ACNM Data Set - Intrapartum Care

$\star \star$ Instructions:

- Complete form for all clients who receive midwifery care in labor and/or delivery
- Answer <u>each</u> question: fill in blank or mark AX@
- (Indicate: 1,2,3) means that <u>if</u> more than one answer applies, mark A1" to indicate primary method, A2"=secondary, etc.

Demographic Information:	Labor and Delivery Data:
site code	14. $//$ date of delivery
mother=s name	15gestational age at delivery (weeks)
2medical record number	(clinician=s best estimate of completed weeks)
3. $\frac{/}{\text{month}}$ $\frac{/}{\text{day}}$ mother's date of birth	 16. nutrition/fluid intake in labor: (indicate: 1,2,3) [] NPO [] IV fluids [] clear liquids/ice chips [] forth on clear liquids.
izip code of mother=s residence	
5years of education completed	 [] full or clear liquids [] light solid foods/liquids [] regular dist
 5. maternal race/ethnicity: [] Causasian/non-Hispanic White [] Hispanic [] Black [] Asian/Pacific Islander [] American Indian 	 [] regular diet 17. fetal heart monitoring method: (indicate: 1,2,3) [] intermittent (<i>fetoscope, doptone</i>) [] periodic electronic monitoring [] continuous external EFM [] continuous internal EFM
 7. marital status at delivery: [] married [] living with partner/consensual union [] single/separated/widowed/divorced 	 18. augmentation of labor: (indicate: 1,2,3) [] none [] AROM at cm. [] castor oil/enema
 primary payment method for delivery: [] commercial insurance/HMO/PPO [] Medicaid [] military/IHS/PHS 	 [] nipple stimulation [] prostaglandins [] oxytocin [] other (<i>specify</i>:)
[] self-pay/other	19. induction of labor: (indicate: 1,2,3) [] none
Prenatal Information:	[] AROM at cm. [] castor oil/enema
). gravida para _{Term} Preterm Ab Live Children	[] nipple stimulation[] prostaglandins
0ftin. mother's height (999 if unknown)	[] oxytocin [] other (specify:)
1lb. mother's pre-pregnant weight (999 if unknown)	 20. mother's mobility in labor: (choose <u>one</u>) [] ambulatory/frequent position change
2lb. total weight gain in pregnancy (999 if unknown)	 [] primarily recumbent by choice [] primarily recumbent per provider (reason:)
 risk indicators during <u>this</u> pregnancy: [] none [] persistent anemia (Hct≤ 33%) [] previous C-section [] hypertension in pregnancy [] gestational diabetes 	 21. non-pharmacologic methods of pain relief: none paced breathing (Lamaze, etc.) visualization/relaxation techniques massage/therapeutic touch activity/position change
 [] urinary tract infection/s [] preterm labor episode/s [] sexually transmitted disease/s [] smoking ≥ 1 cigarette per day [] alcohol ≥ 2 drinks per week 	 [] ded vity position enable [] hydrotherapy (baths, showers, jacuzzi) [] music therapy [] local application of heat or cold [] other (<i>specify</i>:)
 [] substance use/abuse (<i>type</i>:) [] situational stress/anxiety/depression [] domestic violence [] other (<i>specify</i>:) 	
[] Other (specify)	OVER→

22. pharmacologic methods of pain relief: (indicate 1,2,3)[] none

- [] tranquilizers/sedatives
- [] narcotics (IM or IV)
 -] intrathecal narcotics
- [] epidural anesthesia
- 23. problems during labor:
 - [] none
 - [] notable fetal heart rate abnormalities
 - (brady/tachy/decels/loss of variability)
 - [] meconium-stained fluid (moderate-- \neg heavy)
 - [] fetal malpresentation (*non-cephalic*)
 - [] prolonged latent phase
 - (>20 hr. in primip; >14 hr. in multip)[] prolonged/dysfunctional labor
 - [] hypertension (onset in labor)
 - [] prolonged rupture of the membranes (>24 hrs)
 - [] maternal temperature $\geq 100.4^{\circ}$ F
 -] other (*specify*:_____
- 24. rupture of membranes:
 - [] spontaneous at <u>____</u>cm.
 - [] artificial at _ cm.
- 25. type of delivery:

[] NSVD	[] VBAC
[] vaginal breech	[] C-section, primary
[] vacuum	[] C-section, repeat
[] forceps	

- 26. episiotomy: [] no [] yes
- 27. birth canal lacerations:
 - [] none or minor abrasions (no suturing)
 - [] 1st degree
 - [] 2nd degree
 - [] 3rd degree
 - [] 4th degree [] other (*type*:_____
- 28. perineal management: (indicate: 1,2,3) [] none
 - [] manual support
 - [] counterpressure/flexion of fetal head [] verbal instruction/directed pushing
 - [] perineal massage
 -] oils/lubricants ſ
 - [] compresses
- 29. maternal position for birth:
 - [] sitting/semi-sitting (no stirrups)
 - [] flat or lithotomy with stirrups
 - [] lateral/side-lying
 - other (squatting, birth chair, hands & knees, standing, in tub)
- 30. length of labor:
 - hrs.____min. Stage 1 *active phase* ★ indicate if this was: []] objective measurement (per vag. exams): 4 cm → C [] clinical estimate (per pt. hx): Aactive@labor \rightarrow C hrs. min. Stage 2
 - hrs. min. Stage 3

- 31. problems at delivery:
 -] none
 -] terminal fetal bradycardia/severe decels ſ
 - [] shoulder dystocia
 - [] maternal exhaustion
 - [] hemorrhage (EBL>500 cc)
 - [] retained placenta
- [] other (specify:

 32.
 L & D management:
 - [] independent CNM management for L & D
 - [] co-management/collaboration
 - [] CNM labor management/MD delivery
 - [] patient transferred to MD care
 - [] CNM delivery only
- 33. other attendant for delivery (other than CNM):
 - [] CNM
 -] MD or DO (*consultant/faculty*) ſ
 -] MD or DO (*intern/resident*) ſ
 -] student midwife ſ
 -] medical student ſ
 - other (*specify*:) ſ
 - [] none

Immediate Postdelivery Data (first 24 hours):

- 34. birthweight: ____lb.___oz OR _____grams
- 35. infant sex: [] male [] female
- 36. Apgar scores: ____1 min. ____5 min.
- 37. newborn procedures:
 - [] none or bulb suction only
 - [] deep suctioning (on perineum or at delivery)
 - [] endotracheal suctioning
 - [] bag and mask
 - [] intubation for ventilation
 - [] full CPR
- 38. newborn complications:
 - [] none
 - [] meconium aspiration
 - [] congenital anomalies
 - [] birth trauma/injury
 - [] NICU admission (reason:_____)
 - [] clinically apparent seizures
 - [] other (*specify*:_____
- 39. maternal problems *after* delivery (first 24 hours): [] none
 - [] hemorrhage
 - [] hypertension (onset postpartum)
 - [] temperature > 100.4° F
 - [] hematoma
 - [] other (*specify*:_____
- 40. initials of person completing this form

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