

Maternal characteristics:
 Age at time of birth _____
 Pre-preg weight _____ (lbs/kg)
 Preg weight gain _____ (lbs/kg)
 Height _____ (in/cm) BMI _____
 Para _____ Gravida _____
 Religion/ethnicity _____/_____

Complications/medical issues:
 Infectious dis. Endocrine disorders
 GI disorders Hepatic disorders
 Clotting/coagulation disorders
 Hypertensive disorders
 CNS - non infectious
 Musculoskeletal
 Psychiatric
 Other: _____

Genetic testing? Yes No
 Prenatal screening? Yes No
 Results: _____

Birth year: _____ **month:** _____
Gestation: _____ weeks _____ days
VBAC? Yes No
 # prior CS _____
 # prior vaginal births _____

Risk factors for breech presentation:
 Uterine malformation
 Uterine fibroids
 Kyphoscoliosis
 Pelvic girdle anomaly
 Polyhydramnios
 Placenta previa
 Pre-term labor
 Fetal hydrocephaly
 Fetal musculoskeletal malformation
 Fetal aneuploidy
 Other: _____

Breech known before labor? Yes No
 If yes, # **days** before birth? _____
 If no, # **hours/min** before birth? _____
 Adequate time for informed consent, counseling, ECV, etc.? Yes No

Breech presentation discovered by:
 Ultrasound
 Leopold's or other palpation
 Vaginal exam Visual assessment
 Other: _____

Type of breech (see table on p.6)
Add + for each dropped foot
 Frank
 Complete
 Incomplete
 Double/single footling (*circle*)
 Double/single kneeling (*circle*)

Selection Criteria
 EFW _____ (lbs/gr)
 Head neutral/flexed? Yes No
 Pelvimetry: MRI clinical none
 Pelvimetry adequate? Yes No
 Obstetrical conjugate: _____ cm
 Other: _____

Fetal abnormalities:
 none no screening
 minor major

Other criteria: _____

ECV (# attempts & GA(s): _____)
 ECV not attempted/contraindicated
 ECV successful
 ECV successful, reverted to breech
 ECV unsuccessful

Planned LOB: home BC
 hospital Other: _____
Actual LOB: home BC hospital
 Other: _____
 Distance traveled to VBB provider: _____
 Did mother have to relocate? Y N
Planned MOD: vaginal pCS ILCS
Actual MOD: vaginal pCS ILCS

Indication(s) for in-labor CS (ILCS)
 Labor began before pCS
 Failure to progress
 Non-reassuring FHR
 Cord prolapse or presenting cord
 Skilled attendant not available
 Placental abruption/IP hemorrhh.
 Other: _____

Indication(s) for pre-labor/planned CS
 Fetopelvic disproportion
 Uterine scar
 Maternal preference
 Wanted VBB but no skilled provider
 Unfavorable type of breech
 Fetal condition
 Maternal associated disease
 Cord prolapse or presenting cord
 PROM without labor
 Placenta previa
 Placenta accreta/percreta/increta
 Active urogenital herpes lesions
 Other: _____

Maternal transfer
 Yes (IP) Yes (PP) No

Indication(s) for maternal transfer:
 Stalled/abnormal labor pattern
 FHR abnormalities
 Pain relief/maternal exhaustion
 Maternal choice
 Abnormal bleeding
 Presentation changed during labor
 Cord issues (prolapse/presentation)
 Untimely ROM
 Smaller/larger baby than expected
 Suspected/surprise anomalies
 Other: _____

Newborn transfer
 Yes No

Indication(s) for newborn transfer:
 Respiratory distress
 O₂ saturation <97%
 Heart rate/rhythm abnormality
 Persistent cyanosis
 Persistent core temperature >100°F/37.8°C or <97°F/36°C
 Inability to latch
 Persistent emesis
 Signs of dehydration
 Failure to eliminate w/in 24 hours
 Signs of infection
 Neonatal injuries (type & reason: _____)
 Other: _____

Labor & birth
 Maternal freedom of movement/ position changes? Yes No

Maternal position(s) used during pushing (mark all that apply; circle actual position during birth)
 Standing
 Squatting
 Keeling or hands & knees
 Birth stool/toilet
 Asymmetrical lunge/kneel/squat
 Sidelying
 Semi-reclining (water)
 Semi-reclining (land)
 Supine
 Other: _____

Were any position changes necessitated by complications? Yes No
 Explain: _____

Pain relief used during labor:

- Hydrotherapy—shower
- Hydrotherapy—birth pool/tub
- Aromatherapy
- Hypnosis
- Relaxation/breathing techniques
- TENS
- Sterile water injections
- Gas & air (nitrous oxide)
- Epidural
- Spinal
- Pudendal block
- IV or IM narcotics
- Other: _____

Water birth? Yes No

Doula support? Yes No

ROM

- Spontaneous, >24 h before labor
- Spontaneous, <24 h before labor
- Artificial, before labor
- Artificial, during labor/pushing
- Spontaneous, in labor/pushing
- Baby born in caul
- Other: _____

Indication(s) for ROM: _____

Duration between ROM and birth:
_____ (hrs or min)

vaginal exams: _____

GBS status:
 GBS- GBS+ no screening

Antibiotics during labor?
 Yes No

Freedom to eat? Yes No
 Freedom to drink? Yes No
 IV fluids? Yes No
 IV access placed? Yes No

Length of 1st stage: _____
Length of 2nd stage: _____ (min)
 _____ (min) passive (laboring down)
 _____ (min) active

Maternal pushing

- Spontaneous
- Directed/coached/Valsalva
- Both
- Other: _____

Birth

Length of time from birth of bitrochanteric diameter to birth of head:
 _____ min : _____ sec

Induction

Was labor induced? Yes No

Indication(s) for induction

I. Maternal

- Chronic hypertension
- Heart disease NY class III or IV
- Diabetes
- Coagulation disorders
- Other: _____

II. Gestational

- Pregnancy induced hypertension
- Preeclampsia spectrum disease
- Gestational diabetes
- Gestation >42 weeks
- Other: _____

III. Fetal

- Prelabor ROM >24 hrs
- Prelabor ROM 12-24 hrs
- Prelabor ROM 0-12 hrs
- IUGR
- Fetal macrosomia
- Oligohydramnios
- Polyhydramnios
- Non-reassuring NST
- Non-reassuring BPP
- Non-reassuring clinical signs (no/ decreased fetal movement)

Method(s) for induction

- Prostaglandins (PgE2)
- Misoprostol
- Oxytocin
- Mechanical (Foley, laminaria, etc.)
- AROM cotton root bark
- castor oil homeopathics
- black/blue cohosh
- Other: _____

Augmentation

Was labor augmented?
 Yes No

Method(s): _____

Indication(s) for augmentation

- FTP/prolonged labor
- Inadequate contractions (rate or pattern)
- Inadequate contractions (IUPC)
- Other: _____

Was this birth part of any other re-search study or data collection? (e.g., MANA stats)

No
 Yes (_____)

Heart rate monitoring

- Intermittent auscultation with handheld Doppler/fetoscope
- Wired cEFM
- Wireless cEFM
- Internal scalp (buttock) clip
- No time—precipitous birth
- Mother declined

Heart rate abnormalities?

- No
- Baseline <110 bpm (bradycardia)
- Baseline >160 (tachycardia)
- Baseline variability persist. < 5 bpm
- Recurrent late decels **with/without** loss of variability
- Sinusoidal FHR pattern
- Variable decels

Cord prolapse/presentation

Cord presentation? Yes No
 Cord prolapse? Yes No
 Inside/outside introitus

If yes, at what point during labor?

- _____ cm dilation
- Pushing

Time from diagnosis until delivery:
 _____ (min/hrs)

If prolapse/pres., how was baby born?

- Vaginally—spontaneous
- Vaginally—full or partial extraction
- Cesarean section

Did baby appear compromised due to prolapse/presentation? Yes No

How did you address the prolapse/presentation? _____

Hands-on maneuvers or assistance

- None—baby born spontaneously
- Posterior-Anterior (Prayer hands)
- Side to Side (Louwen)
- Shoulder press
- Elevate-Flex-Rotate (for hyperextended head in pelvic inlet)
- Chin tuck (for posterior head)
- Crowning touch/finger flexion
- Ritgen (original/modified)
- Gluteal/perineal lift
- Sweep fetal arm(s): 1/both
- Sweep fetal leg(s), 1/both
- Suprapubic/fundal pressure
- Løvset Bracht
- MSV Forceps
- Vacuum Dührssen incisions
- Symphysiotomy Other: _____

Birth weight _____ (lbs/gr)
Postpartum events & management
Length of 3rd stage (min): _____
Placenta
 Placenta born spontaneously
 Controlled cord traction
 Other: _____
Routine PP oxytocin (IV or IM)?
 Yes No
Uninterrupted skin-to-skin in 1st hour?
 Yes No

APGAR scores
 1-minute Apgar _____
 5-minute Apgar _____
 10-minute Apgar _____ (if measured)
Resuscitation
 Was baby resuscitated?
 Yes No
 Length of time until baby stabilized:
 _____ (hrs/min/sec)
 Events during resuscitation
 PPV
 Chest compressions
 Intubation
 Medications
 Other: _____
 Resuscitation with cord intact?

Umbilical cord clamping
 Cord left intact (Lotus birth) Yes No
 How long after birth was cord clamped/
 cut? _____ sec/min/hrs
 Cord cut before placenta was born?
 Yes No
 Pulsing absent at umbilical base when
 cord cut? Yes No
 Other: _____
Cord milked?
 Yes No

Perineal integrity
 Intact perineum
 periurethral (mild/moderate/
 severe)
 1st degree 2nd degree
 3rd degree 4th degree
 Episiotomy (midline/mediolateral)
 Extension? Yes No
 NA—mother had a cesarean section
 Other: _____
In case of lacerations/episiotomy:
 Sutured Not sutured
 Other: _____
Indication(s) for episiotomy: _____
Estimated/measured blood loss :
 _____ (ml/cups)
Treatments for PP bleeding:
 None
 IV/IM oxytocin
 Misoprostol/Cytotec
 Methergine
 Hemabate (PGF2a)
 Anti-hemorrhagic herbs
 Placentophagy
 Bimanual compression
 Manual removal of placenta
 Blood transfusion
 IV fluids
 Uterine balloon tamponade (Bakri
 balloon)
 Surgical treatment (uterine com-
 pression sutures, arterial ligation,
 uterine artery embolization, hyster-
 ectomy)
 Other: _____

Perinatal/neonatal outcomes
 Perinatal/neonatal mortality?
 No
 Yes—antepartum death
 Yes—intrapartum death
 Yes—early NN (1-7 days)
 Yes—late NN (8-28 days)
 Autopsy performed? Yes No
 Cause of death: _____
 Due to congenital anomalies?
 No Yes—confirmed CA
 Yes—suspected CA
 5-minute Apgar
 1-3 4-6 7-10
 Umbilical artery pH: _____
 Base deficit: _____
Birth injuries
 None
 Fracture: clavicle/humerus
 Fracture: skull (location: _____)
 Other fractures: _____
 Brachial plexus injuries
 present at discharge
 not present at discharge
 delayed onset (_____)
 Time to resolution (_____)
 or ongoing (_____)
 Sternocleidomastoid injury
 Organ injury (_____)
 Spinal injury (_____)
 Cutaneous wound with/w-out suture
 Hematoma, contusions
 Other: _____

NICU admission
 None
 NICU ≤4 days
 NICU >4 days
 Reason(s) : _____
 Hypotonia
 None
 <2 hrs
 ≥2 hrs
 Specify duration: _____ min/hrs
 Intubation & ventilation
 None
 <24 hrs
 ≥24 hrs
 Convulsions
 None
 In first 24 hrs
 Continued after first 24 hrs
 Parenteral or tube feeding
 None
 < 2 days
 2-4 days
 > 4 days
 IVH
 None
 Grade 1
 Grade 2
 Does the baby have any ongoing morbi-
 tities at 6 weeks of age?
 No
 Yes: _____

Maternal mortality?
 Yes No
 Cause of death: _____
 Comments: _____
 Length of maternal hospital stay (if applicable): _____ days

Planned mode of infant feeding
 Exclusive breastfeeding
 Mixed feeding (breast & formula)
 Exclusive formula feeding
 Other: _____

BF at hospital discharge and/or at 48 hrs postpartum (if home/birth center)
 Exclusive breastfeeding
 Mixed feeding (breast & formula)
 Exclusive formula feeding
 Other: _____

Hemorrhagic morbidities (mark all that apply)

Severe

- Obstetric hemorrhage with ≥4 units of red blood cells transfused
- Obstetric hemorrhage with 2 units of red blood cells and 2 units of fresh frozen plasma transfused (without other procedures or complications) if not judged to be overexuberant
- Obstetric hemorrhage with <4 units of blood products transfused & evidence of pulmonary congestion that requires >1 dose of furosemide
- Obstetric hemorrhage with uterine balloon or uterine compression suture placed and 2-3 units of blood products transfused
- Obstetric hemorrhage admitted to ICU for invasive monitoring or treatment (either medication or procedure; not just observed overnight)
- Obstetric hemorrhage with return to the OR for any major procedure (excludes dilation)
- Obstetric hemorrhage with uterine artery embolization, regardless of number of units transfused
- Any emergency/unplanned peripartum hysterectomy, regardless of number of units transfused (includes all placenta accretes; excludes planned peripartum hysterectomy for cancer/neoplasia)
- Other: _____

Serious/Not Severe

- Obstetric hemorrhage with 2-3 units of red blood cells transfused ALONE
- Obstetric hemorrhage with 2 units of red blood cells and 2 units of fresh frozen plasma transfused AND judged to be “overexuberant”
- Obstetric hemorrhage with <4 units of blood products transfused & evidence of pulmonary congestion that requiring only 1 dose of furosemide
- Obstetric hemorrhage with uterine balloon or uterine compression suture placed and ≤1 unit of blood products transfused
- Any obstetric hemorrhage that went to the ICU for observation only without further treatment
- PPH ≥1500 mil with transfusion
- Other: _____

Hypertensive/neurologic morbidities (mark all that apply)

Severe

- Eclamptic seizure(s) or epileptic seizures that were “status”
- Continuous infusion (IV drip) of an antihypertensive medication
- Nonresponsiveness or loss of vision, permanent or temporary (but not momentary), documented in physician’s progress notes
- Stroke, coma, intracranial hemorrhage
- Preeclampsia with difficult-to-control severe hypertension (>160 systolic BP or >110 diastolic BP) that requires multiple IV doses, persistent ≥48 hours after delivery, or both
- Liver or subcapsular hematoma or severe liver injury admitted to the ICU (bilirubin >6 or liver enzymes >600)
- Multiple coagulation abnormalities or severe hemolysis, elevated liver enzymes and low platelet count (HELLP) syndrome
- Other: _____

Serious/Not Severe

- Chronic hypertension that drifts up to severe range and needs postoperative medication dose alternation; preeclampsia blood pressure control with oral medications 48 hours after delivery
- Abnormal liver function requiring extra prolonged postpartum length of stay but not in the ICU
- Severe thrombocytopenia (<50,000) alone that does not require a transfusion or ICU admission
- Other: _____

Renal morbidities (mark all that apply)

Severe

- Diagnosis of acute tubular necrosis or treatment with renal dialysis
- Oliguria treated with multiple doses of Lasix
- Creatinine ≥ 2.0 in a woman without preexisting renal disease OR a doubling of the baseline creatinine in a woman with preexisting renal disease
- Other: _____

Serious/Not Severe

- Oliguria treated with IV fluids (no ICU admission)
- Oliguria treated with 1 dose of IV fluids (no ICU admission)
- Other: _____

Septic morbidities (mark all that apply)

Severe

- Infection with hypotension with multiple liters of IV fluid or pressors used (septic shock)
- Infection with pulmonary complications such as pulmonary edema or acute respiratory distress syndrome
- Other: _____

Serious/Not Severe

- Fever $>38.5^{\circ}\text{C}$ / 101°F with elevated lactate alone without hypotension
- Fever $>38.5^{\circ}\text{C}$ / 101°F with presumed choriometritis/ endometritis with elevated pulse but no other cardiovascular signs and normal lactate
- Positive blood culture without other evidence of significant systemic illness
- Other: _____

Pulmonary morbidities (mark all that apply)

Severe

- Diagnosis of acute respiratory distress syndrome, pulmonary edema, or postoperative pneumonia
- Use of a ventilator (with either intubation or noninvasive technique)
- Deep vein thrombosis or pulmonary embolism
- Other: _____

Serious/Not Severe

- Administration of oxygen without a pulmonary diagnosis
- Other: _____

Cardiac morbidities (mark all that apply)

Severe

- Preexisting cardiac disease (congenital or acquired) with ICU admission for treatment
- Peripartum cardiomyopathy
- Arrhythmia requiring >1 dose of IV medication but not ICU admission
- Arrhythmia that requires ICU observation with further treatments
- Other: _____

Serious/Not Severe

- Preexisting cardiac disease (congenital or acquired) with ICU admission for observation only
- Preexisting cardiac disease (congenital or acquired) without ICU admission for observation only
- Arrhythmia requiring 1 dose of IV medication but no ICU admission
- Arrhythmia that requires ICU observation but no extra treatments
- Other: _____

Surgical, bladder, and bowel complications (mark all that apply)

Severe

- Prolonged ileus for ≥ 4 days
- Bowel or bladder injury during surgery beyond minor serosal tear
- Small-bowel obstruction, with or without surgery during pregnancy/postpartum period
- Other: _____

Serious/Not Severe

- Postoperative ileus that resolved w/out surgery in ≤ 3 days
- 4th degree laceration
- Wound infection with (re)admission
- Other: _____

Anesthesia complications (mark all that apply)	
<p style="text-align: center;">Severe</p> <input type="checkbox"/> Total spinal anesthesia <input type="checkbox"/> Aspiration pneumonia <input type="checkbox"/> Epidural hematoma <input type="checkbox"/> Other: _____	<p style="text-align: center;">Serious/Not Severe</p> <input type="checkbox"/> Failed spinal anesthesia that requires general anesthesia <input type="checkbox"/> Spinal headache treated with a blood patch <input type="checkbox"/> Other: _____
ICU/invasive monitoring (mark all that apply)	
<p style="text-align: center;">Severe</p> <input type="checkbox"/> Any other ICU admission that includes treatment or diagnostic or therapeutic procedure <input type="checkbox"/> Central line or pulmonary catheter used to monitor a complication	<p style="text-align: center;">Serious/Not Severe</p> <input type="checkbox"/> ICU admission for observation of hypertension that does NOT require IV medications <input type="checkbox"/> ICU admission for observation after general anesthesia
<p>Adapted from Main EK et. al. Measuring severe maternal morbidity: validation of potential measures. AJOG 2016;214:643.e1-10.</p>	

Other moderate morbidities

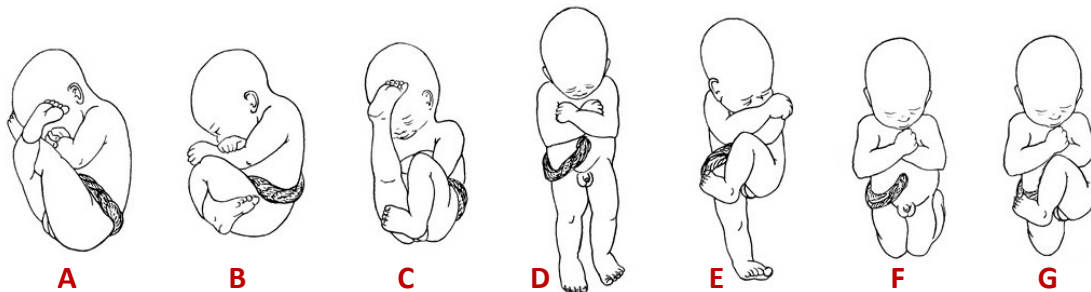
 3rd degree laceration
 Antibiotics postpartum
 Wound hematoma
 PPH 1000-1500 ml with transfusion
 Blood transfusion without PPH
 Early depression
 Other: _____

Other serious morbidities:

 4th degree laceration
 Other: _____

6 week maternal follow-up

<p>Breastfeeding</p> <input type="checkbox"/> Exclusive breastfeeding <input type="checkbox"/> Mixed feeding (breast & formula) <input type="checkbox"/> Exclusive formula feeding <input type="checkbox"/> Other: _____	<p>Ongoing breastfeeding difficulties?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____
<p>Mental health issues?</p> <input type="checkbox"/> None <input type="checkbox"/> Other: _____ <input type="checkbox"/> PP depression <input type="checkbox"/> PP psychosis <input type="checkbox"/> PTSD <input type="checkbox"/> Anxiety	<p>Ongoing maternal morbidities?</p> <input type="checkbox"/> None <input type="checkbox"/> Uterine prolapse <input type="checkbox"/> Fistula <input type="checkbox"/> Hypertension <input type="checkbox"/> UTIs <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> <u>Urinary/fecal</u> incontinence (<i>circle</i>) <input type="checkbox"/> Perineal/vulval/CS incision pain <input type="checkbox"/> Severe anemia <input type="checkbox"/> Other: _____



Hip flexion	Category	Type	Name	Description
Hips flexed	Frank	A	Frank	Hips flexed, both knees extended
	Nonfrank	B	Complete	Hips flexed, both knees flexed. Feet may be above OR below the buttocks
		B+/++	(w/ dropped foot)	One+ or both++ feet drop down near full dilation
		C	Incomplete	Hips flexed, one knee extended, one knee flexed. Lower foot above OR below buttocks
Hips extended (usually premature)	Standing breech	C+	(w/ dropped foot)	One+ foot drops down near full dilation
		D	Double footling	Both hips extended, both knees extended
		E	Single footling	One hip and one knee extended, other hip flexed
		F	Double kneeling	Both hips extended, both knees flexed
		G	Single kneeling	One hip extended, one knee flexed; other hip flexed