission Examination Number</u> Code: 1-8 - As given	22
8. <u>Weight</u> Item 10 (OB-51) Four-digit code for: <u>Weight</u> (cols. 23-25) Code: **050-350 - As given in pounds 999 - Unknown **Additional codes reviewed and approved: 357, 370, 372 <u>Attire</u> (col. 26) Code: 1 - Street clothes 2 - Gown 9 - Unknown	23-26
* Item numbers refer to Form Dated: 4/62 changed 9/62	

DEFINITION OF CODES (Continued)

FIELD

9. Temperature
Item 11 (OB-51)
Four-digit code for Fahrenheit temperature
including tenths
Code: 0920-1079 - 92.0° to 107.9° as given
9999 - Unknown
10. Pulse
Item 12 (OB-51)
Code: *050-998 - As given
999 - Unknown
* Additional codes reviewed and approved: 048
11. Blood Pressure
Item 13 (OB-51)
Six-digit code for:
Systolic (cols. 34-36)
Code: 040-280 - As given
999 - Unknown
Diastolic (cols. 37-39)
Code: 010-200 - As given
999 - Unknown

GENERAL EXAMINATION

12. General Appearance
Item 14 (OB-51)
Five-digit code for:
Acutely Ill (col. 40)
Code: 0 - Normal
1 - Abnormal
9 - Unknown
Chronically Ill (col. 41)
Obese (col. 42)
Dehydrated (col. 43)
Code for each column:
Same as in col. 40
- Other (col. 44)
Code: 0 - Normal
1 - Underweight
2 - Depressed
3 - Combination of codes 1 and 2
4 - Agitated
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-51-52
Card 1351

FIELD

CARD
COLUMN

13. Skin (col. 45)
Item 15 (OB-51)
Six-digit code for:
- | | |
|------------------------------|-----------|
| <u>Lesion</u> | (col. 45) |
| <u>Scars Operative</u> | (col. 46) |
| <u>Abnormal Pigmentation</u> | (col. 47) |
| <u>Hirsutism</u> | (col. 48) |
| <u>Rash</u> | (col. 49) |
- Code for each column:
Same as in Field 12, col. 40
- Other (col. 50)
Code: 0 - Normal
1 - Abnormalities other than scars, traumatic
4 - Scars, traumatic
5 - Combination of codes 1 and 4
9 - Unknown
14. Edema (col. 51-56)
Item 16 (OB-51)
Six-digit code for:
- | | |
|--------------------------|-----------|
| <u>Face</u> | (col. 51) |
| <u>Hands</u> | (col. 52) |
| <u>Abdominal Wall</u> | (col. 53) |
| <u>Presacral</u> | (col. 54) |
| <u>Pretibial</u> | (col. 55) |
| <u>Ankle and/or Foot</u> | (col. 56) |
- Code for each column:
Same as in Field 12, col. 40
15. Lymph Nodes (col. 57-60)
Item 17 (OB-51)
Four-digit code for:
- | | |
|---------------------------|-----------|
| <u>Enlarged Locally</u> | (col. 57) |
| <u>Enlarged Generally</u> | (col. 58) |
| <u>Tenderness</u> | (col. 59) |
| <u>Other</u> | (col. 60) |
- Code for each column:
Same as in Field 12, col. 40
16. Ert and Mouth (col. 61-66)
Item 18 (OB-51)
Six-digit code for:
- | | |
|---------------------------------|-----------|
| <u>Inflammation of Pharynx</u> | (col. 61) |
| <u>Other Inflammation</u> | (col. 62) |
| <u>Hearing Impairment</u> | (col. 63) |
| <u>Abnormal Gums</u> | (col. 64) |
| <u>Carious or Missing Teeth</u> | (col. 65) |
| <u>Other</u> | (col. 66) |
- Code for each column:
Same as in Field 12, col. 40

DEFINITION OF CODES (Continued)

FORM OB-51-52
Card 1351

FIELD

CARD
COLUMNS

17. Eyes
Item 19 (OB-51)
Five-digit code for:
Abnormal Pupillary Reflexes (col. 67)
Inflammation (col. 68)
Jaundice (col. 69)
Severe Visual Impairment (col. 70)
Other (col. 71)
Code for each column:
Same as in Field 12, col. 40

67-71

DEFINITION OF CODES (Continued)

FORM OB-51-52
Card 2351

FIELD

CARD
COLUMN

1. Card Number
Code: 2

1

2. Basic Data
Code: Same as in cols. 2-22 of Card 1

2-22

GENERAL EXAMINATION (continued)

3. Thyroid and Thyroid Function

23-25

Item 20 (OB-51)

Three-digit code for:

Signs of Thyroid Disfunction at Exam (col. 23)

Code: 0 - Normal

1 - Abnormal

9 - Unknown

Abnormal to Palpation (col. 24)

Code: Same as in col. 23

Other (col. 25)

Code: 0 - Normal

1 - Abnormalities other than thyroidectomy

2 - Thyroidectomy

3 - Combination of codes 1 and 2

9 - Unknown

4. Breasts

26-29

Item 21 (OB-51)

Four-digit code for:

Mass (col. 26)

Inflammation (col. 27)

Inverted Nipples (col. 28)

Code: Same as in Field 3, col. 23

Other (col. 29)

Code: 0 - Normal

1 - Abnormalities other than ectopic breast tissue

4 - Ectopic breast tissue

5 - Combination of 1 and 4

9 - Unknown

5. Lungs

30-33

Item 22 (OB-51)

Four-digit code for:

Abnormal to Auscultation (col. 30)

Abnormal to Percussion (col. 31)

Dyspnea at Rest (col. 32)

Other (col. 33)

Code for each column:

Same as in Field 3, col. 23

DEFINITION OF CODES (Continued)

FORM 33-51 52
 Card 2351
 CARD
 COLUMN
 34-37

FIELD

6. Heart
 Item 23 (OB-51)
 Four-digit code for:
 Murmur (col. 34)
 Irregular Rhythm (col. 35)
 Organic Heart Distress - Suspected (col. 36)
 Code for each column:
 Same as in Field 3, col. 23
 Other (col. 37)
 Code: 0 - Normal
 1 - Abnormalities other than abnormal rate
 2 - Abnormal rate
 9 - Unknown
7. Extremities 38-41
 Item 24 (OB-51)
 Four-digit code for:
 Varicosities, Moderate (col. 38)
 Varicosities, Severe (col. 39)
 Ulcers (col. 40)
 Other (col. 41)
 Code for each column:
 Same as in Field 3, col. 23
8. Neurological 42-43
 Item 25 (OB-51)
 Two-digit code for:
 Abnormal Reflexes (col. 42)
 Other Evidence of Neurological Disorder (col. 43)
 Code for each column:
 Same as in Field 3, col. 23
9. Fundoscopy 44-49
 Item 26 (OB-51)
 Six-digit code for:
 Vessel Changes (col. 44)
 Retinal Changes (col. 45)
 Disc Changes (col. 46)
 Hemorrhage (col. 47)
 Exudate (col. 48)
 Other (col. 49)
 Code for each column:
 Same as in Field 3, col. 23
10. Other Abnormalities and Anomalies 50
 Item 27 (OB-51)
 Code: Same as in Field 3, col. 23

DEFINITION OF CODES (Continued)

FORM OB-51-52
Card 2351

FIELD

CARD
COLUMN

ABDOMINO-PELVIC EXAMINATION

- | | | | | | | | | | | | | | | |
|---------------------------------------|---|---------------------------------------|-----------|---------------|-----------|-----------------------------|-----------|---------------------------|-----------|-----------------------|-----------|--------------|-----------|-------|
| 11. | <p><u>Abdomen</u>
Item 10 (OB-52)
Five-digit code for:</p> <table border="0"> <tr> <td><u>Abnormal Mass</u></td> <td>(col. 51)</td> </tr> <tr> <td><u>Hernia</u></td> <td>(col. 52)</td> </tr> <tr> <td><u>Abdominal Tenderness</u></td> <td>(col. 53)</td> </tr> <tr> <td><u>CVA Tenderness</u></td> <td>(col. 54)</td> </tr> <tr> <td><u>Other</u></td> <td>(col. 55)</td> </tr> </table> <p>Code for each column:
Same as in Field 3, col. 23</p> | <u>Abnormal Mass</u> | (col. 51) | <u>Hernia</u> | (col. 52) | <u>Abdominal Tenderness</u> | (col. 53) | <u>CVA Tenderness</u> | (col. 54) | <u>Other</u> | (col. 55) | 51-55 | | |
| <u>Abnormal Mass</u> | (col. 51) | | | | | | | | | | | | | |
| <u>Hernia</u> | (col. 52) | | | | | | | | | | | | | |
| <u>Abdominal Tenderness</u> | (col. 53) | | | | | | | | | | | | | |
| <u>CVA Tenderness</u> | (col. 54) | | | | | | | | | | | | | |
| <u>Other</u> | (col. 55) | | | | | | | | | | | | | |
| 12. | <p><u>Uterus</u>
Item 11 (OB-52)
Six-digit code for:</p> <table border="0"> <tr> <td><u>Size not Compatible with Dates</u></td> <td>(col. 56)</td> </tr> <tr> <td><u>Tumor</u></td> <td>(col. 57)</td> </tr> <tr> <td><u>Multiple Pregnancy</u></td> <td>(col. 58)</td> </tr> <tr> <td><u>Uterine Tenderness</u></td> <td>(col. 59)</td> </tr> <tr> <td><u>Polyhydramnios</u></td> <td>(col. 60)</td> </tr> <tr> <td><u>Other</u></td> <td>(col. 61)</td> </tr> </table> <p>Code for each column:
Same as in Field 3, col. 23</p> | <u>Size not Compatible with Dates</u> | (col. 56) | <u>Tumor</u> | (col. 57) | <u>Multiple Pregnancy</u> | (col. 58) | <u>Uterine Tenderness</u> | (col. 59) | <u>Polyhydramnios</u> | (col. 60) | <u>Other</u> | (col. 61) | 56-61 |
| <u>Size not Compatible with Dates</u> | (col. 56) | | | | | | | | | | | | | |
| <u>Tumor</u> | (col. 57) | | | | | | | | | | | | | |
| <u>Multiple Pregnancy</u> | (col. 58) | | | | | | | | | | | | | |
| <u>Uterine Tenderness</u> | (col. 59) | | | | | | | | | | | | | |
| <u>Polyhydramnios</u> | (col. 60) | | | | | | | | | | | | | |
| <u>Other</u> | (col. 61) | | | | | | | | | | | | | |
| 13. | <p><u>Other Abnormalities</u>
Item 12 (OB-52)
Four-digit code for:</p> <table border="0"> <tr> <td><u>Vulva</u></td> <td>(col. 62)</td> </tr> <tr> <td><u>Vagina</u></td> <td>(col. 63)</td> </tr> <tr> <td><u>Adnexa</u></td> <td>(col. 64)</td> </tr> <tr> <td><u>Other</u></td> <td>(col. 65)</td> </tr> </table> <p>Code for each column:
Same as in Field 3, col. 23</p> | <u>Vulva</u> | (col. 62) | <u>Vagina</u> | (col. 63) | <u>Adnexa</u> | (col. 64) | <u>Other</u> | (col. 65) | 62-65 | | | | |
| <u>Vulva</u> | (col. 62) | | | | | | | | | | | | | |
| <u>Vagina</u> | (col. 63) | | | | | | | | | | | | | |
| <u>Adnexa</u> | (col. 64) | | | | | | | | | | | | | |
| <u>Other</u> | (col. 65) | | | | | | | | | | | | | |

DEFINITION OF CODES (Continued)

FORM OB-51-52
Card 3351

<u>FIELD</u>	<u>CARD COLUMNS</u>
1. <u>Card Number</u> Code: 3	1
2. <u>Basic Data</u> Code: Same as in cols. 2-22 of Card 1	2-22
3. <u>Estimated Weeks Gestation by Palpation</u> Item 13 (OB-52) Code: 01-50 - As given 88 - Term 99 - Unknown	23-24
4. <u>Estimated Fetal Weight</u> Item 14 (OB-52) Code: 001-915 - 1 oz. to 9 lbs. 15 oz. as given 988 - 10 lbs. and over 999 - Unknown	25-27
5. <u>Type of Pelvic Examination</u> Item 15 (OB-52) Code: 1 - Rectal 2 - Vaginal 3 - Combination of codes 1 and 2 9 - Unknown	28
6. <u>Presentation</u> Item 16 (OB-52) Code: 0 - Vertex 1 - Breech 2 - Transverse lie, oblique, shoulder 3 - Compound 4 - Multiple pregnancy 9 - Unknown	29

DEFINITION OF CODES (Continued)

FORM OB-51-52
Card 3351

FIELD

CARD
COLUMN

7. Position
Item 17 (OB-52) 30-32
- | | |
|---------------------|--------------------------|
| Code: 011 - OA | 161 - ISA |
| 012 - OT | 162 - LST |
| 013 - OP | 163 - LSP |
| 020 - Chin, face | 181 - LAA |
| 021 - MA | 183 - LAP |
| 022 - MT | 211 - ROA |
| 023 - MP | 212 - ROT |
| 030 - Brow | 213 - ROP |
| 031 - Brow Anterior | 221 - RMA |
| 061 - SA | 222 - RMT |
| 062 - ST | 223 - RMP |
| 063 - SP | 231 - R brow Ant |
| 080 - Shoulder | 261 - RSA |
| 111 - LOA | 262 - RST |
| 112 - LOP | 263 - RSP |
| 113 - LOP | 281 - RAA |
| 121 - LMA | 283 - RAP |
| 122 - LMT | 777 - Multiple pregnancy |
| 123 - LMP | 888 - Oblique |
| | 999 - Unknown |
8. Effacement
Item 18 (OB-52) 33-34
- Code: 00 - No effacement
01-97 - As given in percent
98 - 98% or more
99 - Unknown
9. Dilatation
Item 19 (OB-52) 35-36
- | | |
|------------------------|----------------|
| Code: 00 - Not dilated | 51 - 5 cm. |
| 05 - 1/2 cm. | 55 - 5 1/2 cm. |
| 10 - 10 cms. | 61 - 6 cm. |
| 11 - 1 cm. | 65 - 6 1/2 cm. |
| 15 - 1 1/2 cm. | 71 - 7 cm. |
| 21 - 2 cm. | 75 - 7 1/2 cm. |
| 25 - 2 1/2 cm. | 81 - 8 cm. |
| 31 - 3 cm. | 85 - 8 1/2 cm. |
| 35 - 3 1/2 cm. | 91 - 9 cm. |
| 41 - 4 cm. | 95 - 9 1/2 cm. |
| 45 - 4 1/2 cm. | 99 - Unknown |

DEFINITION OF CODES (Continued)

FORM OB-51-52
Card 3351

FIELD

CARD
COLUMN

10. Station
Item 20 (OB-52) 37-38
Code: 61 = -1
62 = -2
63 = -3
64 = -4, -5
70 = zero
71 = +1
72 = +2
73 = +3
74 = +4, +5
99 = Unknown
11. Membranes 39
Item 21 (OB-52)
Code: 0 - Intact
1 - Questionable
2 - Ruptured, meconium
3 - Ruptured, no meconium
9 - Unknown
12. Vaginal Bleeding at Examination 40-43
Item 22 (OB-52)
Four-digit code for:
Bleeding (col. 40)
Code: 0 - None
1 - Show only
2 - Free bleeding
3 - Visible evidence of recent bleeding
9 - Unknown
Amount of Bleeding in cc. (cols. 41-43)
Code: 000 - None
001-997 - 1 to 997 cc. as given
998 - 998 cc. or more
999 - Unknown
13. Fetal Heart Rate 44-46
Item 23 (OB-52)
Code: 000 - Not heard
020-300 - As given
777 - Heard (rate unknown)
888 - Multiple pregnancy
999 - Unknown
14. Speculum Examination 47
Item 24 (OB-52)
Code: 0 - Not done
1 - Done
9 - Unknown

ADMISSION EXAMINATION

PART I

1 2 3 4 5 6 7 8 9 0		DATE		GENERAL EXAMINATION		DATE			
1		MONTH		GENERAL EXAMINATION		DATE		Blank	
2		DAY		GENERAL EXAMINATION		DATE		Blank	
3		YEAR		GENERAL EXAMINATION		DATE		Blank	
4		WEIGHT		GENERAL EXAMINATION		DATE		Blank	
5		HEIGHT		GENERAL EXAMINATION		DATE		Blank	
6		TEMPERATURE		GENERAL EXAMINATION		DATE		Blank	
7		PULSE		GENERAL EXAMINATION		DATE		Blank	
8		SYSTOLIC		GENERAL EXAMINATION		DATE		Blank	
9		DIASTOLIC		GENERAL EXAMINATION		DATE		Blank	
0		GENERAL EXAMINATION		GENERAL EXAMINATION		DATE		Blank	

* A card is required for each admission.

ADMISSION EXAMINATION

1	2	3	4	5	6	7	8	9	10	11	12	
DATE		MONTH		DAY		YEAR		NINDB#				CARD #
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12				
GENERAL EXAMINATION												
Date's Long Meet		SYMPOSIUM		SYMPOSIUM		SYMPOSIUM		SYMPOSIUM		SYMPOSIUM		
21		22		23		24		25		26		
PUBLIC EXAMINATION												
Date's Long Meet		SYMPOSIUM		SYMPOSIUM		SYMPOSIUM		SYMPOSIUM		SYMPOSIUM		
10		11		12		13		14		15		
BLANK												

* A card is required for each admission.

ADMISSION EXAMINATION

1	2	3	4	5	6	7	8	9	0
<p>STATION NO. 1234</p> <p>DATE MONTH DAY YEAR</p> <p>ESTIMATED PELVIC WEIGHT</p> <p>ESTIMATED WBC COUNT</p> <p>ESTIMATED RBC COUNT</p> <p>TYPE OF DILATION</p> <p>POSITION</p> <p>EFFACEMENT</p> <p>DILATION</p> <p>STATION</p> <p>MEMBRANE</p> <p>AMOUNT OF BLOOD</p> <p>WOUND EXPOSURE</p> <p>AT ONSET</p> <p>PELVIC</p> <p>AMOUNT OF BLOOD</p> <p>WOUND EXPOSURE</p> <p>AT ONSET</p> <p>PATROL WOUND NOTE</p> <p>SPECIAL EXAMINATION</p>									
<p>BLANK</p>									

* A card is required for each admission.

OB-51 ADMISSION EXAMINATION, PART I

- I. Purpose of form** To record the results of the general examination on every admission to the hospital service.

II. Specific Instructions

Item Number

2. **Date.** Record the date of the examination.
3. **Time.** Record the time when the general physical examination was performed.
- 4, 5. **Examined by.** Print the first initial and last name, and title or position of the examining physician.
6. **This exam was.**
 - a. Mark the box "completed using this form" when the examination findings are recorded directly on this form.
 - b. Mark the box "other" if this examination is initially recorded on non-Study forms. In this case, abstract the findings on this form and stamp "Not according to protocol."
- 7-9. **Re-examination.**
 - a. Print the first initial and last name and title or position of the re-examining physician if findings are re-evaluated by a more senior physician.
 - b. Mark the appropriate box(es) if findings are re-evaluated.
 - c. The senior examiner is to initial any changes made in the original report.
10. **Weight.** Record the admission weight the patient, in pounds. Mark the appropriate box to indicate the amount of clothing with which the patient was weighed. When the patient's condition contraindicates this observation, record "NE" (not evaluated).
11. **Temperature.** Record in Fahrenheit degrees.
12. **Pulse.** Record.

Item Number

13. **Blood pressure.** Record.
GENERAL EXAMINATION. Mark the one appropriate box.
14. **General appearance.** Mark all boxes which describe the general state of the patient.
15. **Skin.** Mark boxes applicable to skin of any area of the body. Operative scars, wherever present on the patient, are reported only here. Scars other than operative are not considered important unless indicative of major trauma, in which case record under "other."
16. **Edema.** If edema is present, designate the location by marking the appropriate box(es). In the space to the right, describe the degree of edema in each location, designating it +1 to +4; pitting or non-pitting.
17. **Lymph nodes.** If any lymph nodes are enlarged, specify whether they are a single local group or all the superficial nodes by marking the appropriate box. If any lymph nodes are tender, mark the appropriate box. Describe the abnormal nodes and their location in the space provided.
18. **ENT and mouth.** Mark the appropriate boxes. Inflammation of the pharynx includes pharyngitis and tonsillitis. "Other inflammation" includes rhinitis and otitis, and abscessed teeth.
19. **Eyes.** Severe visual impairment is described as any impairment which prohibits the patient, correctly fitted with glasses, from reading unmagnified newspaper. Description should include the degree of impairment of vision. Include under "other" such difficulties as tunnel-vision, color-blindness, etc.
20. **Thyroid and thyroid function.** Report here physical signs of thyroid dysfunction, e.g. hypo- or hyperthyroidism, by marking the appropriate box, and describing in the available space. This includes findings in other systems (e.g., eyes, skin, neurological). Do not mark "Signs of thyroid dysfunction" when the thyroid gland is abnormal only to palpation.

OB-51 ADMISSION EXAMINATION, PART I (Continued)

Item Number

21. **Breasts.** If an inflammatory mass is present, mark both boxes, "mass" and "inflammation."
22. **Lungs.** Report findings of physical examination. Record markedly reduced vital capacity under "other," and describe.
23. **Heart.** If any findings lead to consideration of organic heart disease, always mark the box so labeled, in addition to marking any other appropriate boxes. If a murmur is considered physiological for pregnancy, or functional, mark "murmur" and describe as "normal for pregnancy," etc.

Item Number

24. **Extremities.** Record all findings pertaining to extremities here, other than edema or scars, which are reported in items #16 and 15 respectively.
25. **Neurological.** Mark all appropriate boxes. Neurological disorders should include muscular abnormalities secondary to neurological involvement.
26. **Funduscopy.** A funduscopy examination is optional.
27. **Other abnormalities and anomalies.** Record here any abnormalities discovered during the general examination not recorded elsewhere on the form. Especially note skeletal and congenital abnormalities, other than pelvic. If no abnormalities or anomalies are found, mark the box "none."

OB-52 ADMISSION EXAMINATION, PART II

I. Purpose of form

- A. To record the results of the abdomino-pelvic examination after admission.**
- B. To record all diagnostic impressions made immediately following admission.**

Item Number

- c. In the event of a postpartum examination, do not complete items #10-14 and write "postpartum" on the form. Complete items #25 and #26 (diagnostic impressions).**

II. Specific Instructions

Item Number

- 2,3. Examined by.** Print the first initial and last name, and title or position of the examining physician.
- 4. Date.** Record the date of the examination.
- 5. Time.** Record the time when this part of the examination is initiated.
- 6-8. Re-examination.**
 - a.** Print the first initial and last name and title or position of the re-examining physician if findings are re-evaluated by a more senior physician.
 - b.** Mark the appropriate box(es) if findings are re-evaluated.
 - c.** The senior examiner is to initial any changes made in the original report.
- 9. This exam was.**
 - a.** Mark the box "completed using this form" when the examination findings are recorded directly on this form.
 - b.** Mark the box "other," if this examination is initially recorded on non-Study forms. In this case, abstract the findings on this form and stamp "Not according to protocol."

ABDOMINO-PELVIC EXAMINATION

- a.** Complete all items listed whenever appropriate to the period of gestation and/or the condition of the patient. Record prepartum findings only.
- b.** When any part of the examination is not performed, mark the box "not evaluated," or record "NE."

- 10. Abdomen.** Mark all boxes which describe the findings on abdominal examination, other than of the uterus. If there are no unusual findings, mark "normal." If abdomen is not evaluated, mark "not evaluated."
- 11. Uterus.** As a result of abdominal and/or vaginal examination:
 - a.** Mark "normal" for weeks gestation if uterine size is compatible with gestation and no other abnormality is present.
 - b.** Mark "not evaluated" only if no attempt is made to evaluate, either abdominally or vaginally.
 - c.** Denote the findings of any other abnormality of the uterus by marking the appropriate box(es). If the size of the uterus is larger or smaller than would be expected for the calculated gestation of gestation, mark the box so labeled and explain at the right.
- 12. Other abnormalities.** If, by abdominal and/or pelvic examination, no other abnormalities are noted, mark "none." Mark other boxes as appropriate, describing findings at the right.
- 13. Estimated weeks gestation by palpation.** On the basis of the clinical findings, estimate the duration of pregnancy and record in weeks.
- 14. Estimated fetal weight.** On the basis of clinical findings, estimate the fetal weight at the time of admission and record in pounds or grams. If impractical to weigh (pregnancy), record "NE."
- 15. Pelvic examination.**
 - a.** Mark whether an examination is performed is rectal or vaginal. If both are performed on admission, mark both boxes and record the results of vaginal examination.

October 1962

OB-52 ADMISSION EXAMINATION, PART II

I. Purpose of form

- A. To record the results of the abdomino-pelvic examination after admission.
- B. To record all diagnostic impressions made immediately following admission.

II. Specific Instructions

Item Number

- 2, 3. Examined by. Print the first initial and last name, and title or position of the examining physician.
- 4. Date. Record the date of the examination.
- 5. Time. Record the time when this part of the examination is initiated.
- 6-8. Re-examination.
 - a. Print the first initial and last name and title or position of the re-examining physician if findings are re-evaluated by a more senior physician.
 - b. Mark the appropriate box(es) if findings are re-evaluated.
 - c. The senior examiner is to initial any changes made in the original report.
- 9. This exam was.
 - a. Mark the box "completed using this form" when the examination findings are recorded directly on this form.
 - b. Mark the box "other," if this examination is initially recorded on non-Study forms. In this case, abstract the findings on this form and stamp "Not according to protocol."

ABDOMINO-PELVIC EXAMINATION

- a. Complete all items listed whenever appropriate to the period of gestation and/or the condition of the patient. Record prepartum findings only.
- b. When any part of the examination is not performed, mark the box "not evaluated," or record "NE."

Item Number

- c. In the event of a postpartum examination, do not complete items #10-24, and write "postpartum" across the form. Complete items #25 and 26 (diagnostic impressions).
- 10. Abdomen. Mark all boxes which describe the findings on abdominal examination, other than of the uterus. If there are no unusual findings, mark "normal." If abdomen is not evaluated, mark box so labeled.
- 11. Uterus. As a result of abdominal and/or vaginal examination:
 - a. Mark "normal for weeks gestation" if uterine size is compatible with dates, and no other abnormality is present.
 - b. Mark "not evaluated" only if no attempt is made to evaluate, either abdominally or vaginally.
 - c. Denote the findings of any other abnormality of the uterus by marking the appropriate box(es). If the size of the uterus is larger or smaller than would be expected for the calculated period of gestation, mark the box so labeled and explain at the right.
- 12. Other abnormalities. If, by abdomino-pelvic examination, no other abnormalities are noted, mark "none." Mark other boxes as appropriate, describing findings at the right.
- 13. Estimated weeks gestation by palpation. On the basis of the clinical findings, estimate the duration of pregnancy and record in weeks.
- 14. Estimated fetal weight. On the basis of clinical findings, estimate the fetal weight at the time of admission and record in pounds or grams. If impractical (early pregnancy), record "NE."
- 15. Pelvic examination.
 - a. Mark whether an examination performed is rectal or vaginal. If both are performed on admission, mark both boxes and record the findings of vaginal examination.

October 1962

OB-52 ADMISSION EXAMINATION, PART II (Continued)

Item Number

- b. If no examination is performed, mark "not done"; the remaining items #16-20 will be blank.
 - c. If an examination is performed, but one or more components of the examination are not evaluated, record available findings and record "NE" in other spaces.
16. Presentation. Record the presenting part as vertex, breech, transverse lie, etc. If a multiple pregnancy is diagnosed, record the presentation of each twin and indicate which is the leading twin.
17. Position. Utilizing standard terminology, record the position of each fetus as exactly as possible. Do not change this recording of position, even though later findings are in disagreement.
18. Effacement. Express as a percentage.
19. Dilatation. Record the dilatation of the cervix to the nearest centimeter.
20. 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.
21. Membranes. From examination findings, report whether membranes are ruptured or intact. If ruptured, report the presence or absence of meconium-stained amniotic fluid. If status of membranes is questionable or is not evaluated, mark the appropriate box. Whenever the determination of membrane status is aided by use of nitrazine test, note this fact.

Item Number

22. Vaginal bleeding at examination. From examination findings, indicate the presence or absence of vaginal bleeding by marking the one appropriate box. "Free bleeding" is active bleeding other than normal "show", regardless of amount. If there is no longer free active bleeding but there is visible evidence of recent bleeding, mark the box so labeled. Report in estimated cc's the amount of bleeding observed (active or recent).
23. Fetal heart rate. After counting (between contractions), report the rate in beats/minute. If, after a thorough attempt, the fetal heart cannot be heard, mark the box labeled "not heard." If for any reason (including early pregnancy) there is no attempt to obtain a fetal heart rate on admission, mark "not eval." Report any abnormalities in rhythm heard.
24. Speculum examination. If speculum examination is performed as part of the admission examination, record the results here. If not done, mark box. (Examination is optional for Study purposes.)
- Admission laboratory data: This space provides for the optional recording of admission laboratory data for the convenience of the Study hospital. Regardless of whether this space is utilized, all laboratory data is reported on form OB-45.
25. DIAGNOSTIC IMPRESSIONS: Following completion of the admission history and physical examination (OB-50, OB-51, OB-52), record in the spaces provided all diagnostic impressions made or considered at the time.
26. Approximate date of onset. When appropriate, record opposite each diagnostic impression the date of onset, especially of acute infectious processes and toxemia. The date of onset represents the physician's best estimate of the date on which the disease process began.

October 1982

OB-51 ADMISSION EXAMINATION, PART 1

*superseded by OB-51 (4-62)
(changed 9-62)*

2. DATE	3. TIME	4. THIS EXAM WAS	5. RE-EXAMINED BY
Mo. Day Year (24 Hr. Clock)		<input type="checkbox"/> CONDUCTED USING THIS FORM	
4. EXAMINED BY		<input type="checkbox"/> OTHER (See Manual)	6. TITLE OR POSITION
			7. ABNORMAL FINDINGS REVIEWED
8. TITLE OR POSITION			8. ABNORMAL FINDINGS REVIEWED
			(Circle All Changes)
10. WEIGHT	11. TEMP.	12. PULSE	13. BLOOD PRESSURE
<input type="checkbox"/> STREET CLOTHING <input type="checkbox"/> NUDS			

GENERAL EXAMINATION NOT DONE DONE AFTER DELIVERY *Mark (X) all appropriate boxes and describe any positive findings in detail.*

14. GENERAL APPEARANCE	<input type="checkbox"/> NORMAL	<input type="checkbox"/> SLIGHTLY ILL	<input type="checkbox"/> SEVERE
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> EMOTIONALLY ILL	<input type="checkbox"/> DEHYDRATED
			<input type="checkbox"/> OTHER
15. SKIN	<input type="checkbox"/> NORMAL	<input type="checkbox"/> LESION	<input type="checkbox"/> RUPTURED
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> SCARS—OPERATIVE	<input type="checkbox"/> RASH
		<input type="checkbox"/> ABNORMAL PIGMENTATION	<input type="checkbox"/> OTHER
16. NAILS	<input type="checkbox"/> NORMAL	<input type="checkbox"/> PALLOR	<input type="checkbox"/> DISCREPANT
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> RINGS	<input type="checkbox"/> FRICTIONAL
		<input type="checkbox"/> ABNORMAL WALL	<input type="checkbox"/> ABN. AND/OR PEARL
17. LYMPH NODES	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ENLARGED LOCALLY	<input type="checkbox"/> TENDERNESS
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> ENLARGED GENERALLY	<input type="checkbox"/> OTHER
18. EYE AND MOUTH	<input type="checkbox"/> NORMAL	<input type="checkbox"/> INFLAMMATION OF ORAL CAVITY	<input type="checkbox"/> GINGIVITIS
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> OTHER INFLAMMATION	<input type="checkbox"/> CARIES OR MISSING TEETH
		<input type="checkbox"/> HEARING IMPAIRMENT	<input type="checkbox"/> OTHER
19. EYES	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL PUPILLARY REFLEXES	<input type="checkbox"/> SEVERE VISUAL IMPAIRMENT
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> INFLAMMATION	<input type="checkbox"/> OTHER
		<input type="checkbox"/> JAUNDICE	
20. THYROID AND THYROID FUNCTION	<input type="checkbox"/> NORMAL AT CLINICAL EXAM.	<input type="checkbox"/> SWELLING OF THYROID AT EXAM.	<input type="checkbox"/> ABNORMAL TO PALPATION
	<input type="checkbox"/> NOT EVAL.		<input type="checkbox"/> OTHER
21. BREASTS	<input type="checkbox"/> NORMAL	<input type="checkbox"/> MASS	<input type="checkbox"/> INVERTED NIPPLES
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> INFLAMMATION	<input type="checkbox"/> OTHER
22. LUNGS	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL TO AUSCULTATION	<input type="checkbox"/> CRACKLES AT BASE
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> ABNORMAL TO PERCUSSION	<input type="checkbox"/> OTHER
23. HEART	<input type="checkbox"/> NORMAL	<input type="checkbox"/> MURMUR	<input type="checkbox"/> BRUDDLE HEART SOUNDS — SUSPECTED
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> IRREGULAR RHYTHM	<input type="checkbox"/> OTHER
24. EXTREMITIES	<input type="checkbox"/> NORMAL	<input type="checkbox"/> VARICOSEITY, MODERATE	<input type="checkbox"/> ULCERS
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> VARICOSEITY, SEVERE	<input type="checkbox"/> OTHER (See Edema)
25. NEUROLOGICAL	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL REFLEXES	<input type="checkbox"/> OTHER EVIDENCE OF NEUROLOGICAL DISORDER
	<input type="checkbox"/> NOT EVAL.		
26. FUNDUSCOPIC (If done)	<input type="checkbox"/> NORMAL	<input type="checkbox"/> VESSEL CHANGES	<input type="checkbox"/> HEMORRHAGE
	<input type="checkbox"/> NOT EVAL.	<input type="checkbox"/> OPTIC CHANGES	<input type="checkbox"/> EXUDATE
		<input type="checkbox"/> DISC CHANGES	<input type="checkbox"/> OTHER
27. OTHER ABNORMALITIES AND ABNORMALS	<input type="checkbox"/> NONE		
28. BY			

I. PATIENT IDENTIFICATION

OB-52 ADMISSION EXAMINATION, PART II

2. EXAMINED BY	6. RE-EXAMINED BY
3. TITLE OR POSITION	7. TITLE OR POSITION
4. DATE Mo. Day Year	8. <input type="checkbox"/> ABNORMAL FINDINGS REVIEWED <input type="checkbox"/> NORMAL FINDINGS REVIEWED INITIAL ALL CHANGED
5. TIME (24 Hr. Clock)	9. THIS EXAMINATION WAS <input type="checkbox"/> CONDUCTED USING THIS FORM <input type="checkbox"/> OTHER (See manual)

*superseded by OB-52 (4-62)
(changed 9-62)*

ABDOMINO-PELVIC EXAMINATION

Mark (X) All appropriate boxes and describe any positive findings or signs.

10. ABDOMEN (except umbilical)		
<input type="checkbox"/> NORMAL 01	<input type="checkbox"/> ABNORMAL MASS	<input type="checkbox"/> EVA TENDERNESS
<input type="checkbox"/> NOT EVAL. 02	<input type="checkbox"/> HERNIA	<input type="checkbox"/> OTHER
	<input type="checkbox"/> ABDOMINAL TENDERNESS	
11. UTERUS		
<input type="checkbox"/> NORMAL FOR WEEKS GESTATION 01	<input type="checkbox"/> SIZE NOT COMPATIBLE WITH DATES	<input type="checkbox"/> UTERINE TENDERNESS
<input type="checkbox"/> NOT EVAL. 02	<input type="checkbox"/> TUMOR	<input type="checkbox"/> POLYHYDRAMNIOS
	<input type="checkbox"/> MULT. PREGNANT	<input type="checkbox"/> OTHER
12. OTHER ABNORMALITIES		
<input type="checkbox"/> NONE 01	<input type="checkbox"/> VULVA	<input type="checkbox"/> ADHESIA
	<input type="checkbox"/> VAGINA	<input type="checkbox"/> OTHER

13. ESTIMATED WEEK GESTATION BY PALPATION	15. PELVIC		31. MEMBRANES	32. VAGINAL BLEEDING AT EXAMINATION
	15. <input type="checkbox"/> NOT DONE OR <input type="checkbox"/> RECTAL <input type="checkbox"/> VAGINAL	16. EFFACEMENT		
14. ESTIMATED FETAL WEIGHT	17. POSITION	18. DILATATION		
	19. STATION			
	<input type="checkbox"/> ON PERINEUM			

23. FETAL HEART RATE	<input type="checkbox"/> NOT HEARD 01 / MIN.	<input type="checkbox"/> NOT EVALUATED 02	ADMISSION LABORATORY DATA (Optional on this form—must appear on OB-43)		
24. SPECULUM EXAMINATION	<input type="checkbox"/> NOT DONE 01	HCT _____	URINE		
			<input type="checkbox"/> VOIDED	ALBUMIN _____	EASTS _____
		HGB _____	<input type="checkbox"/> CLEAN SATEN	GLUCOSE _____	BACTERIA _____
		WITH- ZING TEST _____	<input type="checkbox"/> CATHETERIZED	ACETONE _____	OTHER _____
			<input type="checkbox"/> ESTIMATED	SP. GRAN. _____	
			<input type="checkbox"/> UNESTIMATED	WBC _____	
				REE _____	

25. DIAGNOSTIC IMPRESSIONS (Round off, including obstetrical)

27. LAY EDIT BY

OB-32 Labor Room Record

Form OB-32 was used to record observations and events during labor and under certain conditions prior to the onset of labor. The form was implemented in January 1959 and revised once in July 1959; revision affected itemization of information. OB-32 is available in microfilm only; however, data from OB-32 such as temperature, blood pressure, fetal heart rate, meconium, pelvic examination and drugs administered were abstracted along with similar data from OB-30, OB-31, OB-33 and OB-34 on ADM-49, ADM-50 and ADM-51 (see Tables ADM-49.1, ADM-50.1 and ADM-51.1).

LABOR ROOM RECORD
(Observer)

1. PATIENT IDENTIFICATION

INSTRUCTIONS TO OBSERVER:

- 1) The first time you observe this patient, write your name and title or position (project nurse, resident, etc.) across the sheet on the first column line.
- 2) Initial each observation made by you.

2. THIS FORM WAS (Check One)

1 FILLED OUT AS
EVENTS OCCURRED

2 SCOPED FROM
OTHER RECORDS

3. Page No. _____ of _____

RECORD MEDICATIONS, NUTRIENTS, FLUIDS AND PROCEDURES ACROSS SHEET AFTER INDICATING TIME

OBSERVER	DAY OF MONTH	TIME (to Hour Clock)	TEMPERATURE (Optional after First Observation)	PULSE	BLOOD PRESSURE	FETAL HEART RATE	CONTRAC- TIONS		MEMBRANES I N R	BLOOD SHOWN FREE	MECONIUM Y or N	PELVIC EXAMINATION				
							FREQUENCY (minutes)	DURATION (seconds)				V OR R	CERVICAL DILATATION (cm)	EFFACEMENT (%)	PRESENTATION OR POSITION	STATUS
4	5	6	7	8	9	10	11	12	13	14	15	17	18	19	20	21
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
(10)																
(11)																
(12)																
(13)																
(14)																
(15)																
(16)																
(17)																
(18)																
(19)																
(20)																

OB-32 LABOR ROOM RECORD

I. Purpose of form For the detailed recording of observations and events during labor and under certain conditions prior to the onset of labor.

4. A new OB-32 form is initiated when the patient is returned to the labor or delivery floor after a previous termination of OB-32.

II. General Instructions

C. Observer's notes

A. Patients requiring observation

1. Those in active or questionable labor when length of gestation is 20 weeks or more.
2. Those prior to onset of labor when there is:
 - a. Attempt at induction of labor with uterotonic agents.
 - b. Any apparent fetal distress, as manifested by meconium or abnormal fetal heart.
 - c. Any significant obstetrical complication (e.g., vaginal bleeding, severe pre-eclampsia), and the patient is in the labor and delivery area.
3. Those in labor prior to 20 weeks gestation, when there is any reason to suspect the case is other than abortion.

1. **General information.** Record in "progress note" form all other information, events, complications, consultative decisions, etc., that serve to clarify and expand the information on the patient's course of labor.

2. **Medications.** Record each time given, the medication, the dosage and route by which given. If intravenous medication is given by drip method, record the times started and stopped, and the total amount of medication added (with oxytocin recorded in international units). That medication lost or presumed not absorbed (vomiting, faulty syringe, breakage of I.V. fluid bottle, etc.) is to be so noted. Include pre-operative medications for surgery, whenever given.

3. **Procedures, treatments.** Note all procedures and treatments performed, and any unusual reactions or effects. If not explained by events, note the reason for procedures, and opinions or results which are not more appropriately recorded on another type form. Include specifically oxygen therapy, anesthetic agents, transfusions, double set-up examinations.

B. Use of form

1. OB-32 is initiated upon admission or transfer to the Study facility for any of the above. All available data for the required period should be recorded whether the patient is directly observed or not.
2. Observations are continued on the same copy of OB-32 upon return of the patient after temporary absence from the labor area (pelvimetry, delivery room procedures, etc.). A narrative note explaining the absence is made on OB-32.
3. OB-32 is terminated when:
 - a. OB-32 is initiated for delivery observations.
 - b. Observation is no longer required. Note the reason, destination, and time of termination on OB-32.

D. Recommended frequency of observations. The frequency of observations is determined by the rapidity of progress of labor, the condition of the gravida, signs of fetal distress, and diagnostic and therapeutic measures being performed. The closer the patient is to delivery or the more severe the complication, the more frequent should be the observations. Requirements listed below are intended to serve as guidelines only, and cannot supplant good judgment in determining frequency of observations indicated in a particular situation.

E. Minimal requirements

1. Item #7 (temperature). Record upon admission, and whenever taken consistent with local routine or condition of the patient.

OB-32 LABOR ROOM RECORD (Continued)

2. Items #8 and 9 (pulse and blood pressure). Record hourly whenever the patient is under observation.
3. Item #10 (fetal heart rate).
 - a. During labor, questionable labor or induction attempt record:
 - (1) Every 1/2 hour to 3 cms. dilatation.
 - (2) Every 15 minutes from 3 to 10 cms. dilatation.
 - (3) Every 5 minutes during second stage, until delivery room observations begin.
 - b. In the presence of a "significant obstetric complication," without labor, record every 1/2 hour.
4. Items #11-16 (contractions, membranes, bleeding, meconium):
 - a. During labor, questionable labor, or induction attempt, record every 1/2 hour. (If sudden or significant change in uterine activity occurs, e.g., precipitate labor, tetanic contractions, more frequent observation should be made).
 - b. In the presence of a significant obstetric complication without labor, record hourly.
5. Items #17-20 (pelvic examination). Record the findings of all pelvic examinations made.

III. Specific Instructions

Note: Record information (whether direct observation or information from other persons) in the appropriate column. Report explanatory notes, brief consultations, etc., in narrative form across the page. In these notes take care to place no numbers in the fetal heart column, other than fetal heart rates.

Item Number

2. This form was:
 - a. Circle (1) if all or part of events recorded on this form are directly observed by Study personnel.

Item Number

- b. Circle (2) if all or part of the information was obtained without direct observation. Clearly designate that period and the source of data recorded. Stamp the form "Not according to protocol" if data on entire page has been abstracted or obtained without any observation.
3. Page numbers. Number forms chronologically for each period of observation ending in a termination of OB-32.
4. Observer. Each new observer at the time he or she first observes the patient prints name and position across the first available line of the form. Initials of the observer are optionally recorded in item #4.
5. Day of month. Record at top of each sheet, and as additionally indicated.
6. Time. Place the time of event on the line opposite each observation, examination, medication, etc., that is recorded. Be specific to the nearest minute. If a time can only be approximated, note this fact. State patient's arrival time in the hospital, if possible.
7. Temperature. Record.
8. Pulse. Take between contractions and record rate.
9. Blood pressure. Take between contractions and record.
10. Fetal heart rate:
 - a. Count for a 15 second period, starting approximately 30 seconds after cessation of a contraction. Record as beats/minute.
 - b. If a fetal heart rate recorded was taken during a contraction, state this clearly for each such observation.
 - c. If the fetal heart rate is monitored electronically, the observer is responsible for knowledge of the fetal heart rate during the period monitored, and for recording the rate of OB-32 as frequently as is required by the Instruction Manual. Note those fetal heart rates obtained electronically on this form.

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OB-32 LABOR ROOM RECORD (Continued)

Item Number

- d. If fetal heart is abnormal, take more frequently than ordinarily required. If irregular, write "irreg." in item #10.
 - e. Take and record the fetal heart rate immediately after membrane rupture.
 - f. If there is certainty of fetal demise prior to admission, continuous observation of fetal heart is unnecessary — record "NA" and explanation.
 - g. Record all fetal heart findings in this column. None should be recorded elsewhere on the form.
11. Frequency of contractions. Frequency refers to the time in minutes from the start of one contraction to the start of the following one. Record the average of the last two such intervals.
 12. Duration of contractions. Record in seconds. Duration refers to the time interval from the onset of a contraction until complete relaxation of the uterus, and is determined by abdominal palpation.
 - a. Record in most instances the average duration of the last two contractions.
 - b. Note comments descriptive of the character of contractions (weak, strong, etc.) whenever appropriate.
 13. Sensorium, effect of medication. Observations are not necessary for Study purposes, except for recording unusual effects or reactions to analgesic medication.
 14. Membranes. Note the condition of the membranes as "I" (intact), or "R" (ruptured). If there is uncertainty, record "?". Once observation is recorded, do not change that notation even though subsequent events show the original observation to have been erroneous. Any discrepancy in the observation of rupture of membranes should be supplemented by additional comment, or opinion of the obstetrician, and be reported on this form.
 15. Bleeding. This refers only to vaginal bleeding. Record in the column "O" for

Item Number

- none, "S" for show, and "F" for free bleeding (defined as any amount more than normal show). Whenever free bleeding is noted, describe fully. Note also any opinions expressed by the physician concerning the observation, and any subsequent therapy or decisions.
16. Meconium. If membranes are intact, no entry need be made. Whenever membranes rupture, the presence or absence of meconium in the fluid is immediately evaluated and recorded as "+" (present), or "O" (absent). Thereafter, record the presence or absence of meconium according to the frequency prescribed above. Whenever meconium is judged present, describe as "lightly stained," "heavily stained," "thick."
- Pelvic examination (Items #17-21): Record alongside the findings, the title or position of the person actually performing the examination.
17. Vaginal or rectal. Record the type of examination performed.
 18. Cervical dilatation. Record in centimeters.
 19. Effacement. Record as percentage.
 20. Presentation or position. Record the position. Presentation is only recorded when it is not possible to determine the position. If later events prove the position to have been erroneous, do not change the original notation.
 21. 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, write either "on perineum" or "+4". If the presenting part is crowding at the vulva, write "crowning." If the estimate of station is based on abdominal examination only, describe as "floating," "dipping," "fixed," or "engaged."

OB-33 Delivery Room Events

Form OB-33 was used to record events and observations of delivery in detail. The form was first used in January 1959. It was revised once in July 1959, resulting in a renumbering of several items. The 54,952 records generated were recorded on card number 0333 (Table OB-33.1).

Other data from OB-33 combined with data from OB-30, OB-31, OB-32 and OB-34 were abstracted on cards from ADM-49, ADM-50 and ADM-51 (see tables summarizing data records for these forms).

TABLE OB-33.1 Cards and Data Records by Revision for Form OB-33

Card Name	Card Number	Rev. No.	Number Records
OB-33: Type of Delivery and Time of Delivery Events	0333	1	54,952
	total for form		54,952

Data Items Referencing Form DR-33, Delivery Room Events

DATA ITEM ID	ITEM CN	FORM	CARD NUM	FROM	TO	DATA ITEM NAME
810.....			0333	1	5	Card number (sequence, form type, form number, revision number)
811.....			0333	6	14	MINOB case number
812..OB-33	5		0333	15	16	Form OB-33 date (mo)
813..OB-33	5		0333	17	18	Form OB-33 date (day)
814..OB-33	5		0333	19	20	Form OB-33 date (yr)
815.....			0333	21	21	Blank
816..OB-33	1		0333	22	23	Delivery procedure begun (hr)
817..OB-33	1		0333	24	25	Delivery procedure begun (min)
818..OB-33	1		0333	26	77	Delivery procedure begun (sec)
819..OB-33	2		0333	28	29	Uterine incision (hr)
820..OB-33	2		0333	30	31	Uterine incision (min)
821..OB-33	2		0333	32	33	Uterine incision (sec)
822..OB-33	3		0333	34	35	Umbilicus at perineum (hr)
823..OB-33	3		0333	36	37	Umbilicus at perineum (min)
824..OB-33	3		0333	38	39	Umbilicus at perineum (sec)
825..OB-33	4		0333	40	41	Forceps blade to head, first (hr)
826..OB-33	4		0333	42	43	Forceps blade to head, first (min)
827..OB-33	4		0333	44	45	Forceps blade to head, first (sec)
828..OB-33	5		0333	46	47	Traction to head begun (hr)
829..OB-33	5		0333	48	49	Traction to head begun (min)
830..OB-33	5		0333	50	51	Traction to head begun (sec)
831..OB-33	6		0333	52	53	Delivery of head (hr)
832..OB-33	6		0333	54	55	Delivery of head (min)
833..OB-33	6		0333	56	57	Delivery of head (sec)
834..OB-33	7		0333	58	59	Delivery completed (hr)
835..OB-33	7		0333	60	61	Delivery completed (min)
836..OB-33	7		0333	62	63	Delivery completed (sec)
837..OB-33	8		0333	64	65	Cord cleaned (hr)
838..OB-33	8		0333	66	67	Cord cleaned (min)
839..OB-33	8		0333	68	69	Cord cleaned (sec)
840..OB-33	9		0333	70	71	Placenta delivered (hr)
841..OB-33	9		0333	72	73	Placenta delivered (min)
842..OB-33	9		0333	74	75	Placenta delivered (sec)
843..OB-33			0333	76	76	Plurality code
844.....			0333	77	90	Blank

DELIVERY ROOM EVENTS

(Observer)

2. OBSERVER'S LAST NAME, INITIAL		3. TITLE OR POSITION	
4. THIS FORM WAS (Check One)		5. DATE	
FILED OUT AS EVENTS OCCURRED	COPIED FROM OTHER RECORDS	Mo.	Day | Year

SELECT PROPER COLUMN AND RECORD TIMES	6.	7.	8.	9. Total Number of Times Forceps were applied	FOR ALL DELIVERIES:
	Version, Brow, or Face	Breech, or Version and Extraction	Cesarean Section		
(1) Procedure for Delivery Began	XXXXXXXX		XXXXXXXX		
(2) Insertion of Utarus	XXXXXXXX	XXXXXXXX			
(3) Unobscure of Perineum	XXXXXXXX		XXXXXXXX		
(4) First Blade to Head					<i>These items are optional on this form but must appear on PED-1</i> Time of: 10. First Breath _____ 11. First Cry _____ 12. Teeth Break _____
(5) Traction to Head Began					
(6) Head Delivered					
(7) Infant Completely Delivered		XXXXXXXX			
(8) Cord Clamped					
(9) Placenta Delivered					

13. TIME	14. BLOOD PRESSURE	15. FETAL HEART RATE	16. ME- CON- UM + on 0	17. BLEEDING None Show Free	18. NOTE: Record Blood Pressure at Least Every 15 Minutes. Record Fetal Heart Rate after Every Contraction. Record All Medications, Procedures, and Events Using Entire Line and Noting Time.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					

Form Item Numbers linked to Data Items on DR-33, Delivery Room Events

ITEM RN	DATA ITEM	CARD NUM	FROM	TO	DATA ITEM NAME
1	R01..DR-33	0333	76	76	Plurality code
1	R16..DR-33	0333	22	73	Delivery procedure begun (hr)
1	R17..DR-33	0333	26	75	Delivery procedure begun (min)
2	R18..DR-33	0333	26	77	Delivery procedure begun (sec)
2	R19..DR-33	0333	28	79	Uterine incision (hr)
2	R20..DR-33	0333	30	31	Uterine incision (min)
2	R21..DR-33	0333	30	33	Uterine incision (sec)
3	R22..DR-33	0333	34	35	Umbilicus at perineum (hr)
3	R23..DR-33	0333	36	37	Umbilicus at perineum (min)
3	R24..DR-33	0333	38	39	Umbilicus at perineum (sec)
4	R25..DR-33	0333	40	41	Forceps blade to head, first (hr)
4	R26..DR-33	0333	42	43	Forceps blade to head, first (min)
4	R27..DR-33	0333	44	45	Forceps blade to head, first (sec)
5	R12..DR-33	0333	17	18	Form DR-33 date (day)
5	R14..DR-33	0333	19	19	Form DR-33 date (hr)
5	R28..DR-33	0333	46	47	Traction to head begun (hr)
5	R29..DR-33	0333	48	49	Traction to head begun (min)
5	R30..DR-33	0333	50	51	Traction to head begun (sec)
6	R32..DR-33	0333	52	53	Delivery of head (hr)
6	R33..DR-33	0333	54	55	Delivery of head (min)
7	R34..DR-33	0333	56	57	Delivery of head (sec)
7	R35..DR-33	0333	58	59	Delivery completed (hr)
7	R36..DR-33	0333	60	61	Delivery completed (min)
8	R37..DR-33	0333	62	63	Delivery completed (sec)
8	R38..DR-33	0333	64	65	Cord cleaned (hr)
8	R39..DR-33	0333	66	67	Cord cleaned (min)
8	R40..DR-33	0333	68	69	Cord cleaned (sec)
9	R41..DR-33	0333	70	71	Placenta delivered (hr)
9	R42..DR-33	0333	72	73	Placenta delivered (min)
9	R42..DR-33	0333	74	75	Placenta delivered (sec)

DEFINITION OF CODES
DELIVERY ROOM EVENTS
FORM OB-33 CARD 0333

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 0	1
2. <u>Form Number</u> Code: 333	2-4
3. <u>Revision Number</u> Code: 1 - Form Dated: 1/59 or Rev. 7/59	5
4. <u>HMDB Number</u> Nine-digit number for Patient Identification Code: As given	5-14
5. <u>Date</u> Item 5 Six-digit code for month (cols. 15-16), day (cols. 17-18) and year (cols. 19-20) Code: As given	15-20
6. <u>Type of Delivery</u> Code: 6 - Vertex, brow, or face 7 - Breech or Version and Extraction 8 - Cesarean Section and other operative delivery procedures	21
<u>TIME OF EVENT</u>	
Fields 7-15: Six-digit code in each field represents time reported in hours, minutes, and seconds based on 24 hour clock. (2401-9959 = Time of event occurs beyond midnight of date reported in field 5).	
7. <u>Procedure for Delivery Basin (1)</u> Code: As given: 000000 - Not applicable (vertex, C/S and other operative delivery procedures) 999999 - Unknown	22-27
8. <u>Incision of Uterus (2)</u> Code: As given 000000 - Not applicable (vertex, breech or version and extraction) 888888 - Not applicable (operative delivery procedures other than C/S) 999999 - Unknown	28-33

DEFINITION OF CODES (Continued)

FORM OB-3
Card 0333

<u>FIELD</u>		<u>CARD COLUMN</u>
9.	<u>Umbilicus at Perineum (3)</u> Code: Same as in Field 7	34-39
10.	<u>First Blade to Head (4)</u> Code: As given 000000 - No forceps used 888888 - No forceps used in C/S and other operative delivery procedures 999999 - Unknown	40-45
11.	<u>Traction to Head Begun (5)</u> Code: As given 000000 - No traction 888888 - No traction in C/S and other operative delivery procedures 999999 - Unknown	46-51
12.	<u>Head Delivered (6)</u> Code: As given 888888 - Not applicable (C/S and other operative delivery procedures) 999999 - Unknown	52-57
13.	<u>Infant Completely Delivered (7)</u> Code: As given 000000 - Not applicable (Breech or Version and Extraction) 999999 - Unknown	58-63
14.	<u>Card Clamped (8)</u> Code: Same as in Field 12	64-69
15.	<u>Placenta Delivered (9)</u> Code: Same as in Field 12	70-75
16.	<u>Plurality</u> Code: 0 - Single birth 1 - First of multiple 2 - Second of multiple 3 - Third of multiple 4 - Fourth of multiple	76

DELIVERY ROOM EVENTS
FORM OB-33

ITEM #	DATE	NUMBER	CMB #	CMB #	EVENTS		
					MO	DAY	TIME
1	5						
1	5						PREPARE FOR DELIVERY BEGAN
							INCISIONS OF ULTRAS
							UMBILICUS AT PERILUM
1	5						FIRST BLADE TO WARD
							TRACTION TO WARD BEGUN
							HEAD DELIVERED
1	5						INFANT COMPLETELY DELIVERED
							CORD CLAMPED
							PLACENTA DELIVERED

OB-33 DELIVERY ROOM EVENTS

I. Purpose of form For the detailed recording of events and observations during delivery. To insure detailed recording for research purposes, it is desirable that form OB-33 not be part of the official (legal) hospital record. It is essential that the Study observer be free to report descriptive details without consideration of medical-legal implications.

II. General Instructions

A. Initiation of form

1. When the patient is taken to the delivery room with intent of delivery.
2. When a decision is made to deliver the patient previously taken to the delivery room for another reason.
3. For all other cases delivering in the Study hospital, regardless of where delivery occurs.

B. Recommendations for obtaining and recording observations

1. The Study observer should have no patient care responsibility and should not leave the delivery room during the period of delivery observation.
2. Events recorded should reflect the informed, direct observation of a trained Study observer. Such observations may be modified by editors' comments, but should never be deleted.

C. Termination of observations

1. Following completion of the third stage of labor, unless complications make continued observation appropriate.
2. When delivery is not effected, and the patient is transferred back to the labor room. Resume observations on OB-32 in such a case.

D. Multiple births. Use a separate form to record the events in items #6-9 for each infant.

E. Cesarean section. In event of Cesarean section, record final fetal heart rate as close to the time of abdominal preparation as possible. Record other observations as frequently as appropriate, but at least once.

III. Specific Instructions

Item Number

2, 3. **Observer.** Record the name and title or position of the Study observer recording data.

4. **This form was:**

- a. Circle (1) if all or part of events recorded on this form are directly observed by Study personnel.
- b. Circle (2) if all or part of information is obtained without direct observation. Clearly designate that period, and the source of data recorded. Stamp the form "Not according to protocol," if the entire form is abstracted or completed without any direct observation.

5. **Date.** Record date of delivery.

6-8. **Type of delivery:**

a. Make notations in blank spaces of columns, entering as appropriate:

- (1) Time of event to the nearest second, if possible.
- (2) "UNK" if event occurred at an unknown time.
- (3) "NA" if event did not occur.

b. **Traction to head:**

(1) Record the first time traction to head is begun (including that used for forceps rotation and conversion). If discontinued and later initiated, report in item #18. Note that traction need not necessarily follow application of forceps.

(2) In breech delivery, record the time traction is first applied, whether manually or by forceps.

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OB-33 DELIVERY ROOM EVENTS (Continued)

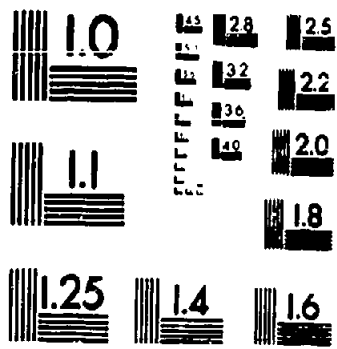
- | Item Number | Item Number |
|--|---|
| <p>c. "Procedure for delivery begun" (column #7):</p> <p>(1) In breech delivery, the time when the obstetrician first takes hold of fetus.</p> <p>(2) In version and extraction, the time when the obstetrician inserts his hand into the uterus for purposes of performing the procedure.</p> | <p>(2) If attempt is made but fetal heart cannot be heard, record "NH." Record any reason considered likely, such as surrounding noise, obesity of patient; if none, record opinion of physician concerning event.</p> <p>(3) If, although heart rate is considered within normal limits, there is insufficient time to count the rate, record appropriate comments such as "regular," "heard," "OK," etc., on the column.</p> <p>(4) If demise of infant is certain prior to this time, record "NA."</p> |
| <p>9. Total times forceps applied.</p> <p>a. If forceps are not used, record "O."</p> <p>b. If forceps are used, record the total number of applications attempted. The introduction of one blade past the biparietal diameter of the head is counted as one-half an application.</p> | <p>16. Meconium.</p> <p>a. If membranes are intact, no entry need be made.</p> <p>b. When membranes rupture, evaluate and record in the column provided the presence or absence of meconium-stained fluid or frank meconium, (+ or 0). Repeat observation at minimum intervals of 15 minutes.</p> <p>c. Whenever meconium is judged present, describe in item #18 as "lightly stained," "heavily stained," "thick."</p> |
| <p>10-12. Information may be optionally recorded here.</p> | <p>17. Bleeding.</p> <p>a. Record "O" if there is no vaginal bleeding other than from episiotomy.</p> <p>b. Record "S" if there is show, and "F" if there is free bleeding (defined as anything other than normal show). Repeat observation at minimum intervals of 15 minutes.</p> <p>c. Whenever free bleeding is observed, describe in item #18 the amount, and the opinion of the physician in charge concerning its probable significance or etiology.</p> |
| <p>13. Time. Record the time of each event or observation recorded on that line, to the nearest minute.</p> | <p>18. Description of events. Record here a detailed and chronological description of events related to delivery in an eye-witness fashion. The following are to be emphasized:</p> |
| <p>14. Blood pressure.</p> <p>a. Record all blood pressures taken prior to delivery.</p> <p>b. Blood pressure is taken between contractions at least every 15 minutes (more frequently if abnormal).</p> | |
| <p>15. Fetal heart rate.</p> <p>a. Count for a 15 second period, starting approximately 30 seconds after cessation of a contraction. Record as beats/minute.</p> <p>b. Record as frequently as is possible, preferably after every contraction but at least every 3-5 minutes. In any event, record all ascertained, and denote those taken during contractions.</p> <p>c. Inability to record rates:</p> <p>(1) If there is no attempt to listen to the fetal heart at all or within a 15 minute period, record "NE."</p> | |

OB-33 DELIVERY ROOM EVENTS (Continued)

Item #18 Cont.

- a. Continued observations of the character of labor.
- b. Rupture of membranes, including the time and method.
- c. Medications, including time, dosage, and route. Intravenous medication drip started prior to bringing the patient to the delivery room and continued in the delivery room should be so noted, as should the time of discontinuation.
- d. Oxygen administration unaccompanied by an anesthetic agent.
- e. Initiation of anesthetic procedures, including unsuccessful or incomplete attempts at administration.
- f. Pelvic examinations. The type and findings, especially that examination performed just prior to the delivery procedure.
- g. All events and procedures related to actual delivery of the infant. When a vacuum extractor is used, record size of cup.
- h. Observer's opinions; estimates of the difficulty of procedures.
- i. Changes in the patient's condition; i.e., shock, convulsions, etc.
- j. Any other observations deemed pertinent, including post-delivery observations which may be minimal unless the postpartum course is complicated.

October 1962



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No 2)

CONTINUED ON NEXT FICHE



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★ 1934 ★

OB-60 Obstetric Diagnostic Summary

Form OB-60 was used to provide a method for categorizing each obstetrical study case according to the presence or absence of certain diseases and conditions. First implemented in July of 1962, the form was changed slightly in May 1963 (pages 1,3,5 and 6 only). Revisions to the form did not alter items; form layouts were altered slightly and a few descriptive words were added.

Records generated by OB-60 are included on five cards in the master file (Table OB-60.1). The first card in the series contains information on Hypertension and Toxemia. The second card contains the presence of diseases and conditions by major category for up to nine specific diseases or conditions; for more than nine diseases or conditions, additional cards were used.

TABLE OB-60.1 Cards and Data Records by Revision for Form OB-60

Card Name	Card Number	Rev. No.	Number Records
OB-60: Hypertension, Toxemia Screen	1360	0	12,847
		1	<u>44,821</u>
			57,668
OB-60: Complications of Pregnancy, Presence of Conditions and Diseases by Category, 1st thru 9th reported	2360	0	12,852
		1	<u>44,820</u>
			57,672
OB-60: Conditions and Diseases 10th - 18th reported	3360	0	261
		1	<u>1,352</u>
			1,613
OB-60: Conditions and Diseases 19th - 27th reported	4360	0	1
		1	<u>23</u>
			24
total for form			116,977

Data Items Referencing Form OB-60, Obstetric Diagnostic Summary

DATA ITEM ID	ITEM JK FROM	CARD MIN	FROM TO	DATA ITEM NAME
2123.....		1300	1	4 Card number (sequence), form type, form number, revision number)
2174.....		1300	6	14 MINOR case number
2175.....	H	1300	14	14 form number date (W)
2176.....	H	1300	17	14 form number date (W)
2177.....	H	1300	19	20 form number date (W)
2178.....	H	1300	21	21 form number date (W)
2179.....	Y	1300	21	21 form number coding and complete
2180.....	10	1300	22	22 form number coded with other records
2181.....		1300	23	23 DATE code
2182.....	176	1300	24	24 Hypertension, history
2183.....	H	1300	25	25 TORSA screen
2184.....	177	1300	26	26 blood pressure, S.140-150, 4.00-109, up to 24th wk.
2185.....	177	1300	27	27 blood pressure, S.140-150, 4.00-109, 24 wks to delivery
2186.....	177	1300	28	28 blood pressure, S.140-150, 4.00-109, intrapartum
2187.....	177	1300	29	29 blood pressure, S.140-150, 4.00-109, postpartum
2188.....	178	1300	30	30 blood pressure, S.2100, 3.210, up to 24th wk.
2189.....	178	1300	31	31 blood pressure, S.2100, 3.210, up to 24th wk.
2190.....	178	1300	32	32 blood pressure, S.2100, 3.210, intrapartum
2191.....	178	1300	33	33 blood pressure, S.2100, 3.210, post partum
2192.....	179	1300	34	34 blood pressure, rise S.230, 1.215, up to 24th wk.
2193.....	179	1300	35	35 blood pressure, rise S.230, 1.215, 24 wks. to delivery
2194.....	179	1300	36	36 blood pressure, rise S.230, 1.215, intrapartum
2195.....	180	1300	37	37 blood pressure, rise S.230, 1.215, postpartum
2196.....	180	1300	38	38 proteinuria, <5 hrs / 24 hrs, up to 24th week
2197.....	180	1300	39	39 proteinuria, <5 hrs/24 hrs, 24 wks. to delivery
2198.....	180	1300	40	40 proteinuria, <5 hrs/24 hrs, intrapartum
2199.....	181	1300	41	41 proteinuria, <5 hrs/24 hrs, postpartum
2150.....	181	1300	42	42 proteinuria, <5 hrs/24 hrs, up to 24th wk.
2151.....	181	1300	43	43 proteinuria, <5 hrs/24 hrs, 24 wks. to delivery
2152.....	182	1300	44	44 proteinuria, <5 hrs/24 hrs, intrapartum
2153.....	182	1300	45	45 proteinuria, <5 hrs/24 hrs, postpartum
2154.....	182	1300	46	46 17cm above waist, up to 24th wk.
2155.....	182	1300	47	47 17cm above waist, 24 wks. to delivery
2156.....	182	1300	48	48 17cm above waist, intrapartum
2157.....	183	1300	49	49 17cm above waist, postpartum
2158.....	183	1300	50	50 weight gain > 2 lbs w.c. or > 6 lbs/mo., up to 24th wk.
2159.....	183	1300	51	51 weight gain > 2 lbs w.c. or > 6 lbs/mo., 24 wks. to delivery
2160.....	183	1300	52	52 weight gain > 2 lbs w.c. or > 6 lbs/mo., intrapartum
2161.....	184	1300	53	53 weight gain > 2 lbs w.c. or > 6 lbs/mo., postpartum
2162.....	184	1300	54	54 edema <400 ml/24 hrs., up to 24th wk.
2163.....	184	1300	55	55 edema <400 ml/24 hrs., 24 wks. to delivery
2164.....	184	1300	56	56 edema <400 ml/24 hrs., intrapartum
2165.....	184	1300	57	57 edema <400 ml/24 hrs., postpartum

Data items referenced from OB-60, Obstetric Diagnostic Summary

DATA ITEM ID	TYPE	FORM	FROM	TO	DATA ITEM NAME
2165..OB-60	185				58 Pulmonary edema, up to 24th wk.
2166..OB-60	185				59 Pulmonary edema, 24 wks. to delivery
2167..OB-60					60 Pulmonary edema, intrapartum
2168..OB-60	185				61 Pulmonary edema, postpartum
2169..OB-60	186				62 Cyanosis, up to 24th wk.
2170..OB-60	186				63 Cyanosis, 24 wks. to delivery
2171..OB-60	186				64 Cyanosis, intrapartum
2172..OB-60	186				65 Cyanosis, postpartum
2173..OB-60	187				66 Convulsions, up to 24th wk.
2174..OB-60	187				67 Convulsions, 24 wks. to delivery
2175..OB-60	187				68 Convulsions, intrapartum
2176..OB-60	187				69 Convulsions, postpartum
2177..OB-60	188				70 Coma, up to 24th wk.
2178..OB-60	188				71 Coma, 24 wks. to delivery
2179..OB-60	188				72 Coma, intrapartum
2180..OB-60	188				73 Coma, postpartum
2181.....					80 Blank
2182.....					5 Care number (sequence, form type, form number, revision number)
2183.....					14 NIMMS case number
2184..OB-60	H				16 Form OB-60 date (MO)
2185..OB-60	H				17 Form OB-60 date (DAY)
2186..OB-60	H				18 Form OB-60 date (YR)
2187..OB-60	O				21 Form OB-60 coding not complete
2188..OB-60	I				22 Form OB-60 coded with other records
2189..OB-60					23 Exit code
2190..OB-60	174				24 Hypertension, history
2191..OB-60	H				25 Toramla screen
2192..OB-60	A				26 Cardiovascular disease or condition, number of
2193..OB-60	H				27 Pulmonary disease or condition, number of
2194..OB-60	C				28 Metabolic disease or condition, number of
2195..OB-60	O				29 Metabolic disease or condition; endocrine disease or condition, number of
2196..OB-60	E				30 Venereal disease or condition, number of
2197..OB-60	F				31 Urinary tract disease or condition, number of
2198..OB-60	G				32 Gynecological disease or condition, number of
2199..OB-60	H				33 Disease or condition; psychiatric disease or condition, number of
2200..OB-60	I				34 Gastrointestinal disease or condition, number of
2201..OB-60	J				35 Integument and appendages, disease or condition, number of
2202..OB-60	K				36 Pregnancy complications, study
2203..OB-60	L				37 Pregnancy outcome code
2204..OB-60	M				39 Puerperium complications, number of
2205..OB-60	N				40 Infectious diseases, number of
2206..OB-60	O				41 Diseases and conditions, other, number of

Date Items Referencing Form 08-60, Obstetric Diagnostic Summary

DATA ITEM	ITEM	CAUSE	FROM	TO	DATA ITEM NAME
ITEM	JW	MIN	FROM	TO	
2207..08-60	P	2360		42	42 Social studies, number of
2208..08-60	170	2360		41	41 Disease and conditions, total number
2209..08-60	116	2360		45	45 Alcoholism, code: 116
2209..08-60	06	2360		45	45 Anemia, abnormal none arrow spear, code: 04A
2209..08-60	08	2360		45	45 Anemia, abnormal hemoglobin 5 electrophoresis, code: 04B
2209..08-60	01	2360		45	45 Anemia, abnormal high iron minimum capacity, code: 043
2209..08-60	04	2360		45	45 Anemia, abnormal high photophyvin, code: 044
2209..08-60	02	2360		45	45 Anemia, abnormal low serum iron, code: 042
2209..08-60	05	2360		45	45 Anemia, abnormal peripheral WBC smear, code: 045
2209..08-60	01	2360		45	45 Anemia, clinical responsive to iron therapy, code: 047
2209..08-60	50	2360		45	45 Anemia, other findings, code: 050
2209..08-60	40	2360		45	45 Anemia, sickling in peripheral blood, code: 049
2209..08-60	144	2360		45	45 Anesthetic accident, other, code: 144
2209..08-60	122	2360		45	45 Appendicitis, code: 122
2209..08-60	37	2360		45	45 Asthma; bronchial acute, code: 037
2209..08-60	38	2360		45	45 Asthma; bronchial status asthmaticus, code: 038
2209..08-60	36	2360		45	45 Asthma; bronchial, code: 036
2209..08-60	171	2360		45	45 Bacteriuria studies, code: 171
2209..08-60	59	2360		45	45 Breast hematologic diseases, other, code: 059
2209..08-60	131	2360		45	45 Breast disorder, code: 131
2209..08-60	130	2360		45	45 Burns, hospitalized, code: 130
2209..08-60	24	2360		45	45 Cardiovascular disease, other, code: 024
2209..08-60	11	2360		45	45 Cardiovascular disease; organic heart disease, code: 011
2209..08-60	12	2360		45	45 Cardiovascular disease; organic heart disease, no symptoms on exertion, code: 012
2209..08-60	15	2360		45	45 Cardiovascular disease; organic heart disease, symptoms on exertion, code: 015
2209..08-60	14	2360		45	45 Cardiovascular disease; organic heart disease, symptoms on limited activity, code: 014
2209..08-60	13	2360		45	45 Cardiovascular disease; organic heart disease, symptoms on ordinary activity, code: 013
2209..08-60	16	2360		45	45 Cardiovascular disease; rheumatic fever, acute or recurrent, code: 016
2209..08-60	103	2360		45	45 Cervical incompetence, code: 103
2209..08-60	104	2360		45	45 Cervical incompetence; surgical repair, code: 104
2209..08-60	119	2360		45	45 Cholecystitis, code: 119
2209..08-60	120	2360		45	45 Cholelithiasis, code: 120
2209..08-60	52	2360		45	45 Coagulation defect, code: 052
2209..08-60	56	2360		45	45 Coagulation defect; clotting time prolonged, abnormal, code: 056
2209..08-60	55	2360		45	45 Coagulation defect; fibrinogen, abnormal low, code: 055
2209..08-60	57	2360		45	45 Coagulation defect; fibrinogen, clinical response to administration, code: 057

Data Items Referencing Form CR-60, Metabolic Diagnostic Summary

DATA ITEM ID	ITEM JM F304	CAMP NUM	FRQ/4	DATA ITEM NAME
2204..04-60	58	2300	45	NO Conjugation defect; other findings, code: 05M
2204..04-60	54	2300	45	NO Conjugation defect; orononvertin, abnormal low, code: 05A
2204..04-60	53	2300	45	NO Conjugation defect; orononvertin, abnormal low, code: 05B
2204..04-60	121	2300	45	NO Galactose 1-epimerase, code: 121
2204..04-60	111	2300	45	NO Conjugation (non-enzymatic) during pregnancy, code: 111
2204..04-60	110	2300	45	NO Conjugative disorder (not enzymatic), code: 110
2204..04-60	60	2300	45	NO Diabetes mellitus, code: 060
2204..04-60	61	2300	45	NO Diabetes mellitus blood glucose 700 mg. percent or greater, code: 061
2204..04-60	64	2300	45	NO Diabetes mellitus diabetic coma, code: 064
2204..04-60	65	2300	45	NO Diabetes mellitus duration five years or greater, code: 065
2204..04-60	67	2300	45	NO Diabetes mellitus insulin or oral hypoglycemic therapy, code: 066
2204..04-60	63	2300	45	NO Diabetes mellitus insulin reaction, code: 063
2204..04-60	65	2300	45	NO Diabetes mellitus keto acidosis, code: 065
2204..04-60	170	2300	45	NO Disease and condition code (4 digit), nth code where nat to 9
2204..04-60	171	2300	45	NO Disease and condition code (4 digit), nth code where nat to 9
2204..04-60	173	2300	45	NO Drug habituation; addiction, code: 173
2204..04-60	124	2300	45	NO Tetral? exc studies, code: 124
2204..04-60	126	2300	45	NO Gastrointestinal, code: 126
2204..04-60	91	2300	45	NO Gastrointestinal, code: 91
2204..04-60	67	2300	45	NO Gastrointestinal surgery, code: 126
2204..04-60	87	2300	45	NO Glomerulonephritis, acute and chronic, code: 087
2204..04-60	88	2300	45	NO Glucose tolerance test abnormal, code: 087
2204..04-60	89	2300	45	NO Gonorrhea, code: 089
2204..04-60	89	2300	45	NO Gonorrhea, culture positive, code: 089
2204..04-60	100	2300	45	NO Gonorrhea, smear positive, code: 089
2204..04-60	100	2300	45	NO Gynecologic diseases, other, code: 100
2204..04-60	100	2300	45	NO Gynecologic surgery, code: 100
2204..04-60	172	2300	45	NO Heart valve studies, code: 172
2204..04-60	160	2300	45	NO Hematocrit (5 HbC/HpF), code: 097
2204..04-60	153	2300	45	NO Hemorrhage 24 hours post delivery (late), code: 160
2204..04-60	171	2300	45	NO Hemorrhage within 24 hours of delivery (early), code: 150
2204..04-60	124	2300	45	NO Hepatitis, code: 124
2204..04-60	136	2300	45	NO Hypertension, code: 124
2204..04-60	133	2300	45	NO Hypertension, code: 133
2204..04-60	134	2300	45	NO Hypertension gravida, intravenous therapy, code: 134
2204..04-60	135	2300	45	NO Hypertension gravida, acetaminofen, code: 135
2204..04-60	74	2300	45	NO Hypertension, code: 074
2204..04-60	75	2300	45	NO Hypertension; basal metabolic rate (BMR), abnormal high, code: 075
2204..04-60	77	2300	45	NO Hypertension; normal extractable lining (NEL), abnormal high, code: 077
2204..04-60	70	2300	45	NO Hypertension; clinical response to therapy, code: 070

DATA FROM HYPERTENSION FORM 01-60, CHESTIC MEDICAL SUMMARY

DATA TYPE TO	FROM	DATE	FROM	TO	DATA FROM NAME
2209..01-60	78	2360	45	45	NO HYPERTHYROIDISM; IODINE 131 UPTAKE, ABNORMAL HIGH, CODE: 078
2209..01-60	76	2360	45	45	NO HYPERTHYROIDISM; PROTEIN BOUND IODINE (PBI), ABNORMAL HIGH, CODE: 078
2209..01-60	68	2360	45	45	NO HYPERTHYROIDISM; BASEL METABOLIC RATE (BMR) ABNORMAL LOW, CODE: 069
2209..01-60	60	2360	45	45	NO HYPERTHYROIDISM; OUTGOING EXTRACTION IODINE (XAI) ABNORMAL LOW, CODE: 069
2209..01-60	71	2360	45	45	NO HYPERTHYROIDISM; CLINICAL RESPONSE TO THYROID SUPPLEMENTATION, CODE: 071
2209..01-60	73	2360	45	45	NO HYPERTHYROIDISM; IODINE 131 UPTAKE, ABNORMAL LOW, CODE: 072
2209..01-60	72	2360	45	45	NO HYPERTHYROIDISM; PROTEIN BOUND IODINE (PBI) ABNORMAL LOW, CODE: 072
2209..01-60	70	2360	45	45	NO INFECTIOUS DISEASE; BACTERIAL (KNOWN OR PRESUMED), CODE: 165
2209..01-60	165	2360	45	45	NO INFECTIOUS DISEASE; VIRAL (KNOWN OR PRESUMED), CODE: 165
2209..01-60	168	2360	45	45	NO INFECTIOUS DISEASE; ETIOLOGY UNKNOWN (KNOWN OR PRESUMED), CODE: 168
2209..01-60	167	2360	45	45	NO INFECTIOUS DISEASE; FUNGAL (KNOWN OR PRESUMED), CODE: 167
2209..01-60	166	2360	45	45	NO INFECTIOUS DISEASE; OTHER (KNOWN OR PRESUMED), CODE: 166
2209..01-60	164	2360	45	45	NO INFECTIOUS DISEASE; OTHER (KNOWN OR PRESUMED), CODE: 164
2209..01-60	162	2360	45	45	NO INFERTILITY, CODE: 102
2209..01-60	132	2360	45	45	NO KIDNEY AND/ADRENAL, OTHER, CODE: 132
2209..01-60	92	2360	45	45	NO KIDNEY INFECTION, CODE: 092
2209..01-60	94	2360	45	45	NO KIDNEY INFECTION, CVA TENDERNESS, CODE: 094
2209..01-60	93	2360	45	45	NO KIDNEY INFECTION, FEVER 100.4 OR GREATER, CODE: 093
2209..01-60	96	2360	45	45	NO KIDNEY INFECTION, URINE 100.4 OR GREATER, CODE: 096
2209..01-60	95	2360	45	45	NO KIDNEY INFECTION, URINE CULTURE POSITIVE, CODE: 095
2209..01-60	106	2360	45	45	NO LEIOMYOMA, CODE: 106
2209..01-60	140	2360	45	45	NO MATERNAL DEATH, CODE: 140
2209..01-60	112	2360	45	45	NO MENTAL PARAPETITION, CODE: 112
2209..01-60	91	2360	45	45	NO METABOLIC DISORDERS; ENDOCRINE DISORDERS, OTHER, CODE: 091
2209..01-60	118	2360	45	45	NO NEUROLOGIC DISORDERS; OTHER; PSYCHIATRIC DISORDERS, OTHER, CODE: 118
2209..01-60	115	2360	45	45	NO NEUROLOGIC OR NEUROVASCULAR DISEASE, OTHER, CODE: 115
2209..01-60	113	2360	45	45	NO ORGANIC BRAIN DISEASE, CODE: 113
2209..01-60	125	2360	45	45	NO PEPTIC ULCER, CODE: 125
2209..01-60	33	2360	45	45	NO PNEUMONIA, BACTERIAL CULTURE POSITIVE, CODE: 033
2209..01-60	34	2360	45	45	NO PNEUMONIA, CHEST X-RAY/ (RADIOGRAPHIC) EVIDENCE OF DISEASE, CODE: 034
2209..01-60	32	2360	45	45	NO PNEUMONIA, CODE: 032
2209..01-60	34	2360	45	45	NO PNEUMONIA, VIRAL AND/OR SEROLOGIC EVIDENCE, CODE: 034
2209..01-60	114	2360	45	45	NO PSYCHOSIS; NEUROSIS, CODE: 114
2209..01-60	162	2360	45	45	NO PUERPERAL COMPLICATIONS; OTHER, CODE: 162
2209..01-60	161	2360	45	45	NO PUERPERAL INFECTION DURING PERIOD OF HEMOSTASIS, CODE: 161
2209..01-60	40	2360	45	45	NO PULMONARY DISEASE, OTHER, CODE: 040

Data Items Referencing Form OB-60, Obstetric Anamnesis Summary

DATA ITEM	IFM	CAHM	FROM	TO	IFM NAME
174	34	MIN	FN		
10	F304				
2209..OB-60	147	2360	44	NO Shock, other, code: 147	
2209..OB-60	146	2360	45	NO Shock, cortical vein cava syndrome, code: 146	
2209..OB-60	143	2360	45	NO Shock; anesthetic, code: 143	
2209..OB-60	144	2360	45	NO Shock; hemorrhagic, code: 144	
2209..OB-60	145	2360	45	NO Shock; septic, code: 145	
2209..OB-60	174	2360	45	NO Special Studies, other, code: 174	
2209..OB-60	84	2360	45	NO Syphilis, cerebrospinal fluid positive, code: 84	
2209..OB-60	87	2360	45	NO Syphilis, code: 87	
2209..OB-60	86	2360	45	NO Syphilis, dark field positive, code: 86	
2209..OB-60	81	2360	45	NO Syphilis, serology positive, code: 81	
2209..OB-60	85	2360	45	NO Syphilis, treponema immobilization test positive, code: 85	
2209..OB-60	39	2360	45	NO Thoracic Surgery, code: 39	
2209..OB-60	17	2360	45	NO Thrombosis; phlebitis, code: 17	
2209..OB-60	23	2360	45	NO Thrombosis; phlebitis, code: 23	
2209..OB-60	19	2360	45	NO Thrombosis; phlebitis, embolization, code: 19	
2209..OB-60	21	2360	45	NO Thrombosis; phlebitis, fever 100.4 or greater, code: 21	
2209..OB-60	18	2360	45	NO Thrombosis; phlebitis, palpable thrombus, code: 18	
2209..OB-60	20	2360	45	NO Thrombosis; phlebitis, regional increase in body heat, code: 20	
2209..OB-60	22	2360	45	NO Thrombosis; phlebitis, regional swelling, code: 22	
2209..OB-60	80	2360	45	NO Thyroid Surgery, code: 80	
2209..OB-60	27	2360	45	NO Tuberculosis, active with positive culture, other, code: 27	
2209..OB-60	28	2360	45	NO Tuberculosis, active with positive guinea pit inoculation, code: 28	
2209..OB-60	26	2360	45	NO Tuberculosis, active with positive mauth culture, code: 26	
2209..OB-60	30	2360	45	NO Tuberculosis, active with x-ray; radiographic evidence of disease	
2209..OB-60	29	2360	45	NO Tuberculosis, active with x-ray; radiographic evidence of disease, code: 29	
2209..OB-60	25	2360	45	NO Tuberculosis, active, code: 25	
2209..OB-60	11	2360	45	NO Tuberculosis, inactive, code: 11	
2209..OB-60	177	2360	45	NO Turner, KUA, code: 177	
2209..OB-60	107	2360	45	NO Turner; gastrointestinal, code: 107	
2209..OB-60	100	2360	45	NO Turner; gynecologic, other, code: 100	
2209..OB-60	140	2360	45	NO Urinary tract disease, other, code: 140	
2209..OB-60	141	2360	45	NO Urinary tract disease, other, code: 141	
2209..OB-60	142	2360	45	NO Urinary tract disease, other, code: 142	
2209..OB-60	169	2360	45	NO Uterine bleeding, other first trimester, code: 169	
2209..OB-60	105	2360	45	NO Uterine bleeding, other second trimester, code: 105	
2209..OB-60	90	2360	45	NO Uterine bleeding, other third trimester, code: 90	
2210.....		2360	45	NO Vaccination, attenuated live type, code: 169	
2211.....		2360	45	NO Vaginitis, code: 101	
2212..OB-60	8	2360	45	NO Venereal disease, other, code: 080	
		2360	1	5 CAR# number (SEQUENCE, FOR TYPE, FOR NUMBER, REVISION NUMBER)	
		2360	6	14 ICM# case number	
		2360	15	16 FOR# OB-60 date (MO)	

Data Items Heterogeneous Form 10-60, Obstetric Gynecologic Summary

DATA ITEM	FORM	FROM	TO	DATA ITEM NAME
2213...011-60	H	17	18	18 Form 011-60 Date (49)
2214...011-60	H	19	20	19 Form 011-60 Date (49)
2215...011-60		21	22	22 Blank
2216...011-60		45	46	46 Blank
2217...011-60		1	5	5 Disease and condition code (4 digit), nth code where n = 10 to 18
2218...011-60		6	14	14 Card number (sequence, form type, form number, revision number)
2219...011-60	H	15	16	16 MICH case number
2220...011-60	H	17	18	18 Form 011-60 Date (49)
2221...011-60	H	19	20	20 Form 011-60 Date (49)
2222...011-60		21	22	22 Blank
2223...011-60		45	46	46 Blank
5001...VAP	17H	98	99	98 Disease and condition code (4 digit), nth code where n = 10 to 27
5004...VAR	17H	99	99	99 (hypertension); blood pressure systolic 160 or greater and/or diastolic 110 or greater post partum
5005...VAR	17H	100	100	100 (hypertension); blood pressure systolic 160 or greater and/or diastolic 110 or greater 24 weeks gestation to labor
5006...VAR	17H	101	101	101 (hypertension); blood pressure systolic 160 or greater and/or diastolic 110 or greater prior to 24 weeks gestation
5007...VAP	181	102	102	102 Albuminuria; proteinuria, five or more
5008...VAP	181	103	103	103 Albuminuria; proteinuria, five or more
5012...VAP	90V	107	107	107 DR-60 conditions; switch, data availability; any info in variable file locations 108-248, 1880, 2485
5013...VAP	11	108	108	108 Cardiovascular disease; organic heart disease
5014...VAP	12	109	109	109 Cardiovascular disease; organic heart disease, no systems on peripartum
5015...VAP	13	110	110	110 Cardiovascular disease; organic heart disease, symptoms on exertion
5016...VAP	14	111	111	111 Cardiovascular disease; organic heart disease, symptoms on limited activity
5017...VAP	15	112	112	112 Cardiovascular disease; organic heart disease, symptoms on bed rest
5018...VAP	16	113	113	113 Cardiovascular disease; rheumatic fever, acute or recurrent
5019...VAP	17	114	114	114 Thrombosis; phlebitis
5020...VAP	18	115	115	115 Thrombosis; phlebitis, regional increase in body heat
5021...VAP	19	116	116	116 Thrombosis; phlebitis, fever 100.4 or greater
5022...VAP	20	117	117	117 Thrombosis; phlebitis, regional swelling
5023...VAP	21	118	118	118 Thrombosis; phlebitis, palpable thrombus
5024...VAP	22	119	119	119 Thrombosis; phlebitis, vein tenderness
5025...VAP	23	120	120	120 Thrombosis; phlebitis, embolization
5026...VAP	24	121	121	121 Tuberculosis; active
5027...VAP	24	122	122	122 Tuberculosis; active
5028...VAP	24	123	123	123 Tuberculosis; active with positive sputum culture
5029...VAP	26	124	124	124 Tuberculosis; active with positive culture, other
5030...VAP	27	125	125	125 Tuberculosis; active with positive guinea pig inoculation

Data Items Referencing Form OB-60, Obstetric Diagnostic Summary

DATA ITEM ID	IFPM 34 P.34M	CARD NUM	FROM TO	DATA ITEM NAME
5011....VAP 20			126	126 Tuberculosis, active with x-ray; radiographic evidence of disease
5012....VAP 10			127	127 Tuberculosis, active with x-ray; radiographic evidence of disease
5013....VAP 31			128	128 Tuberculosis, inactive
5014....VAP 32			129	129 Pneumonia
5015....VAP 33			130	130 Pneumonia, bacterial culture positive
5016....VAP 14			131	131 Pneumonia, viral and/or serologic evidence
5017....VAP 35			132	132 Pneumonia, chest x-ray; radiographic evidence of disease
5018....VAP 36			133	133 Asthma; bronchial
5019....VAP 37			134	134 Asthma; bronchial acute
5040....VAP 18			135	135 Asthma; bronchial status asthmaticus
5041....VAP 19			136	136 Thoracic surgery
5042....VAP 40			137	137 Pulmonary disease, other
5043....VAP 41			138	138 Anemia
5044....VAP 42			139	139 Anemia, abnormal low serum iron
5045....VAP 43			140	140 Anemia, abnormal high iron binding capacity
5046....VAP 44			141	141 Anemia, abnormal high photophorphyrin
5047....VAP 45			142	142 Anemia, abnormal peripheral WBC smear
5048....VAP 46			143	143 Anemia, abnormal bone marrow smear
5049....VAP 47			144	144 Anemia, clinical responsive to iron therapy
5050....VAP 48			145	145 Anemia, abnormal hemoglobin S electrophoresis
5051....VAP 40			146	146 Anemia, sickling in peripheral blood
5052....VAP 50			147	147 Anemia, other findings
5053....VAP 52			148	148 Coagulation defect
5054....VAP 51			149	149 Coagulation defect; prothrombin, abnormal low
5055....VAP 54			150	150 Coagulation defect; proconvertin, abnormal low
5056....VAP 55			151	151 Coagulation defect; fibrinogen, abnormal low
5057....VAP 56			152	152 Coagulation defect; clotting time prolonged, abnormal
5058....VAP 57			153	153 Coagulation defect; fibrinogen, clinical response to administration
5059....VAP 58			154	154 Coagulation defect; other findings
5060....VAP 50			155	155 Blood; hemologic diseases, other
5061....VAP 60			156	156 Diabetes mellitus
5062....VAP 61			157	157 Diabetes mellitus; blood glucose 200 mg. percent or greater
5063....VAP 62			158	158 Diabetes mellitus; insulin or oral hypoglycemic therapy
5064....VAP 63			159	159 Diabetes mellitus; insulin reaction
5065....VAP 64			160	160 Diabetes mellitus; diabetic coma
5066....VAP 65			161	161 Diabetes mellitus; keto acidosis
5067....VAP 66			162	162 Diabetes mellitus; duration five years or greater
5068....VAP 67			163	163 Glucose tolerance test; abnormal
5069....VAP 68			164	164 Hypothyroidism
5070....VAP 69			165	165 Hypothyroidism; basal metabolic rate (BMR) abnormal low
5071....VAP 70			166	166 Hypothyroidism; protein bound iodine (PBI) abnormal low
5072....VAP 71			167	167 Hypothyroidism; butanol extractable iodine (BEI) abnormal low

Data Items Referencing ICD-60, Analytic Diagnostic Summary

DATA ITEM ID	ICD 3M F30M	CARD NUM	FROM MIM	TO MIM	DATA ITEM NAME
5073....VAR	72		168	168	HYPOHYPOTHYROIDISM; iodine 131 uptake, abnormal low
5074....VAR	73		169	169	HYPOHYPOTHYROIDISM; clinical response to thyroid supplementation
5075....VAR	74		170	170	HYPERHYPOTHYROIDISM
5076....VAR	75		171	171	HYPERHYPOTHYROIDISM; basal metabolic rate (BMR), abnormal high
5077....VAR	76		172	172	HYPERHYPOTHYROIDISM; protein bound iodine (PBI), abnormal high
5078....VAR	77		173	173	HYPERHYPOTHYROIDISM; thyroid extractable iodine (AEI), abnormal high
5079....VAR	78		174	174	HYPERHYPOTHYROIDISM; iodine 131 uptake, abnormal high
5080....VAR	79		175	175	HYPERHYPOTHYROIDISM; clinical response to therapy
5081....VAR	80		176	176	Thyroid surgery
5082....VAR	81		177	177	Metabolic disorders; endocrine disorders, other
5083....VAR	82		178	178	Myositis
5084....VAR	83		179	179	Myositis, serology positive
5085....VAR	84		180	180	Myositis, cerebrospinal fluid positive
5086....VAR	85		181	181	Myositis, treponema immobilization test positive
5087....VAR	86		182	182	Myositis, ian field positive
5088....VAR	87		183	183	Conjunctiva
5089....VAR	88		184	184	Conjunctiva, culture positive
5090....VAR	89		185	185	Conjunctiva, smear positive
5091....VAR	90		186	186	Conjunctiva, other
5092....VAR	91		187	187	Glomerulonephritis, acute and chronic
5093....VAR	92		188	188	UTI infection
5094....VAR	93		189	189	UTI infection, fever 100.0 or greater
5095....VAR	94		190	190	UTI infection, CVA tenderness
5096....VAR	95		191	191	UTI infection, urine culture positive
5097....VAR	96		192	192	UTI infection, dysuria (15 SUR/IMP)
5098....VAR			193	193	Hepatitis (15 HEP/IMP)
5099....VAR			194	194	Hepatitis (15 HEP/IMP)
5100....VAR			195	195	Hepatitis, other
5101....VAR	100		196	196	Urinary tract disease, other
5102....VAR	102		197	197	Infertility
5103....VAR	103		198	198	Cervical incompetence
5104....VAR	104		199	199	Cervical incompetence; surgical repair
5105....VAR	105		200	200	Leishmaniasis
5106....VAR	106		201	201	Leishmaniasis
5107....VAR	107		202	202	Leishmaniasis, other
5108....VAR	108		203	203	Gynecologic surgery
5109....VAR	109		204	204	Gynecologic disease, other
5110....VAR	110		205	205	Convulsive disorder (not epileptic)
5111....VAR	111		206	206	Convulsions (not epileptic) during pregnancy
5112....VAR	112		207	207	Infantile tetanus
5113....VAR	113		208	208	Infantile tetanus
5114....VAR	114		209	209	Psychomotor neuritis
5115....VAR	115		210	210	Neurologic or neuromuscular disease, other

OB-60 OBSTETRIC DIAGNOSTIC SUMMARY

1. PATIENT IDENTIFICATION

2. CODED BY	13. TITLE OR POSITION
4. CODED BY	14. TITLE OR POSITION
6. REVIEWED BY	15. TITLE OR POSITION
8. DATE CODING COMPLETED	16. IF CODING NOT COMPLETE, EXPLAIN

10. STUDY RECORD CODED WITH NO OTHER RECORDS HOSP. RECORD OF THIS BRG. ONLY COMPLETE HOSP. RECORD

Aberrations indicate that specification of the disease or condition is required.

DISEASES OR CONDITIONS	RECORD TYPE		
	10	11	12
A. CARDIOVASCULAR <input type="checkbox"/> NONE			
17. ORGANIC HEART DISEASE Type*			
FUNCTIONAL CLASSIFICATION			
17. No symp. on exertion			
18. Symp. on ordinary activity			
16. Symp. on limited activity			
15. Symp. on bed rest			
14. <u>HEMODYNAMIC</u> REVER, ACUTE OR RECURRENT			
17. THROMBOSIS AND/OR PHLEBITIS			
19. Regional area in body part			
19. Fever 100.4° or above			
20. Regional swelling			
21. Palpable thrombus			
22. Vein tenderness			
23. Embolization			
24. OTHER*			
B. PULMONARY <input type="checkbox"/> NONE			
25. TBC, ACTIVE			
26. Pos. sputum culture			
27. Pos. culture - other			
28. Pos. guinea pig inoculation			
29. X-Ray evidence of presence of disease			
20. X-Ray evidence of progression of disease			
31. TBC, INACTIVE			
32. PNEUMONIA			
32. Pos. culture bacteria			
34. Vocal cord or serology evidence			
33. Chest X-Ray evidence			
B. PULMONARY (continued)			
36. BRONCHIAL ASTHMA			
37. Acute asthma			
38. Status asthmatikus			
39. THORACIC SURGERY* (Ple. Lady, Cardiom)			
40. OTHER*			
C. BLOOD <input type="checkbox"/> NONE			
41. ANEMIA Type*			
42. Abnor. low serum iron			
43. Abnor. high (BC			
44. Abnor. high protophyrin			
45. Abnor. peripheral RBC smear			
46. Abnor. bone marrow smear			
47. Clinical response to chemotherapy (ref. to MGB, MOP or other appropriate report)			
48. Abnormal hemoglobin S electrophoresis			
49. Sickling in peripheral blood			
50. Other findings in anemia*			

OB-60 OBSTETRIC DIAGNOSTIC SUMMARY

31. PATIENT IDENTIFICATION

DISEASES OR CONDITIONS	BLOOD	URINE	POSTPARTUM	31	32	33
	34	35	36			
C. BLOOD (continued)						
32. COAGULATION DEFECT						
33. Abnor. low prothrombin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
34. Abnor. low proconvertin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35. Abnor. low fibrinogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
36. Abnor. prolonged clot. time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37. Clin. response to administ. of fibrinogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
38. Other findings in coagulation defects*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

39. OTHER*						

D. METABOLIC AND ENDOCRINE (continued)						
40. DIABETES MELLITUS						
41. Any blood sugar 200 mg. % or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
42. Insulin therapy or oral hypoglycemic analogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
43. Insulin reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
44. Diabetic coma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
45. Keto-Acids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
46. Duration 5 years or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
47. ABNORMAL GLUCOSE TOLERANCE TEST						
48. HYPOTHYROIDISM						
49. Abnor. low BMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
50. Abnor. low PBI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
51. Abnor. low BEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
52. Abnor. low ¹³¹ I uptake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
53. Clinical response to thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
49. HYPERTHYROIDISM						
54. Abnor. high BMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
55. Abnor. high PBI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
56. Abnor. high BEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
57. Abnor. high ¹³¹ I uptake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
58. Clinical response to therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E. METABOLIC AND ENDOCRINE (continued)						
40. THYROID SURGERY*						

81. OTHER*						

E. VENEREAL						
82. SYPHILIS						
83. Pos. serology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
84. Pos. serological fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
85. Pos. Wassermann immobilization test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
86. Pos. dark field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
87. GONORRHEA						
88. Pos. culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
89. Pos. smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
90. OTHER*						

F. URINARY TRACT						
91. ACUTE AND CHRONIC GLOMERULONEPHRITIS						
92. KUB INFECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
93. Fever 100.4° or above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
94. CVA tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
95. Pos. urine culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
96. Pyuria (15 WBC HPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
97. HEMATURIA (15 RBC HPP)						
98. KUB TUMOR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

99. KUB SURGERY*						

100. OTHER*						

OB-60 OBSTETRIC DIAGNOSTIC SUMMARY

PATIENT IDENTIFICATION

DISEASES OR CONDITIONS	PREVIOUS PREGN.			PRESENT PREGN.	PATIENT IDENTIFICATION			
	1	2	3		1	2	3	
G. GYNECOLOGICAL <input type="checkbox"/> NONE				H. NEUROLOGIC AND PSYCHIATRIC <input type="checkbox"/> NONE				
102. INFERTILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115. OTHER NEUROLOGIC OR NEUROMUSCULAR DISEASE* (including brain surgery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. INCOMPETENT CERVIX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116. ALCOHOLISM*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. SURGERY FOR INCOMPETENT CERVIX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117. DRUG HABITUATION* AND ADDICTION*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. VAGINITIS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118. OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. LEIOMYOMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. GASTROINTESTINAL <input type="checkbox"/> NONE			
107. OTHER GYNECOLOGIC TUMOR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119. CHOLECYSTITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. GYNECOLOGIC SURGERY*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120. CHOLELITHIASIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121. HEPATITIS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. NEUROLOGIC AND PSYCHIATRIC <input type="checkbox"/> NONE				122. APPENDICITIS				
110. CONVULSIVE DISORDER (see 4000000) Type*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123. COLITIS, LEFTIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. CONVULSIONS DURING PREGNANCY (see 4000000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124. HERNIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. MENTAL RETARDATION*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125. PEPTIC ULCER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. ORGANIC BRAIN DISEASE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126. GI SURGERY*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. PSYCHOSIS* AND NEUROSIS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127. GI TUMOR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					128. OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OB-60 OBSTETRIC DIAGNOSTIC SUMMARY

160 PATIENT IDENTIFICATION

DISEASES OR CONDITIONS

N. INFECTIOUS DISEASES DURING PREGNANCY <small>(Exclude local endemic diseases and multiple typed organisms)</small>	NONE	FORNEST		
		1st	2nd	3rd
164. KNOWN OR PRESUMED VIRAL*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165. KNOWN OR PRESUMED BACTERIAL*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166. KNOWN OR PRESUMED PARASITIC*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167. KNOWN OR PRESUMED FUNGAL*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168. TYPE UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169. ATTENUATED LIVE VACCINE, TYPE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O. DISEASES AND CONDITIONS NOT ELSEWHERE SPECIFIED

NONE	FORNEST		
	1st	2nd	3rd
170.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P. SPECIAL STUDIES (Optional)

171. Beckwith's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172. Heart volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173. Total ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174. Other*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form IFRM Numbers linked to Data Items on JM-60, Obstetric Diagnostic Summary

IFRM ON FORM	DATA IFRM IN	CARD NUM	FROM	TO	DATA IFRM NAME
6173	..M-11R	0R912	16	16	Bacterial agent, nature of
2216	..JM-60	2360	45	45	RD Disease and condition code (4 digit), nth code where n = 10 to 30
2223	..JM-60	4360	45	45	RD Disease and condition code (4 digit), nth code where n = 19 to 27
2200	..JM-60	2360	45	45	RD Disease and condition code (4 digit), nth code where n = 10 to 27
2189	..JM-60	2360	23	23	RD Disease and condition code (4 digit), nth code where n = 10 to 27
2130	..JM-60	1360	23	23	RD Disease and condition code (4 digit), nth code where n = 10 to 27
6410	..M-11D	0R914	16	17	Fungal agent, nature of
509R	....VAR		193	193	RD Hematuria (15 RAC/10PF)
2209	..JM-60	2360	45	45	RD Hematuria (15 RAC/10PF), code: 097
6383	..M-11H	0R912	43	43	Infection, clinically bacterial; serology
6407	..M-11C	0R913	43	43	Infection, clinically parasitic; serology
6374	..M-11H	0R912	17	17	Infection; bacterial, specific nature of illness
6385	..M-11H	0R912	45	47	Infection; bacterial; KUH, occurrences by trimester
6423	..M-11D	0R914	26	24	Infection; fungal, onset, trimester
6420	..M-11D	0R914	18	18	Infection; fungal, onset, trimester
6402	..M-11C	0R913	26	29	Infection; parasitic, onset, date (mo/yr)
6399	..M-11C	0R913	18	18	Infection; parasitic, onset, trimester
6355	..M-11A	0R91K	26	29	Infection; viral, onset, trimester
5100	....VAR		195	195	KUH; Surgery
2200	..JM-60	2360	45	45	KUH; Surgery, code: 090
2167	..JM-60	1360	60	60	Pulmonary edema, Intrapartum
6384	..M-11H	0R912	44	44	Syphilis, type
5090	....VAR		194	194	Tumor, KUH
2200	..JM-60	2360	45	45	Tumor, KUH, code: 09R
6351	..M-11A	0R91K	16	17	Viral agent, nature of
2192	..JM-60	2360	26	26	Cardiovascular disease or condition, number of
5161	....VAR		256	256	Cardiovascular disease or condition, number of
5167	....VAR		257	257	Pulmonary disease or condition, number of
2193	..JM-60	2360	27	27	Pulmonary disease or condition, number of
2194	..JM-60	2360	28	28	Hematologic disease or condition, number of
5161	....VAR		258	258	Hematologic blood disease or condition, number of
2195	..JM-60	2360	29	29	Metabolic disease or condition; endocrine disease or condition, number of
5164	....VAR		259	259	Metabolic; endocrine disease or condition, number of
2196	..JM-60	2360	30	30	Veneral disease or condition, number of
5165	....VAR		260	260	Veneral disease or condition, number of
5166	....VAR		261	261	Veneral disease or condition, number of
2197	..JM-60	2360	31	31	Urinary tract disease or condition, number of
2198	..JM-60	2360	32	32	Urinary tract disease or condition, number of
5167	....VAR		262	262	Gynecological disease or condition, number of
2199	..JM-60	2360	33	33	Disease or condition; psychiatric disease or condition, number of
5168	....VAR		263	263	Neurologic; psychiatric disease or condition, number of

Form Item Numbers Linked to Data Items on ICR-60, Obstetric Diagnostic Summary

ITEM OR FORM	DATA ITEM IN	CAHD NUM	FORM NO	DATA ITEM NAME
I	5169....VAR		764	264 Gastrointestinal disease of condition, number of
J	2200..OR-60 2360		34	34 Gastrointestinal disease of condition, number of
J	5170....VAR		265	265 Integument and appendages disease of condition, number of
J	2201..OR-60 2360		35	35 Integument and appendages disease of condition, number of
K	5171....VAR		266	266 Obstetrical complications, disease of condition, number of
K	2202..OR-60 2360		36	36 Obstetrical complications, number of
L	2203..OR-60 2360		37	37 Pregnancy complications, study
M	5172....VAR		267	267 Pregnancy outcome code
M	2204..OR-60 2360		39	39 Puerperal complications, number of
M	2205..OR-60 2360		40	40 Puerperal complications, number of
N	5173....VAR		269	269 Infectious diseases, number of
N	2206..OR-60 2360		41	41 Infectious diseases, number of
P	2207..OR-60 2360		42	42 Diseases and conditions, other, number of
P	2191..OR-60 2360		25	42 Diseases and conditions, other, number of
P	2132..OR-60 1360		25	25 Speciel studies, number of
P	5012....VAR		107	25 Taxemia screen
ANY			107	107 UA-60 conditions; switch, data availability; any info in variable file locations 108-268, 1ano, 2ays
R	2185..OR-60 2360		17	14 Form NH-60 date (1a)
R	2213..OR-60 3360		17	14 Form NH-60 date (1a)
R	2220..OR-60 4360		17	14 Form NH-60 date (1a)
R	2126..OR-60 1360		17	14 Form NH-60 date (1a)
R	2219..OR-60 4360		15	16 Form NH-60 date (day)
R	2125..OR-60 1360		15	16 Form NH-60 date (day)
R	2184..OR-60 2360		15	16 Form NH-60 date (day)
R	2212..OR-60 3360		15	16 Form NH-60 date (day)
R	2214..OR-60 3360		15	16 Form NH-60 date (day)
P	2186..OR-60 2360		19	20 Form NH-60 date (yr)
R	2221..OR-60 4360		19	20 Form NH-60 date (yr)
R	2127..OR-60 1360		19	20 Form NH-60 date (yr)
Q	2128..OR-60 1360		19	20 Form NH-60 date (yr)
Q	2187..OR-60 2360		21	21 Form NH-60 coding not complete
U	2188..OR-60 2360		21	21 Form NH-60 coding not complete
10	2129..OR-60 1360		22	22 Form NH-60 coded with other records
11	5013....VAR		27	22 Form NH-60 coded with other records
11	2209..OR-60 2360		108	108 Cardiovascular disease; organic heart disease
12	5014....VAR		45	45 Cardiovascular disease; organic heart disease, code: 011
12	2209..OR-60 2360		109	109 Cardiovascular disease; organic heart disease, no symptoms on exertion
12			45	45 Cardiovascular disease; organic heart disease, no symptoms on exertion, code: 012
13	5015....VAR		110	110 Cardiovascular disease; organic heart disease, symptoms on exertion
13	2209..OR-60 2360		45	45 Cardiovascular disease; organic heart disease, symptoms on exertion
14	5016....VAR		111	111 Cardiovascular disease; organic heart disease, symptoms on ordinary activity, code: 013
14			111	111 Cardiovascular disease; organic heart disease, symptoms on limited activity

For Item Numbers linked to Data Items on '00-60, Obstetric Diagnostic Summary

ITEM ON FORM	DATA ITEM IN	CAHD NUM	FROM	TO	DATA ITEM NAME
14	2200...00-60	2360	45	80	Cardiovascular disease; organic heart disease, symptoms on limited activity, code: 014
15	5017...VAR		112	112	Cardiovascular disease; organic heart disease, symptoms on limited activity, code: 014
15	2200...00-60	2360	45	80	Cardiovascular disease; organic heart disease, symptoms on bed rest
16	5018...VAR		113	113	Cardiovascular disease; rheumatic fever, acute or recurrent
16	2200...00-60	2360	45	80	Cardiovascular disease; rheumatic fever, acute or recurrent, code: 015
17	5019...VAR		114	114	Thrombosis; phlebitis
17	2200...00-60	2360	45	80	Thrombosis; phlebitis, code: 017
18	5020...VAR		115	115	Thrombosis; phlebitis, regional increase in body heat
18	2200...00-60	2360	45	80	Thrombosis; phlebitis, regional increase in body heat, code: 018
19	5021...VAR		116	116	Thrombosis; phlebitis, fever 100.4 or greater
19	2200...00-60	2360	45	80	Thrombosis; phlebitis, fever 100.4 or greater, code: 019
20	5022...VAR		117	117	Thrombosis; phlebitis, regional swelling
20	2200...00-60	2360	45	80	Thrombosis; phlebitis, regional swelling, code: 020
21	5023...VAR		118	118	Thrombosis; phlebitis, palpable thrombus
21	2200...00-60	2360	45	80	Thrombosis; phlebitis, palpable thrombus, code: 021
22	5024...VAR		119	119	Thrombosis; phlebitis, vein tenderness
22	2200...00-60	2360	45	80	Thrombosis; phlebitis, vein tenderness, code: 022
23	5025...VAR		120	120	Thrombosis; phlebitis, embolization
23	2200...00-60	2360	45	80	Thrombosis; phlebitis, embolization, code: 023
24	5026...VAR		121	121	Cardiovascular disease, other
24	2200...00-60	2360	45	80	Cardiovascular disease, other, code: 024
25	5027...VAR		122	122	Tuberculosis, active
25	2200...00-60	2360	45	80	Tuberculosis, active, code: 025
26	5028...VAR		123	123	Tuberculosis, active with positive sputum culture
26	2200...00-60	2360	45	80	Tuberculosis, active with positive sputum culture, code: 026
27	5029...VAR		124	124	Tuberculosis, active with positive culture, other
27	2200...00-60	2360	45	80	Tuberculosis, active with positive culture, other, code: 027
28	5030...VAR		125	125	Tuberculosis, active with sensitive guinea pig inoculation
28	2200...00-60	2360	45	80	Tuberculosis, active with sensitive guinea pig inoculation, code: 028
29	5031...VAR		126	126	Tuberculosis, active with x-rays; radiographic evidence of disease
29	2200...00-60	2360	45	80	Tuberculosis, active with x-rays; radiographic evidence of disease, code: 029
30	5032...VAR		127	127	Tuberculosis, active with x-rays; radiographic evidence of disease
30	2200...00-60	2360	45	80	Tuberculosis, active with x-rays; radiographic evidence of disease, code: 030
31	5033...VAR		128	128	Tuberculosis, inactive
31	2200...00-60	2360	45	80	Tuberculosis, inactive, code: 031
32	5034...VAR		129	129	Tuberculosis, inactive, code: 031

FORM ITEM NUMBERS LINKED TO DATA ITEMS ON JR-60, HISTORIC DIAGNOSTIC SUMMARY

DATA ITEM NAME

ITEM NM FORM	DATA ITEM IN	CARD MMMM	FROM TO	DATA ITEM NAME
32	2200...OR-60	2360	45	80 pneumonia, code: 012
33	5035...VAR		130	130 pneumonia, bacterial culture positive
34	2200...JR-60	2360	45	80 pneumonia, bacterial culture positive, code: 033
35	5036...VAR		131	131 pneumonia, viral and/or serologic evidence
36	2200...JR-60	2360	45	80 pneumonia, viral and/or serologic evidence, code: 034
37	5037...VAR		132	132 pneumonia, chest x-ray; (radiographic) evidence of disease
38	2200...JR-60	2360	45	80 pneumonia, chest x-ray; (radiographic) evidence of disease, code: 035
39	5038...VAR		133	133 Asthma; bronchial
40	2200...JR-60	2360	45	80 Asthma; bronchial, code: 036
41	5039...VAR		134	134 Asthma; bronchial acute
42	2200...JR-60	2360	45	80 Asthma; bronchial acute, code: 037
43	5040...VAR		135	135 Asthma; bronchial status asthmaticus
44	2200...JR-60	2360	45	80 Asthma; bronchial status asthmaticus, code: 038
45	5041...VAR		136	136 Thoracic surgery
46	2200...JR-60	2360	45	80 Thoracic surgery, code: 039
47	5042...VAR		137	137 Pulmonary disease, other
48	2200...OR-60	2360	45	80 Pulmonary disease, other, code: 040
49	5043...VAR		138	138 Anemia, code: 041
50	2200...JR-60	2360	45	80 Anemia, abnormal low serum iron
51	5044...VAR		139	139 Anemia, abnormal low serum iron, code: 042
52	2200...JR-60	2360	45	80 Anemia, abnormal high iron binding capacity
53	5045...VAR		140	140 Anemia, abnormal high iron binding capacity, code: 043
54	2200...JR-60	2360	45	80 Anemia, abnormal high photophorphyrin
55	5046...VAR		141	141 Anemia, abnormal high photophorphyrin, code: 044
56	2200...JR-60	2360	45	80 Anemia, abnormal peripheral WBC smear
57	5047...VAR		142	142 Anemia, abnormal peripheral WBC smear, code: 045
58	2200...OR-60	2360	45	80 Anemia, abnormal bone marrow smear
59	5048...VAR		143	143 Anemia, abnormal bone marrow smear, code: 046
60	2200...JR-60	2360	45	80 Anemia, clinical response to iron therapy
61	5049...VAR		144	144 Anemia, clinical response to iron therapy, code: 047
62	2200...OR-60	2360	45	80 Anemia, clinical hemoglobin 5 electrophoresis
63	5050...VAR		145	145 Anemia, abnormal hemoglobin 5 electrophoresis, code: 048
64	2200...OR-60	2360	45	80 Anemia, sickling in peripheral blood
65	5051...VAR		146	146 Anemia, sickling in peripheral blood, code: 049
66	2200...OR-60	2360	45	80 Anemia, other findings
67	5052...VAR		147	147 Anemia, other findings, code: 050
68	2200...OR-60	2360	45	80 Coagulation defect
69	5053...VAR		148	148 Coagulation defect, code: 051
70	2200...OR-60	2360	45	80 Coagulation defect; prothrombin, abnormal low
71	5054...VAR		149	149 Coagulation defect; prothrombin, abnormal low, code: 052
72	2200...OR-60	2360	45	80 Coagulation defect; prothrombin, abnormal low, code: 053
73	5055...VAR		150	150 Coagulation defect; prothrombin, abnormal low

Form Item Numbers linked to Data Items on IR-60, Obstetric Diagnostic Summary

ITEM ON FORM	DATA TYPE IN	CAHM NMH FROM	IN	FROM	DATA TYPE NAME
54	2209...JR-60	2360	45	40	Coagulation defect: proconvertin, abnormal low, code: 054
55	5056...VAR		151	151	Coagulation defect: fibrinogen, abnormal low
55	2209...OR-60	2360	45	40	Coagulation defect: fibrinogen, abnormal low, code: 055
56	5057...VAR		152	152	Coagulation defect: clotting time prolonged, abnormal
56	2209...OR-60	2360	45	40	Coagulation defect: clotting time prolonged, abnormal, code: 056
57	5058...VAR		153	153	Coagulation defect: fibrinogen, clinical response to administration
57	2209...JR-60	2360	45	40	Coagulation defect: fibrinogen, clinical response to administration
58	5059...VAR		154	154	Administration, code: 057
58	2209...JR-60	2360	45	40	Coagulation defect: other findings
59	5060...VAR		155	155	blood; hematologic diseases, other, code: 058
59	2209...UR-60	2360	45	40	blood; hematologic diseases, other, code: 058
60	5061...VAR		156	156	diabetes mellitus, code: 059
60	2209...JR-60	2360	45	40	diabetes mellitus, code: 059
61	5062...VAR		157	157	diabetes mellitus; blood glucose 200 mg. percent or greater
61	2209...JR-60	2360	45	40	diabetes mellitus; blood glucose 200 mg. percent or greater, code: 061
62	5063...VAR		158	158	diabetes mellitus; insulin or oral hypoglycemic therapy
62	2209...JR-60	2360	45	40	diabetes mellitus; insulin or oral hypoglycemic therapy, code: 062
63	5064...VAR		159	159	diabetes mellitus; insulin reaction
63	2209...JR-60	2360	45	40	diabetes mellitus; insulin reaction, code: 063
64	5065...VAR		160	160	diabetes mellitus; diabetic coma
64	2209...JR-60	2360	45	40	diabetes mellitus; diabetic coma, code: 064
65	5066...VAR		161	161	diabetes mellitus; keto acidosis
65	2209...JR-60	2360	45	40	diabetes mellitus; keto acidosis, code: 065
66	5067...VAR		162	162	diabetes mellitus; duration five years or greater
66	2209...JR-60	2360	45	40	diabetes mellitus; duration five years or greater, code: 066
67	5068...VAR		163	163	glucose tolerance test abnormal
67	2209...JR-60	2360	45	40	glucose tolerance test abnormal, code: 067
68	5069...VAR		164	164	hypothyroidism
68	2209...JR-60	2360	45	40	hypothyroidism, code: 068
69	5070...VAR		165	165	hypothyroidism; basal metabolic rate (BMR) abnormal low
69	2209...OR-60	2360	45	40	hypothyroidism; basal metabolic rate (BMR) abnormal low, code: 068
70	5071...VAR		166	166	hypothyroidism; protein bound iodine (PBI) abnormal low
70	2209...UR-60	2360	45	40	hypothyroidism; protein bound iodine (PBI) abnormal low, code: 070
71	5072...VAR		167	167	hypothyroidism; extractable iodine (EPI) abnormal low
71	2209...UR-60	2360	45	40	hypothyroidism; extractable iodine (EPI) abnormal low, code: 071
72	5073...VAR		168	168	hypothyroidism; iodine 131 uptake, abnormal low
72	2209...OR-60	2360	45	40	hypothyroidism; iodine 131 uptake, abnormal low, code: 072
73	5074...VAR		169	169	hypothyroidism; clinical response to thyroid supplementation
73	2209...UR-60	2360	45	40	hypothyroidism; clinical response to thyroid supplementation, code: 073

Form Item Numbers Linked to Data Items on OB-60, Obstetric Diagnostic Summary

ITEM ON FORM	DATA ITEM ID	CANN NUM	FROM	TO	DATA ITEM NAME
74	5075...VAR		170	170	HYPERTHYROIDISM
74	2209...OB-60	2360	45	45	HYPERTHYROIDISM; code: 074
75	5076...VAR		171	171	HYPERTHYROIDISM; basal metabolic rate (BMR), abnormal high
75	2209...OB-60	2360	45	45	HYPERTHYROIDISM; basal metabolic rate (BMR), abnormal high, code: 075
76	5077...VAR		172	172	HYPERTHYROIDISM; protein bound iodine (PBI), abnormal high
76	2209...OB-60	2360	45	45	HYPERTHYROIDISM; protein bound iodine (PBI), abnormal high, code: 076
77	5078...VAR		173	173	HYPERTHYROIDISM; butanol extractable iodine (BEI), abnormal high
77	2209...OB-60	2360	45	45	HYPERTHYROIDISM; butanol extractable iodine (BEI), abnormal high, code: 077
78	5079...VAR		174	174	HYPERTHYROIDISM; iodine 131 uptake, abnormal high
78	2209...OB-60	2360	45	45	HYPERTHYROIDISM; iodine 131 uptake, abnormal high
79	5080...VAR		175	175	HYPERTHYROIDISM; clinical response to therapy
79	2209...OB-60	2360	45	45	HYPERTHYROIDISM; clinical response to therapy, code: 079
80	5081...VAR		176	176	THYROID SURGERY
80	2209...OB-60	2360	45	45	THYROID SURGERY, code: 079
81	5082...VAR		177	177	Metabolic disorders; code: 080
81	2209...OB-60	2360	45	45	Metabolic disorders; endocrine disorders, other
82	5083...VAR		178	178	SYPHILIS
82	2209...OB-60	2360	45	45	SYPHILIS, code: 081
83	5084...VAR		179	179	SYPHILIS, serology positive
83	2209...OB-60	2360	45	45	SYPHILIS, serology positive, code: 081
84	5085...VAR		180	180	SYPHILIS, cerebrospinal fluid positive
84	2209...OB-60	2360	45	45	SYPHILIS, cerebrospinal fluid positive, code: 084
85	5086...VAR		181	181	SYPHILIS, treponema immobilization test positive
85	2209...OB-60	2360	45	45	SYPHILIS, treponema immobilization test positive, code: 085
86	5087...VAR		182	182	SYPHILIS, dark field positive
86	2209...OB-60	2360	45	45	SYPHILIS, dark field positive, code: 085
87	5088...VAR		183	183	GONORRHEA
87	2209...OB-60	2360	45	45	GONORRHEA, code: 086
88	5089...VAR		184	184	GONORRHEA, culture positive
88	2209...OB-60	2360	45	45	GONORRHEA, culture positive, code: 086
89	5090...VAR		185	185	GONORRHEA, smear positive
89	2209...OB-60	2360	45	45	GONORRHEA, smear positive, code: 089
90	5091...VAR		186	186	VENEREAL DISEASE, other
90	2209...OB-60	2360	45	45	VENEREAL DISEASE, other, code: 090
91	5092...VAR		187	187	GLOMERULONEPHRITIS, acute and chronic
91	2209...OB-60	2360	45	45	GLOMERULONEPHRITIS, acute and chronic, code: 091
92	5093...VAR		188	188	KIDNEY INFECTION
92	2209...OB-60	2360	45	45	KIDNEY INFECTION, code: 092
93	5094...VAR		189	189	KIDNEY INFECTION, fever 100.4 or greater
93	2209...OB-60	2360	45	45	KIDNEY INFECTION, fever 100.4 or greater, code: 093

Form Item Numbers Linked to Data Items on OB-60, Obstetric Diagnostic Summary

FORM	DATA ITEM	CAHD	FORM	DATA ITEM NAME
ON	IN	MIK	IN	
04	5005...VAR		196	190 KMH? Infection, CVA tenderness
06	2709...J-60	2360	45	45 40 KMH? Infection, CVA tenderness, codes: 094
05	5096...VAR		191	191 KMH? Infection, urine culture positive
05	2704...OR-60	2360	45	45 40 KMH? Infection, urine culture positive, codes: 095
06	5097...VAR		192	192 KMH? Infection, dysuria (15 WBC/HPF)
06	2709...OR-60	2360	45	45 40 KMH? Infection, dysuria (15 WBC/HPF), codes: 096
100	5101...VAR		194	194 Urinary tract disease, other
100	2709...OR-60	2360	45	45 40 Urinary tract disease, other, codes: 100
102	5102...VAR		197	197 Infertility
102	2709...OR-60	2360	45	45 40 Infertility, codes: 102
103	5103...VAR		198	198 Cervical incompetence
103	2709...OR-60	2360	45	45 40 Cervical incompetence, codes: 103
104	5104...VAR		199	199 Cervical incompetence; surgical repair
104	2709...OR-60	2360	45	45 40 Cervical incompetence; surgical repair, codes: 104
104	2200...OR-60	2360	45	45 40 Cervical incompetence; surgical repair, codes: 104
104	5105...VAR		200	200 Vaginitis
104	2709...OR-60	2360	45	45 40 Vaginitis, code: 105
106	5106...VAR		201	201 Leishmaniasis
106	2709...OR-60	2360	45	45 40 Leishmaniasis, code: 106
107	5107...VAR		202	202 Tumor; gynecologic, other
107	2709...OR-60	2360	45	45 40 Tumor; gynecologic, other, codes: 107
108	5108...VAR		203	203 Gynecologic surgery
108	2709...OR-60	2360	45	45 40 Gynecologic surgery, code: 108
109	5109...VAR		204	204 Gynecologic disease, other
109	2709...OR-60	2360	45	45 40 Gynecologic disease, other, codes: 109
110	5110...VAR		205	205 Convulsive disorder (not eclamptic)
110	2709...OR-60	2360	45	45 40 Convulsive disorder (not eclamptic), code: 110
111	5111...VAR		206	206 Convulsions (not eclamptic) during pregnancy
111	2709...OR-60	2360	45	45 40 Convulsions (not eclamptic) during pregnancy, code: 111
112	5112...VAR		207	207 Mental retardation
112	2709...OR-60	2360	45	45 40 Mental retardation, code: 112
113	5113...VAR		208	208 Organic brain disease
113	2709...OR-60	2360	45	45 40 Organic brain disease, code: 113
114	5114...VAR		209	209 Psychosis; organic
114	2709...OR-60	2360	45	45 40 Psychosis; organic, code: 114
115	5115...VAR		210	210 Neurologic or neurovascular disease, other
115	2709...OR-60	2360	45	45 40 Neurologic or neurovascular disease, other, codes: 115
116	5116...VAR		211	211 Alcoholism
116	2709...OR-60	2360	45	45 40 Alcoholism, code: 116
117	5117...VAR		212	212 Drug habituation; addiction
117	2709...OR-60	2360	45	45 40 Drug habituation; addiction, code: 117
118	5118...VAR		213	213 Neurologic disorder; other; psychiatric disorders, other
118	2709...OR-60	2360	45	45 40 Neurologic disorder; other; psychiatric disorders, other, code: 118

Form Item Numbers Linked to Data Items on UM-60, Obstetric Diagnostic Summary

ITEM ON FORM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
110	5110...VAR		214	214	Cholecystitis
110	2200...UM-60	2360	45	45	NO Cholecystitis, code: 110
120	5120...VAR		215	215	Cholelithiasis
120	2200...UM-60	2360	45	45	NO Cholelithiasis, code: 120
121	5121...VAR		216	216	Hematitis
121	2200...UM-60	2360	45	45	NO Hematitis, code: 121
122	5122...VAR		217	217	Appendicitis
122	2200...UM-60	2360	45	45	NO Appendicitis, code: 122
123	5123...VAR		218	218	Colitis: Ileitis
123	2200...UM-60	2360	45	45	NO Colitis: Ileitis, code: 123
124	5124...VAR		219	219	Hiatus Hernia
124	2200...UM-60	2360	45	45	NO Hiatus Hernia, code: 124
125	5125...VAR		220	220	Peptic Ulcer
125	2200...UM-60	2360	45	45	NO Peptic Ulcer, code: 125
126	5126...VAR		221	221	Gastrointestinal Surgery
126	2200...UM-60	2360	45	45	NO Gastrointestinal Surgery, code: 126
127	5127...VAR		222	222	Tumor Gastrointestinal
127	2200...UM-60	2360	45	45	NO Tumor Gastrointestinal, code: 127
128	5128...VAR		223	223	Gastrointestinal Disease, Other
128	2200...UM-60	2360	45	45	NO Gastrointestinal Disease, Other, code: 128
130	5129...VAR		224	224	Burns, Hospitalized
130	2200...UM-60	2360	45	45	NO Burns, Hospitalized, code: 130
131	5130...VAR		225	225	Breast Disorder
131	2200...UM-60	2360	45	45	NO Breast Disorder, code: 131
132	5131...VAR		226	226	Intoxication and Poisoning, Other
132	2200...UM-60	2360	45	45	NO Intoxication and Poisoning, Other, code: 132
133	5132...VAR		227	227	Hypertensive Crises
133	2200...UM-60	2360	45	45	NO Hypertensive Crises, code: 133
134	5133...VAR		228	228	Hypertensive Encephalopathy
134	2200...UM-60	2360	45	45	NO Hypertensive Encephalopathy, code: 134
135	5134...VAR		229	229	Hypertensive Retinopathy
135	2200...UM-60	2360	45	45	NO Hypertensive Retinopathy, code: 135
136	5135...VAR		230	230	Hypertensive Nephropathy
136	2200...UM-60	2360	45	45	NO Hypertensive Nephropathy, code: 136
137	6053...VAR		1319	1319	Placenta Previa, Degree
137	6030...VAR		1305	1305	Abruption Placenta, Degree
140	2200...UM-60	2360	45	45	NO Uterine Bleeding, other first trimester, code: 140
141	5137...VAR		232	232	Uterine Bleeding, other first trimester, code: 141
141	2200...UM-60	2360	45	45	NO Uterine Bleeding, other second trimester, code: 141
142	5138...VAR		233	233	Uterine Bleeding, other third trimester, code: 142
142	2200...UM-60	2360	45	45	NO Uterine Bleeding, other third trimester, code: 142
143	5139...VAR		234	234	Shock: Anesthetic
143	2200...UM-60	2360	45	45	NO Shock: Anesthetic, code: 143

Form Item Numbers Linked to Data Items on IR-60, Obstetric Diagnostic Summary

ITEM ON FORM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
143	2209..UR-60	2360	45	R0	Shock; Anesthetic, code: 143
144	5140....VAR		235	R0	Shock; hemorphanic
144	2209..UR-60	2360	45	R0	Shock; hemorphanic, code: 144
145	5141....VAR		236	R0	Shock; septic
145	2209..UR-60	2360	45	R0	Shock; septic, code: 145
146	5142....VAR		237	R0	Shock; positional; vena cava syndrome
146	2209..UR-60	2360	45	R0	Shock; positional; vena cava syndrome, code: 146
147	5143....VAR		238	R0	Shock; other
147	2209..UR-60	2360	45	R0	Shock; other, code: 147
148	5144....VAR		239	R0	Anesthetic accident, other
148	2209..UR-60	2360	45	R0	Anesthetic accident, other, code: 148
149	5145....VAR		240	R0	Maternal; death
149	2209..UR-60	2360	45	R0	Maternal; death, code: 149
150	5146....VAR		241	R0	Hemorrhage within 24 hours of delivery (early)
150	2209..UR-60	2360	45	R0	Hemorrhage within 24 hours of delivery (early), code: 150
150	5147....VAR		242	R0	Hemorrhage within 24 hours post delivery (late)
150	2209..UR-60	2360	45	R0	Hemorrhage within 24 hours post delivery (late), code: 150
151	5148....VAR		243	R0	Puerperal; infection during period of hospitalization
151	2209..UR-60	2360	45	R0	Puerperal; infection during period of hospitalization, code: 151
152	5149....VAR		244	R0	Puerperal; complications, other
152	2209..UR-60	2360	45	R0	Puerperal complications, other, code: 152
154	6352..W-11A	0893X	18	15	Infections; viral, onset, trimester
154	6350..W-11A	0893X	15	15	Infections; viral, number during pregnancy
154	5150....VAR		245	R0	Infectious disease; viral (known or presumed)
154	2209..UR-60	2360	45	R0	Infectious disease; viral (known or presumed), code: 154
155	6375..W-11B	0893Z	18	18	Infections; bacterial, onset, trimester
155	6372..W-11B	0893Z	15	15	Infections; bacterial, number during pregnancy
155	5151....VAR		246	R0	Infectious disease; bacterial (known or presumed)
155	2209..UR-60	2360	45	R0	Infectious disease; bacterial (known or presumed), code: 155
156	6398..W-11C	0893J	17	17	Infections; parasitic; bacterial (known or presumed)
156	6396..W-11C	0893J	15	15	Infections; parasitic, specific nature of illness
156	5152....VAR		247	R0	Infectious disease; parasitic (known or presumed)
156	2209..UR-60	2360	45	R0	Infectious disease; parasitic (known or presumed), code: 156
157	6418..W-11D	08934	15	15	Infections; fungal, number during pregnancy
157	5153....VAR		248	R0	Infectious disease; fungal (known or presumed)
157	2209..UR-60	2360	45	R0	Infectious disease; fungal (known or presumed), code: 157
158	5154....VAR		249	R0	Infectious disease; etiology unknown (known or presumed)
158	2209..UR-60	2360	45	R0	Infectious disease; etiology unknown (known or presumed), code: 158
159	5155....VAR		250	R0	Vaccination, attenuated live type
159	2209..UR-60	2360	45	R0	Vaccination, attenuated live type, code: 159
170	5156....VAR		251	R0	Diseases and conditions not elsewhere specified
170	2209..UR-60	2360	45	R0	Diseases and conditions not elsewhere specified, code: 170

Form Item Numbers Linked to Data Items on JR-60, Obstetric Diagnostic Summary

ITEM NM FNHM	DATA IFPM ID	CARD NUM	FROM	TO	DATA IFPM NAME
171	5157....VAR		252	252	Bacteriuria studies
172	2209..JR-60	2360	43	43	Bacteriuria studies, code: 171
173	5158....VAR		253	253	Heart volume studies
174	2709..JR-60	2360	45	45	Heart volume studies, code: 172
175	5159....VAR		254	254	Fetal PKC studies
176	2709..JR-60	2360	45	45	Fetal PKC studies, code: 173
177	5160....VAR		255	255	Special studies, other
178	2709..JR-60	2360	45	45	Special studies, other, code: 174
179	2208..JR-60	2360	43	43	Disease and conditions, total number
180	2131..JR-60	2360	24	24	Hypertension, history
181	2190..JR-60	2360	24	24	Hypertension, history
182	2134..JR-60	2360	27	27	Blood pressure, s.140-159, 1.00-1.09, 24 wks to delivery
183	2135..JR-60	2360	28	28	Blood pressure, s.140-159, 1.00-1.09, intrapartum
184	2136..JR-60	2360	29	29	Blood pressure, s.140-159, 1.00-1.09, postpartum
185	2137..JR-60	2360	26	26	Blood pressure, s.160, 1.3110, 24 wks to delivery
186	2138..JR-60	2360	31	31	Blood pressure, s.160, 1.3110, intrapartum
187	2139..JR-60	2360	32	32	Blood pressure, s.160, 1.3110, post partum
188	2140..JR-60	2360	33	33	Blood pressure, s.160, 1.3110, up to 24th wk.
189	2137..JR-60	2360	30	30	Hypertension; blood pressure systolic 150 or greater end of
190	5006....VAR		101	101	Hypertension; blood pressure systolic 150 or greater end of
191	5004....VAR		99	99	Hypertension; blood pressure systolic 160 or greater end/of
192	5003....VAR		98	98	Hypertension; blood pressure systolic 160 or greater end/of
193	5005....VAR		100	100	Hypertension; blood pressure systolic 160 or greater end/of
194	2142..JR-60	2360	35	35	Blood pressure, rise s.230, d.215, 24 wks. to delivery
195	2143..JR-60	2360	36	36	Blood pressure, rise s.230, d.215, intrapartum
196	2144..JR-60	2360	37	37	Blood pressure, rise s.230, d.215, postpartum
197	2145..JR-60	2360	34	34	Blood pressure, rise s.230, d.215, up to 24th wk.
198	2146..JR-60	2360	38	38	Proteinuria, <5 mg / 24 hrs, up to 24th week
199	2147..JR-60	2360	39	39	Proteinuria, > 5mg/24 hrs, 24 wks. to delivery
200	2148..JR-60	2360	40	40	Proteinuria, > 5mg/24 hrs, intrapartum
201	5008....VAR		41	41	Proteinuria, > 5mg/24 hrs, postpartum
202	5007....VAR		103	103	Albuminuria; proteinuria, five gms and more
203	2150..JR-60	2360	43	43	Albuminuria; proteinuria, five gms and more
204	2151..JR-60	2360	44	44	Albuminuria; proteinuria, five gms and more
205	2149..JR-60	2360	47	47	Albuminuria, > 5mg/24 hrs, intrapartum
206	2154..JR-60	2360	47	47	Albuminuria, > 5mg/24 hrs, up to 24th wk.
207	2155..JR-60	2360	48	48	Edema above waist, intrapartum
208	2156..JR-60	2360	49	49	Edema above waist, postpartum

Form Item Numbers Linked to Data Items on OB-60, Obstetric Diagnostic Summary

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
182	2153..OB-60	1360	46	46	Ectopic pregnancy, up to 24th wk.
182	2152..OB-60	1360	45	45	Proteinuria, postpartum
183	2158..OB-60	1360	51	51	Weight gain > 26 lbs/wk. of > 36 lbs/wk., 24 wks. to delivery
183	2159..OB-60	1360	52	52	Weight gain > 26 lbs/wk. of > 36 lbs/wk., postpartum
183	2160..OB-60	1360	53	53	Weight gain > 26 lbs/wk. of > 36 lbs/wk., postpartum
184	2157..OB-60	1360	50	50	Weight gain > 26 lbs/wk. of > 36 lbs/wk., up to 24th wk.
184	2162..OB-60	1360	55	55	Uterine <400 ml/24 hrs., postpartum
184	2163..OB-60	1360	56	56	Uterine <400 ml/24 hrs., postpartum
184	2164..OB-60	1360	57	57	Uterine <400 ml/24 hrs., postpartum
185	2161..OB-60	1360	54	54	Uterine <400 ml/24 hrs., up to 24th wk.
185	2165..OB-60	1360	59	59	Pulmonary edema, 24 wks. to delivery
185	2168..OB-60	1360	61	61	Pulmonary edema, postpartum
186	2167..OB-60	1360	60	60	Pulmonary edema, up to 24th wk.
186	2170..OB-60	1360	63	63	Cyanosis, 24 wks. to delivery
186	2171..OB-60	1360	64	64	Cyanosis, postpartum
186	2172..OB-60	1360	65	65	Cyanosis, postpartum
187	2174..OB-60	1360	67	67	Convulsions, up to 24th wk.
187	2175..OB-60	1360	68	68	Convulsions, postpartum
187	2176..OB-60	1360	69	69	Convulsions, postpartum
188	2178..OB-60	1360	71	71	Coag., 24 wks. to delivery
188	2179..OB-60	1360	72	72	Coag., postpartum
188	2180..OB-60	1360	73	73	Coag., postpartum
188	2177..OB-60	1360	70	70	Coag., up to 24th wk.

DEFINITION OF CODES
OBSTETRIC DIAGNOSTIC
SUMMARY
FORM OB-60 CHD 1960

<u>FIELD</u>	<u>CARD COLS.</u>
1. <u>Card Number</u> Code: 1	1
2. <u>Form Number</u> Code: 360	2-4
3. <u>Revision Number*</u> Code: 0 - Form Dated: 7/62 1 - Form Dated: 7/62 changed 5/63	5
4. <u>NEEDS Number</u> Item 1 Nine - digit number for Patient Identification Code: as given	6-14
5. <u>Date Coding Completed</u> Item 8 Six - digit code for month (cols. 15-16) day (cols. 17-18) and year (cols. 19-20). Code: as given 99 - Month, day and/or year unknown	15-20
6. <u>If Coding Not Complete, Explain</u> Item 9 Code: 0 - No comment 1 - Comment	21
7. <u>Study Record Coded With</u> Item 10 Code: 1 - No other records 2 - Hospital record of this pregnancy only 3 - Complete hospital record 9 - Unknown	22
8. <u>Edit Code</u> Code: 1 - Form compared with other Study forms for Patient 2 - Form not compared with other Study forms for Patient	23

* Item numbers refer to form dated: 7/62 changed 5/63

DEFINITION OF CODES (Continued)

FORM OB-6
Card 1360

<u>FIELD</u>	<u>CARD</u> <u>COLUMN</u>
<p>9. <u>History of Hypertension</u> Item 176 Code: 0 - None 1 - When not pregnant 2 - During prior pregnancy 3 - Combination of codes 1 and 2 9 - Unknown</p>	24
<p>10. <u>Toxemia Screen</u> Item R Code: 0 - No 1 - Yes 9 - Unknown</p>	25
<p>11. <u>Blood Pressure (Systolic: 140-159 mm and/or</u> <u>Diastolic: 90-109 mm)</u> Item 177 Four-digit code for: <u>Up to 24th Week</u> (col. 26) <u>24th Week to Labor</u> (col. 27) <u>Intra Partum</u> (col. 28) Code for each column: 0 - No 1 - Yes 9 - Unknown <u>Post Partum</u> (col. 29) Code: 0 - None 1 - First 2 weeks post partum only 2 - 3 to 6 weeks post partum only 3 - Combination of codes 1 and 2 9 - Unknown</p>	26-29
<p>12. <u>Blood Pressure (Systolic: 160 or More and/or</u> <u>Diastolic 110 or More)</u> Item 178 Code: Same as in Field 11</p>	30-33
<p>13. <u>Blood Pressure - Rise (Systolic: 30 or More and/or</u> <u>Diastolic 15 or More)</u> Item 179 Code: Same as in Field 11</p>	34-37
<p>14. <u>Proteinuria - (Less than 5 mg/24 hrs.)</u> Item 180 Code: Same as in Field 11</p>	38-41

DEFINITION OF CODES (continued)

FORM OB-60
Card 1360
CARD
COLUMN

<u>FIELD</u>		
15.	<u>Proteinuria (5 gms or more/24 hrs)</u> Item 181 Code: Same as in Field 11	42-45
16.	<u>Persistent Edema Above Waist</u> Item 182 Code: Same as in Field 11	46-49
17.	<u>Weight Gain</u> Item 183 Code: Same as in Field 11	50-53
18.	<u>Oliguria</u> Item 184 Code: Same as in Field 11	54-57
19.	<u>Pulmonary Edema</u> Item 185 Code: Same as in Field 11	58-61
20.	<u>Cyanosis</u> Item 186 Code: Same as in Field 11	62-65
21.	<u>Convulsions</u> Item 187 Code: Same as in Field 11	66-69
22.	<u>Coma</u> Item 188 Code: Same as in Field 11	70-73

DEFINITION OF CODES (Continued)

FORM OB-60
Card 2360

<u>FIELD</u>		<u>CARD COLUMN</u>
1.	<u>Card Number</u> Code: 2	1
2.	<u>Basic Data</u> Code: Same as in columns 2-25 of Card 1	2-25
3.	<u>Cardiovascular</u> Item A Code: 0 - No Disease or condition 1-7 - Number of diseases or conditions as given 8 - 8 or more diseases or conditions 9 - Unknown	26
4.	<u>Pulmonary</u> Item B Code: Same as in Field 3	27
5.	<u>Blood</u> Item C Code: Same as in Field 3	28
6.	<u>Metabolic and Endocrine</u> Item D Code: Same as in Field 3	29
7.	<u>General</u> Item E Code: Same as in Field 3	30
8.	<u>Urinary Tract</u> Item F Code: Same as in Field 3	31
9.	<u>Gynecological</u> Item G Code: Same as in Field 3	32
10.	<u>Neurologic and Psychiatric</u> Item H Code: Same as in Field 3	33

DEFINITION OF CODES (Continued)

FORM OB-60
Card 2360

<u>FIELD</u>	<u>CARD COLUMN</u>
11. <u>Gastrointestinal</u> Item I Code: Same as in Field 3	34
12. <u>Integument and Appendages</u> Item J Code: Same as in Field 3	35
13. <u>Complications of This Pregnancy</u> Item K Code: Same as in Field 3	36
14. <u>Outcome of Pregnancy</u> Item L Code for Col. 37: 0 - Liveborn 1 - Stillborn 2 - Multiple Pregnancy 3 - Abortion less than 16.5 cm. 4 - Abortion 400 gms or less 5 - Abortion less than 20 weeks 6 - Ectopic 7 - Hydatiform Mole 8 - Choriocarcinoma 9 - Unknown Code for col. 38: 0 - No multiple pregnancy and/or no abortion 1 - Liveborn abortion or multiple pregnancy and all products liveborn 2 - Stillborn abortion or multiple pregnancy and all products stillborn 3 - Multiple pregnancy with a combination of liveborn, stillborn, and/or abortion 9 - Abortion or multiple pregnancy unknown whether products liveborn or stillborn	37-38
15. <u>Complications of Puerperium</u> Item M Code: Same as in Field 3	39

DEFINITION OF CODES (Continued)

FORM OB-60
Card 2350

FIELD

CARD
COUNT

16. Infectious Diseases During Pregnancy
Item K
Code: Same as in Field 3 40
17. Diseases and Conditions Not Elsewhere Specified
Item O
Code: 0 - None
1 - Disease and/or condition reported
9 - Unknown 41
18. Special Studies
Item P
Code: Same as in Field 3 42
19. Total Number of Diseases and/or Conditions Reported
Code: 00 - None
01-99 - As given 43-44
20. First Disease and/or Condition Reported
Four-digit code for: 45-48
Condition (cols. 45-47)
Code: See attachment "Diseases or Conditions"
pages OB-60 10-12
Time of Occurrence (col. 48)*
Code: 1 - Before pregnancy only
2 - During pregnancy only
3 - Combination of codes 1 and 2
4 - Post partum only
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
* When codes 164-169 in cols. 45-47, code for col. 48:
1 - During 1st trimester
2 - During 2nd trimester
3 - Combination of codes 1 and 2
4 - During 3rd trimester
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4

DEFINITION OF CODES (Continued)

FORM OB-60
Card 2360

FIELD

CARD
COLUMN

21. Two Through Nine Diseases and/or Conditions Reported
Code: Same as in Field 20 if needed

49-80

NOTE: Card 3 required if 10 through 18 diseases and conditions reported. Codes same as Card 2 except card column 1 is "3".

Card 4 required if 19-27 diseases and conditions reported. Codes same as Card 2 except card column 1 is "4".

Card 5 required if 28-36 diseases and conditions reported. Codes same as Card 2 except card column 1 is "5".

**DISEASES OR CONDITIONS
OBSTETRIC DIAGNOSTIC SUMMARY
(OB-60)**

<u>CODE</u>	<u>NAME</u>	<u>CODE</u>	<u>NAME</u>
<u>Cardiovascular</u>		<u>Blood, cont.</u>	
011	Organic Heart Disease	045	Abnor. peripheral RBC smear
012	No sympt. on exertion	046	Abnor. bone marrow smear
013	Sympt. on ordinary activity	047	Clinical response to iron therapy
014	Sympt. on limited activity	048	Abnor. hemoglobin S electrophoresis
015	Sympt. on bed rest	049	Sickling in peripheral blood
016	Rheumatic Fever	050	Other findings in anemia
017	Thrombosis and/or Phlebitis	052	Coagulation defect
018	Regional incr. in body heat	053	Abnor. low prothrombin
019	Fever 100.4° or above	054	Abnor. low proconvertin
020	Regional swelling	055	Abnor. low fibrinogen
021	Palpable thrombus	056	Abnor. prolonged clot. time
022	Vein tenderness	057	Clin. response to administ. of fibrinogen
023	Embolization	058	Other findings in coagulation defects
024	Other	059	Other
<u>Pulmonary</u>		<u>Metabolic and Endocrine</u>	
025	TBC, Active	060	Diabetes Mellitus
026	Pos. sputum culture	061	Any blood sugar 200 mg. % or more
027	Pos. culture - other	062	Insulin therapy or oral hypoglycemic analogue
028	Pos. guinea pig inoculation	063	Insulin reaction
029	X-Ray evidence of presence of disease	064	Diabetic coma
030	X-Ray evidence of progression of disease	065	Keto-Acidosis
031	TBC, Inactive	066	Duration 5 years or more
032	Pneumonia	067	Abnormal Glucose Tolerance Test
033	Pos. culture	068	Hypothyroidism
034	Viral and/or serolog. evidence	069	Abnor. low BMR
035	Chest X-Ray evidence	070	Abnor. low PBI
036	Bronchial Asthma	071	Abnor. low BEI
037	Acute Asthma	072	Abnor. low I 131 uptake
038	Status Asthmaticus	073	Clinical response to thyroid
039	Thoracic surgery	074	Hyperthyroidism
040	Other	075	Abnor. high BMR
<u>Blood</u>		076	Abnor. high PBI
041	Anemia	077	Abnor. high BEI
042	Abnor. low serum iron		
043	Abnor. high IEC		
044	Abnor. high protoporphyrin		

Revised April 1965

<u>CODE</u>	<u>NAME</u>	<u>CODE</u>	<u>NAME</u>
<u>Metabolic and Endocrine, cont.</u>		<u>Neurologic and Psychiatric</u>	
078	Abnor. high I 131 uptake	110	Convulsive Disorder
079	Clinical response to therapy	111	Convulsions during pregnancy
080	Thyroid surgery	112	Mental retardation
081	Other	113	Organic brain disease
		114	Psychosis and Neurosis
		115	Other neurologic or neuromuscular disease
		116	Alcoholism
		117	Drug habituation and addiction
		118	Other
<u>Venereal</u>		<u>Gastrointestinal</u>	
082	Syphilis	119	Cholecystitis
083	Pos. serology	120	Cholelithiasis
084	Pos. cerebrospinal fluid	121	Hepatitis
085	Pos. treponema immobilization test	122	Appendicitis
086	Pos. dark field	123	Colitis, Proctitis
087	Gonorrhoea	124	Hiatus Hernia
088	Pos. culture	125	Peptic ulcer
089	Pos. smear	126	GI surgery
090	Other	127	GI tumor
		128	Other
<u>Urinary Tract</u>		<u>Integument and Appendages</u>	
091	Acute and Chronic Glomerulonephritis	130	Burns - if hospitalized
092	KUB infection	131	Breast disorder
093	Fever 100.4° or above	132	Other
094	CVA tenderness		
095	Pos. urine culture		
096	Pyuria (15 WBC/HPF)		
097	Hematuria (15 RBC/HPF)		
098	KUB tumor		
099	KUB surgery		
100	Other		
<u>Gynecological</u>		<u>Complications of this Pregnancy</u>	
102	Infertility	133	Hyperemesis Gravidarum
103	Incompetent cervix	134	Intravenous therapy
104	Surgery for incompetent cervix	135	Acetonuria
105	Vaginitis	136	Hydramnios
106	Leucorrhoea	137	Placenta Previa
107	Other gynecologic tumor	138	Abruptio Placentae
108	Gynecologic surgery	139	Marginal sinus rupture
109	Other		<u>Other uterine bleeding:</u>
		140	First trimester
		141	Second trimester
		142	Third trimester

Revised April 1978

CODE NAME

Complications of this Pregnancy
(cont.)

Shock:

143 Anesthetic
144 Hemorrhagic
145 Septic
146 Positional (vena cava syndrome)
147 Other
148 Anesthetic Accident, other
149 Maternal death

Complications of Puerperium

Hemorrhage

159 Within 24 hrs.
160 After 24 hrs.
161 Puerperal infection
162 Other

Infectious Diseases during Pregnancy

164 Known or presumed viral
165 Known or presumed bacterial
166 Known or presumed parasitic
167 Known or presumed fungal
168 Type unknown
169 Attenuated live vaccine, type
170 Diseases and Conditions not elsewhere specified

Special Studies

171 Bacteriuria
172 Heart volume
173 Fetal EKG
174 Other

Revised February 1967

ORIENTAL DIAGNOSTIC SERVICE
FORM OD-60

1	ITEM # ON FORM #	0	DATE CODING COMPLETED	MONTH DAY YEAR	GROUP #	CHAD # 2340 5R	DISEASES AND CONDITIONS I II III IV V VI VII VIII IX 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
2	STUDY NUMBER OR CASE ID						
3	DATE OF ONSET						
4	AGE						
5	SEX						
6	ETHNICITY						
7	RELIGION						
8	OCCUPATION						
9	EDUCATION						
10	TEST NUMBER OR COMMENTS						

Item numbers refer to form dated: 7/62 changed 6/03
 Additional card(s) required for more than 9 diseases or conditions

MANUAL FOR OBSTETRIC DIAGNOSTIC SUMMARY (Form OB-60)

I. PURPOSE OF FORM

This form provides a method for categorizing each Study case according to the presence or absence of certain diseases and conditions. Descriptive items for certain diseases and conditions are included for finer categorization of the case. It is to be emphasized that these descriptive items are not diagnostic criteria for the related entity.

OB-60 is a "flagging" instrument only. The "None" box should be marked whenever a condition is definitely absent, and should not be marked when any diagnosis or descriptive item in that system is marked. Uncertain or questionable conditions should be reported as positive findings. A descriptive item cannot be marked without the diagnosis to which the item relates being marked. If there is no information for completion of an item, that item should remain blank and item 9 should be completed.

II. COMPLETION OF FORM

- A. Non-physician personnel (nurses, code clerks, lay editors, etc.) may be trained to do preliminary summarization.
- B. Preliminary summarization will be medically edited (reviewed) under the immediate supervision of the Obstetric Coordinator.
- C. Completion of OB-60 is best accomplished when integrated into the lay and medical editing procedures and by using the Study record with the complete hospital record.
- D. Stamps used on the form will be of three types:
 - 1. No Data
 - 2. Not According to Protocol
 - 3. Corrected Copy

III. DEFINITIONS

- A. **Before pregnancy.** This refers to any time period prior to the last normal menstrual period or, if this is grossly inaccurate, unknown or absent, prior to the date of conception as estimated by the medical editor.
- B. **During pregnancy.** This refers to the time period between the last normal menstrual period or the estimated date of conception and the end of the third stage of labor.

C. **Postpartum.** This refers to that time from the end of the third stage of labor to the discharge of the mother from the Study hospital obstetric service, unless otherwise specified.

D. **Laboratory data.** For marking of descriptive items use standard values as established at the local Study institution.

IV. ITEM COMPLETION

Items 2-5. Record the name and title or position of each person completing any part of the summary.

Items 6-7. Record the name and title or position of the physician reviewing (medically editing) the form.

Item 8. Record the date on which the final review of the form was completed.

Item 9. If coding is not complete, state reason here or on attached CP-5.

Item 10. Mark the appropriate box. A complete hospital record is defined as that record which is reasonably and usually available.

Items 11 through 132:

- a. For each major system indicate the absence of any major disease or condition by marking the box labeled "None."
- b. Indicate the occurrence of a disease or condition in the designated time period by marking the appropriate box, using the diagnostic criteria of the local Study institution.
- c. For those diseases for which clinical or laboratory descriptive items have been designated, mark only those boxes for which the descriptive information is available in the records.
- d. Do not mark any descriptive item without specifying the diagnosis to which the descriptive item pertains.
- e. For any item labeled with an asterisk, specify the diagnosis or type of condition using Standard Nomenclature.

February 1963

A. CARDIOVASCULAR

Item 11. If organic heart disease is marked, specify the type. When marking as present during the current pregnancy, report in addition the functional classification, that being the most severe status that existed at any time during the pregnancy.

Item 16. Rheumatic fever, acute, also means active (new or recurrent).

Items 16-23. Mark descriptive items only if item 17 (thrombosis and/or phlebitis) is reported for pregnancy or post partum.

Item 24. Do not report varices, hemorrhoids, vulvar varicosities, or functional murmurs.

B. PULMONARY

Item 25. If active TBC is marked for "Before Pregnancy," but not for "During this Pregnancy," then mark item 31 (TBC, inactive) for "During this Pregnancy" and "Postpartum."

Items 26-30. Note that these descriptive items refer only to TBC, active, during the current pregnancy.

Item 31. Mark TBC, inactive, "During this Pregnancy" and "Postpartum" for all inactive tuberculosis.

Item 32. Exclude from pneumonia, TB pneumonia, which is included in item 25, "TBC, active."

Items 33-35. Mark these descriptive items only if pneumonia is marked for the current pregnancy.

Item 36. Do not mark bronchial asthma for "During this Pregnancy" unless there is physical evidence and/or the patient was under active treatment.

Item 37. Do not mark acute asthma or status asthmaticus (Items 37 and 38) unless the patient was seen or treated by a physician during an attack. Whenever items 37 and 38 are marked, mark also item 36.

C. BLOOD

Item 41. Mark anemia if, anywhere in the record, a single value is reported of less than 10.0 grams Hgb., or less than 30% Hct. Specify the type of anemia only when definitely known.

C. BLOOD - (Continued)

Items 42-50

a. Descriptive items 42-47 and 50 refer to anemia only, not to other blood conditions. Mark these items only if item 41 reports anemia during the current pregnancy.

b. Items 48 and 49 are an exception to general rules expressed, and either or both may be marked for any time period, even though the patient is not reported (in item 41) to have anemia.

Item 50. Do not report hemoglobin or hemat. crit levels here.

Item 59. Do not record RH negative, or immunization here.

D. METABOLIC AND ENDOCRINE

Item 60. Do not include glucose tolerance test diabetes. See item 67.

Items 64-65. Since patients with diabetic coma have keto-acidosis, but not all patients with keto-acidosis have coma, mark item 65 (keto-acidosis) whenever diabetic coma (item 64) is marked.

Item 67. Excluding those patients for whom a definite diagnosis of diabetes mellitus has been established (as recorded in item 60), mark item 67 for those patients with only an abnormal glucose tolerance test who may be termed to have "glucose tolerance test diabetes," "gestational diabetes," "pre-diabetes," "chemical diabetes," etc.

Item 81. Do not record non-specific glycosuria. Optionally, you may record the diagnosis of renal glycosuria.

E. VENEREAL

Item 83. This descriptive item labeled "Positive Serology" refers to specific serology for syphilis only.

Item 87. Do not report pelvic inflammatory disease in item 87 unless proven to be due to gonorrhea. Report P.I.D. not proven to be gonococcal in item 170 (Other).

February 1963

F. URINARY TRACT

Item 92. Do not specify the type of KUB infection

Items 93-96. Mark these descriptive items ONLY if item 92 (KUB infection) is marked for the current pregnancy.

Items 95, 96, 97. Mark these laboratory findings as positive only if the urine specimen was obtained by "clean" or catheterization methods.

Item 100. Do not report bacteriuria unless the microscopic examination is made of sediment of fresh urine which was obtained by "clean catch" method, or by catheterization.

G. GYNECOLOGICAL

Item 102. Report a history of infertility only if based on work-up such as endometrial biopsy, Rubin's test, hysterosalpingography, etc.

Item 105. Record trichomonas and monilia in this item only if there was a clinical diagnosis of vaginitis made.

Item 107. Record under "Other Gynecologic Tumors" Ca in situ, cervical polyps, pathologically proven endometrioma, etc.

Item 108. Include under "Gynecologic Surgery" D & C's done for any reason, at any time.

Item 109. Do not mark under "Other" common lesions of the cervix such as cervical erosion or eversion, simple cysts, rectocele, cystocele, etc.

H. NEUROLOGIC AND PSYCHIATRIC

Item 110. Include in convulsive disorders petit mal seizures, psychomotor equivalents, Jacksonian attacks.

Item 114. Include neurosis as well as psychosis under the item labeled "Psychosis," and specify the type of psychosis or neurosis.

Item 117. Report under "Drug Habituation" the continuous unsupervised, habitual use of all drugs affecting the psychic state, with the exception of alcohol.

I. GASTROINTESTINAL

Item 126. Include under "Gi Surgery" appendectomy, hemorrhoidectomy, and major dental

J. GASTROINTESTINAL - (Continued)

surgery during the current pregnancy, especially if the patient was hospitalized, given general anesthesia, or had multiple extractions. Exclude, however, simple single dental extractions under novocaine.

Item 128. Do not report hemorrhoids under "Other."

K. COMPLICATIONS OF THIS PREGNANCY

Items 133-149.

a. Mark "None" if there were none of the listed obstetric complications during the current pregnancy.

b. Note that items 143 through 149 may be marked during the current pregnancy and also postpartum.

c. Consider all references in the Study record to "staining" or "spotting" to be uterine bleeding. Exception: "Show" at admission for delivery is not to be coded as uterine bleeding. If the bleeding is believed due to cervical erosion but this diagnosis is not positive, code bleeding as uterine.

d. Shock is to include all cases of significant hypotension and is a clinical diagnosis made by the physician. Include as positional shock all types of positional hypotensive syndromes, not just the vena cava syndrome.

L. OUTCOME OF PREGNANCY

Items 150-156. Mark the appropriate box or boxes to designate the outcome of the current pregnancy.

M. COMPLICATIONS OF PUERPERIUM

Items 159-162.

a. Mark "None" if the postpartum period (as defined) was uncomplicated.

b. Mark the appropriate box or boxes in the postpartum column to designate the occurrence of any listed complication.

c. Specify the type of puerperal infection, which is infection of, in, or pertaining to the generative tract and also includes pelvic thrombophlebitis.

February 1963

N. INFECTIOUS DISEASES DURING PREGNANCY

Items 163-169.

- a. Whenever possible, report infectious diseases under the major organ system involved. Report all generalized infections (pertaining to more than one major organ system) here.
- b. Exclude local infections such as furuncles, infected wounds, the common cold, and those infectious diseases reported elsewhere on form OB-60.
- c. Based upon all available information (last normal menstrual period, expected date of confinement, chronological progress of the pregnancy, etc.), designate the trimester in which the infectious disease occurred, or in which the attenuated vaccine was given. If the disease re-occurred throughout the pregnancy, mark boxes for all three trimesters.
- d. For each type of disease, specify the diagnosis whenever known.

O. DISEASES AND CONDITIONS NOT ELSEWHERE SPECIFIED

Item 170. Specify hereditary diseases or conditions that cannot be cited under any other item. Include here breast diseases, tumors, biopsies, surgery occurring before the current pregnancy. Include here dermatitis of unknown etiology. Util boxes in the "Before Pregnancy" column are provided, they may be written in as needed.

P. SPECIAL STUDIES (Optional Item)

Record any special organized study in which the patient participated during the current pregnancy.

Q. HISTORY OF HYPERTENSION

Item 176.

- a. Mark the appropriate box, marking as positive when there is a definite history of hypertension during the nonpregnant or pregnant state, as determined by old hospital records or by patient history of medical care for hypertension.

Q. HISTORY OF HYPERTENSION - (Continued)

- b. Do not mark a positive history of hypertension if there is reasonable evidence that the hypertension was transient in nature, and not related to disease of the cardiovascular system.

R. TOXEMIA SCREEN

Items 177-188. The Toxemia Screen varies from the rest of form OB-60 in that for these items the "None" (none of the following) box printed after the "Toxemia Screen" heading does not report the absence of toxemia. This box indicates that none of the following items (177-188) are present. If any mark is made in items 177-188, do not mark the box labeled "None of the following."

A single observation falling within the range specified in the item requires the marking of that item.

- a. Mark boxes in the indicated time period for each item which has descriptive information available in the record.
- b. When more than one level of severity exists for a single item such as blood pressure or albumen, mark only the most severe level reached in the appropriate time period, regardless of the number of times this condition occurred. For example, a mark on line 178 must not be accompanied by a mark on line 177 during the same time period.
- c. All blood pressure increases, regardless of etiology, must be marked in the indicated time period. As an example, a rise in blood pressure during labor only, even if due to causes other than toxemia, is to be marked in the appropriate box under the intrapartum period.
- d. Consider item 179 independently of 177 and 178. Mark under the indicated time period the blood pressure rise, as compared to the previous baseline.
- e. A mark on line 181 cannot be accompanied by a mark on line 180 during the same time period.

OB-60 OBSTETRIC DIAGNOSTIC SUMMARY

1. PATIENT IDENTIFICATION

*g 1 superceded by
g 1 (7-60) (changed 5-63)*

2. CODED BY	10. TITLE OR POSITION
3. CODED BY	11. TITLE OR POSITION
4. REVIEWED BY	12. TITLE OR POSITION
5. DATE COMPLETED	13. IF ENTRY NOT COMPLETE, EXPLAIN

14. BY HOW COMPLETED: NO OTHER RECORDS HOSP. RECORD OF THIS CASE ONLY COMPLETE HOSP. RECORD

Asterisks * indicates that specializations of the disease or condition is required.

DISEASES OR CONDITIONS	NO. OF CASES	NO. OF PATIENTS	NO. OF VISITS	NO. OF TESTS
A. CARDIOVASCULAR <input type="checkbox"/> none				
11. ORGANIC HEART DISEASE				
Type*				
FUNCTIONAL CLASSIFICATION:				
12. No sympt. at rest				
13. Sympt. on ordinary activity				
14. Sympt. on limited activity				
15. Sympt. on bed rest				
16. RHEUMATIC FEVER, ACUTE				
17. THROMBOSIS AND/OR PHLEBITIS				
18. Regional limb, in body heat				
19. Fever 100.4° or above				
20. Regional swelling				
21. Possible thrombus				
22. Vein tenderness				
23. Embolization				
24. OTHER*				
B. PULMONARY <input type="checkbox"/> none				
25. TBC, ACTIVE				
26. Pos. sputum culture				
27. Pos. culture - other				
28. Pos. guinea s-g inspection				
29. X-ray evidence of presence of disease				
30. X-ray evidence of regression of disease				
31. TBC, INACTIVE				
32. PNEUMONIA				
33. Pos. culture (wet mount)				
34. Viral and/or serologic evidence				
35. Chest X-ray evidence				
B. PULMONARY (CONTINUED)				
36. BRONCHIAL ASTHMA				
37. ACUTE ASTHMA				
38. STATUS ASTHMATICUS				
39. THORACIC SURGERY*				
(Trab. Lung, Cardiac)				
40. OTHER*				
C. BLOOD <input type="checkbox"/> none				
41. ANEMIA				
Type*				
42. Abnorm. low serum iron				
43. Abnorm. high HbC				
44. Abnorm. high reticulocyte count				
45. Abnorm. peripheral RBC count				
46. Abnorm. from marrow smear				
47. Clinical response to iron therapy				
(Inter. in HbC, HCT, or reticulocyte count)				
48. Abnorm. hemoglobin S electrophoresis				
49. Sickling in peripheral blood				
50. Other findings in anemia*				

OB-60 OBSTETRIC DIAGNOSTIC SUMMARY

01. PATIENT IDENTIFICATION

DISEASES OR CONDITIONS	HISTORIC PRESENT	PHYSICIAN	LABORATORY	01. PATIENT IDENTIFICATION	
				NAME	NO.
C. BLOOD (continued)				D. METABOLIC AND ENDOCRINE (continued)	
52. COAGULATION DEFECT				58. THYROID SURGERY*	
53. Abnor. low prothrombin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Abnor. low proacrombin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Abnor. low fibrinogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Abnor. prolonged clot time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Clin. response to treatment of fibrinogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Other findings in coagulation defects*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. METABOLIC AND ENDOCRINE (cont'd)				E. VENEREAL	
60. DIABETES MELLITUS				62. SYPHILIS	
61. Any blood sugar ≥ 200 mg. % or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. Pos. serology	<input type="checkbox"/>
62. Insulin therapy or oral hypoglycemic analogues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64. Pos. serological fluid	<input type="checkbox"/>
63. Insulin reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65. Pos. response immobilization test	<input type="checkbox"/>
64. Diabetic coma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66. Pos. dark field	<input type="checkbox"/>
65. Ketoacidosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. GONORRHEA	<input type="checkbox"/>
66. Duration 5 years or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. Pos. culture	<input type="checkbox"/>
67. ABNORMAL GLUCOSE TOLERANCE TEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. Pos. smear	<input type="checkbox"/>
68. HYPOTHYROIDISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. OTHER*	<input type="checkbox"/>
69. Abnor. low BMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
70. Abnor. low PBI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
71. Abnor. low BSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
72. Abnor. low I 131 uptake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
73. Clinical response to thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
74. HYPERTHYROIDISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. URINARY TRACT	
75. Abnor. high BMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75. ACUTE AND CHRONIC GLOMERULONEPHRITIS	
76. Abnor. high PBI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. KUB DEFLECTION	<input type="checkbox"/>
77. Abnor. high BSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. Fever 100.4° or above	<input type="checkbox"/>
78. Abnor. high I 131 uptake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. CVA tenderness	<input type="checkbox"/>
79. Clinical response to therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. Pos. urine culture	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. Pyuria (15 WBC/HPF)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77. HEMATURIA (15 RBC/HPF)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78. KUB TUMOR*	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79. KUB SURGERY*	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80. OTHER*	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

COLLABORATOR RESEARCH
PERINATAL RESEARCH BRANCH, NICHD, NIH
BETHESDA 14, MD.

OB-60

OB-60 OBSTETRIC DIAGNOSTIC SUMMARY

101. PATIENT IDENTIFICATION

*p.3 supervised by
9 3 (7-62) (changed 5-63)*

DISEASES OR CONDITIONS	GYN			NEURO			GASTRO		
	111	112	113	114	115	116	117	118	119
G. GYNECOLOGICAL <input type="checkbox"/> NONE									
102. INFERTILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. INCOMPETENT CERVIX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. SURGERY FOR INCOMPETENT CERVIX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. VAGINITIS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. LEIOMYOMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. OTHER GYNECOLOGIC TUMOR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. GYNECOLOGIC SURGERY*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. NEUROLOGIC AND PSYCHIATRIC <input type="checkbox"/> NONE									
110. CONVULSIVE DISORDER (see 101.000000) Type*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. CONVULSIONS DURING PREGNANCY (see 101.000000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. MENTAL RETARDATION*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. ORGANIC BRAIN DISEASE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. PSYCHOSIS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. GASTROINTESTINAL <input type="checkbox"/> NONE									
115. CHOLECYSTITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. CHOLELITHIASIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. HEPATITIS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. APPENDICITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. COLITIS, ILLITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. HEMUS NERVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. PEPTIC ULCER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. GI SURGERY*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. GI TUMOR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. OTHER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OB-60 OBSTETRIC DIAGNOSTIC SUMMARY

DISEASES OR CONDITIONS	ORIGIN	AGE	POST-ARTERIAL
	(1)	(2)	(3)
J. INTEGUMENT AND APPENDAGES <input type="checkbox"/> none			
108. CLYTES (more than 1% dry surface area) HOSPITALIZED			
111. BREAST DISORDER			
112. OTHER			
K. COMPLICATIONS OF THIS PREGNANCY <input type="checkbox"/> none LISTED BELOW			
122. HYPERTENSIVE GRAVIDARUM			
124. Intra-uterine therapy			
125. Anemia			
126. HYDRANIOS			
127. PLACENTA PREVIA			
128. ABRUPTIO PLACENTAE			
129. MARGINAL SINUS RUPTURE			
OTHER UTERINE BLEEDING:			
140. First Trimester			
141. Second Trimester			
142. Third Trimester			
SHOCK:			
143. Anesthetic			
144. Hemorrhage			
145. Trauma			
146. Prolapsed (and/or) cord syndrome			
147. Other cases			
148. ANESTHETIC ACCIDENT, OTHER			
149. MATERNAL DEATH			
L. OUTCOME OF PREGNANCY			
150. LIVESBORN (specify date of delivery)			
151. STILLBORN (specify date of delivery)			
152. MULTIPLE PREGNANCY			
ABORTION:			
153. Less than 16.5 cm crown-rump			
154. 168 gms. or less			
155. Less than 25 weeks			
156. ECTOPIC			
157. HYDATIDIFORM MOLE			
158. CHORIOCARCINOMA			
M. COMPLICATIONS OF PUERPERIUM <input type="checkbox"/> none			
159. HEMORRHAGE, other 24 hours EARLY			
160. HEMORRHAGE, other 24 hours LATE			
161. PUERPERAL INFECTION (during period of hospitalization)			
162. OTHER			

OB-60 OBSTETRIC DIAGNOSTIC SUMMARY

*p 5 suspended by
p 5 (762) (changed 5-63)*

DISEASES OR CONDITIONS
N. INFECTIOUS DISEASES DURING PREGNANCY (Exclude toxo, rubella, mumps, and measles) (Include congenital syphilis)
 none **TRIMESTER**
 1st 2nd 3rd

144. KNOWN OR PRESUMED VIRAL ^a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145. KNOWN OR PRESUMED BACTERIAL ^b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. KNOWN OR PRESUMED PARASITIC ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147. KNOWN OR PRESUMED FUNGAL ^d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148. TYPE UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149. ATTENUATED LIVE VACCINE, TYPE ^e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O. DISEASES AND CONDITIONS NOT ELSEWHERE SPECIFIED
 none

170.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P. SPECIAL STUDIES (Optional)

171. General ^a	<input type="checkbox"/>
172. Heart volume ^b	<input type="checkbox"/>
173. Fetal ECG ^c	<input type="checkbox"/>
174. Other ^d	<input type="checkbox"/>
-----	<input type="checkbox"/>
-----	<input type="checkbox"/>

DO NOT WRITE OR USE ADDRESSOGRAPH ABOVE THIS LINE

CDL # 100-60
7-63

179. PATIENT IDENTIFICATION

OB-60 OBSTETRIC DIAGNOSTIC SUMMARY

*p. 6 amended by
p. 6 (752) (changed 5-63)*

176. HISTORY OF HYPERTENSION		<input type="checkbox"/> NONE		<input type="checkbox"/> WHEN NOT PREGNANT		<input type="checkbox"/> DURING PREGNANCY			
R. TOXEMIA		<input type="checkbox"/> NONE							
		UP TO THE 26th WEEK		26 WEEKS TO DELIVERY		INTRA PARTUM		FIRST 2 WEEKS POST PARTUM	3-6 WEEKS POST PARTUM
177. Blood pressure systolic 160-159 mm and/or diastolic 90-100 mm									
178. Blood pressure systolic 140 or more and/or diastolic 110 or more									
179. Blood pressure rise of 30 mm or more in systolic and/or rise of 15 mm or more in diastolic									
180. Proteinuria of less than 5 gms/24 hrs. or less									
181. Proteinuria of 5 gms/24hrs. or more or less									
182. Persistent edema above ankles, increasing hands or face									
183. Weight gain of 2 lbs. or more per week or 6 lbs. or more per month									
184. Oliguria (400 ml/24 hrs. or less)									
185. Pulmonary edema									
186. Cerebral									
187. Convulsions									
188. Coma									

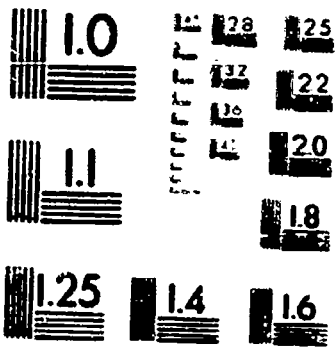
PLEASE DO NOT WRITE BELOW THIS LINE

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	(176)	Q

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NICHD, NIH
BETHESDA 14, MD.

FORM 100 1-63

OB-60



MICROCOPY RESOLUTION TEST CHART
 NATIONAL BUREAU OF STANDARDS
 STANDARD REFERENCE MATERIAL 1010
 (ANSI AND ISO TEST CHART NO. 2)

CONTINUED ON NEXT FICHE