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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	1,114
			33,562
OB-55: Uterine Stimulant	2355	0	24
		1	1
		2	32,425
		3	1,113
			33,563
OB-55: Vertex Delivery, Use of Forces, Vacuum Extractor	3355	1	3
		2	29,359
		3	1,010
			30,372
OB-55: Breech Delivery	4355	0	16
		2	1,763
		3	71
			1,850
OB-55: Cesarean Section	5355	0	10
		2	1,944
		3	62
			2,016
OB-55: Placenta, Cord, Bleeding, Toxemia, Fetal Condition	6355	0	24
		1	3
		2	32,398
		3	1,111
			33,536
OB-55: Other Procedures, Other Complications	7355	0	24
		1	1
		2	32,403
		3	1,105
			33,533
OB-55-56: Type of Termination, Fetus Number, Type of Eventual Delivery	9355	0	3
		2	19
		3	44
		4	1,903
			1,969
		total for form	170,401

Data Items Referencing Form OB-55, Delivery Report

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1676.....		1355	1	5	Card number (sequence, form type, form number, revision number)
1677.....		1355	6	14	NIHDB case number
1678..OB-55	2	1355	15	15	Fetus number
1679..OB-55	3	1355	16	17	Delivery date (mo)
1680..OB-55	4	1355	18	19	Delivery date (day)
1681..OB-55	5	1355	20	21	Delivery date (yr)
1682..OB-55		1355	22	22	Delivered by
1683..OB-55		1355	23	23	Delivery type
1684..OB-55	8	1355	24	24	Labor, spontaneous/induced
1685..OB-55	9	1355	25	26	Labor, onset, date (mo)
1686..OB-55	9	1355	27	28	Labor, onset, date (day)
1687..OB-55	10	1355	29	30	Labor, onset, time (hr)
1688..OB-55	10	1355	31	32	Labor, onset, time (min)
1689..OB-55	11	1355	33	34	Labor, duration first stage (hrs)
1690..OB-55	11	1355	35	36	Labor, duration first stage (mins)
1691..OB-55	12	1355	37	38	Labor, duration second stage (hrs)
1692..OB-55	12	1355	39	40	Labor, duration second stage (mins)
1693..OB-55	13	1355	41	42	Labor, duration third stage (hrs)
1694..OB-55	13	1355	43	44	Labor, duration third stage (mins)
1695..OB-55	14	1355	45	46	Labor, duration total (hrs)
1696..OB-55	14	1355	47	48	Labor, duration total (mins)
1697..OB-55		1355	49	50	Labor, duration combined first & second stage (hrs)
1698..OB-55		1355	51	52	Labor, duration combined first & second stage (mins)
1699..OB-55	15	1355	53	55	Position at first exam
1700..OB-55	16	1355	56	57	Station at first exam
1701..OB-55	17	1355	58	60	Position before attempt at operative delivery
1702..OB-55	18	1355	61	62	Station before attempt at operative delivery
1703..OB-55	19	1355	63	65	Position at delivery
1704..OB-55	20	1355	66	66	Presentation, compound
1705..OB-55	21	1355	67	68	Rupture of membranes date (mo)
1706..OB-55	21	1355	69	70	Rupture of membranes date (day)
1707..OB-55	22	1355	71	72	Rupture of membranes time (hrs)
1708..OB-55	22	1355	73	74	Rupture of membranes time (min)
1709..OB-55	23	1355	75	75	Rupture of membranes, type: amniotomy
1710.....		1355	76	80	Blank
1711.....		2355	1	5	Card number (sequence, form type, form number, revision number)
1712.....		2355	6	14	NIHDB case number
1713..OB-55	2	2355	15	15	Fetus number
1714..OB-55	25	2355	16	16	Uterine stimulant: oxytocic, use
1715..OB-55	25	2355	17	18	Uterine stimulant: oxytocic, agent
1716..OB-55	26	2355	19	19	Uterine stimulant: medication, other, use
1717..OB-55	26	2355	20	22	Uterine stimulant: medication, other, agent

Data Items Referencing Form OB-55, Delivery Report

DATA ITEM TO		ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1718..	OB-55	27	2355	23	23	Uterine stimulant, mechanical, use
1719..	OB-55	27	2355	24	26	Uterine stimulant, mechanical, method
1720..	OB-55	28	2355	27	27	Uterine stimulant, number of attempts at induction
1721..	OB-55	29	2355	28	28	Uterine stimulant, induction, no uterine response
1722..	OB-55	29	2355	29	29	Uterine stimulant, induction, sustained contraction
1723..	OB-55	29	2355	30	30	Uterine stimulant, induction, persistent increased uterine tone
1724..	OB-55	29	2355	31	31	Uterine stimulant, induction, significant variation of fetal heart
1725..	OB-55	29	2355	32	32	Uterine stimulant, induction, tumultuous labor/delivery
1726..	OB-55	29	2355	33	33	Uterine stimulant, induction, other unusual reaction
1727..	OB-55	30	2355	34	34	Uterine stimulant; induction indicator, elective
1728..	OB-55	30	2355	35	35	Uterine stimulant; induction indication; ruptured membrane
1729..	OB-55	30	2355	36	36	Uterine stimulant; induction indication; toxemia
1730..	OB-55	30	2355	37	37	Uterine stimulant; induction indication; abruptio placenta
1731..	OB-55	30	2355	38	38	Uterine stimulant; induction indication; diabetes mellitus
1732..	OB-55	30	2355	39	39	Uterine stimulant; induction indication; erythroblastosis
1733..	OB-55	30	2355	40	40	Uterine stimulant; induction indication; pyelonephritis
1734..	OB-55	30	2355	41	41	Uterine stimulant; induction indication; infection, intra uterine
1735..	OB-55	30	2355	42	42	Uterine stimulant; induction indication, other
1736..	OB-55	31	2355	43	43	Uterine stimulant; augmentation indication, elective
1737..	OB-55	31	2355	44	44	Uterine stimulant; augmentation indication; ruptured membrane
1738..	OB-55	31	2355	45	45	Uterine stimulant; augmentation indication; toxemia
1739..	OB-55	31	2355	46	46	Uterine stimulant; augmentation indication; abruptio placenta
1740..	OB-55	31	2355	47	47	Uterine stimulant; augmentation indication; diabetes mellitus
1741..	OB-55	31	2355	48	48	Uterine stimulant; augmentation indication; erythroblastosis
1742..	OB-55	31	2355	49	49	Uterine stimulant; augmentation indication; pyelonephritis
1743..	OB-55	31	2355	50	50	Uterine stimulant; augmentation indication; infection, intra uterine
1744..	OB-55	31	2355	51	51	Uterine stimulant; augmentation indication; labor, arrested progress
1745..	OB-55	31	2355	52	52	Uterine stimulant; augmentation indication, other
1746..	OB-55		2355	53	54	Uterine stimulant; indication, other, first
1747..	OB-55		2355	55	55	Uterine stimulant; indications, other, further
1748..	OB-55	32	2355	56	57	Uterine stimulant; indication, delivery
1749..	OB-55	33	2355	58	58	Labor, arrested progress, latent phase
1750..	OB-55	33	2355	59	59	Labor, arrested progress, active phase
1751..	OB-55	33	2355	60	60	Labor, arrested progress, second phase
1752..	OB-55	34	2355	61	61	Labor, arrested progress, probable cause; fetopelvic disproportion
1753..	OB-55	34	2355	62	62	Labor, arrested progress, probable cause; malpresentation
1754..	OB-55	34	2355	63	63	Labor, arrested progress, probable cause; uterine activity abnormal
1755..	OB-55	34	2355	64	64	Labor, arrested progress, probable cause, other
1756.....			2355	65	80	Blank
1757.....			3355	1	5	Card number (sequence, form type, form number, revision number)
1758.....			3355	6	14	NINDB case number

Data Items Referencing Form NB-55, Delivery Report

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1759..NB-55	2	3355	15	15	Fetus number
1760..NB-55	40	3355	16	16	Vertex delivery, OT head
1761..NB-55	41	3355	17	17	Vertex delivery, fundal pressure
1762..NB-55	42	3355	18	20	Vertex delivery, manual rotation from
1763..NB-55	43	3355	21	23	Vertex delivery, manual rotation to
1764..NB-55	44	3355	24	24	Vertex delivery, manual rotation difficulty
1765..NB-55	45	3355	25	27	Vertex delivery, manual conversion from
1766..NB-55	46	3355	28	30	Vertex delivery, manual conversion to
1767..NB-55	47	3355	31	31	Vertex delivery, manual conversion difficulty
1768..NB-55	48	3355	32	32	Vertex delivery: forceps, number of blades
1769..NB-55	49	3355	33	33	Vertex delivery: forceps, first application
1770..NB-55	50	3355	34	36	Vertex delivery: forceps, rotation from
1771..NB-55	51	3355	37	39	Vertex delivery: forceps, rotation to
1772..NB-55	52	3355	40	42	Vertex delivery: forceps, conversion from
1773..NB-55	53	3355	43	45	Vertex delivery: forceps, conversion to
1774..NB-55	54	3355	46	47	Vertex delivery: forceps, type first
1775..NB-55	54	3355	48	49	Vertex delivery: forceps, type second
1776..NB-55	55	3355	50	50	Vertex delivery: forceps, axis traction attachment
1777..NB-55	56	3355	51	51	Vertex delivery: forceps, difficulty of application
1778..NB-55	57	3355	52	52	Vertex delivery: forceps, difficulty of rotation
1779..NB-55	58	3355	53	53	Vertex delivery: forceps, difficulty of conversion
1780..NB-55	59	3355	54	54	Vertex delivery: forceps, difficulty of traction
1781..NB-55	60	3355	55	56	Vertex delivery: forceps, indication, 1st
1782..NB-55	60	3355	57	58	Vertex delivery: forceps, indication, 2nd
1783..NB-55	60	3355	59	59	Vertex delivery: forceps, indication, further
1784..NB-55	61	3355	60	61	Vertex delivery: vacuum extractor, first application, dilitation (cm)
1785..NB-55	62	3355	62	64	Vertex delivery: vacuum extractor, first application, position
1786..NB-55	63	3355	65	66	Vertex delivery: vacuum extractor, first application, station
1787..NB-55	64	3355	67	68	Vertex delivery: vacuum extractor, highest vacuum attained (kg/cm**2)
1788..NB-55	65	3355	69	69	Vertex delivery: vacuum extractor
1789..NB-55	66	3355	70	71	Vertex delivery: vacuum extractor indication, 1st
1790..NB-55	66	3355	72	73	Vertex delivery: vacuum extractor indication, 2nd
1791..NB-55	66	3355	74	74	Vertex delivery: vacuum extractor indication, further
1792.....		3355	75	80	Blank
1793.....		4355	1	5	Card number (sequence, form type, form number, revision number)
1794.....		4355	6	14	NIMDB case number
1795..NB-55	2	4355	15	15	Fetus number
1796..NB-55	69	4355	16	16	Breech delivery: version, internal podalic, difficulty
1797..NB-55	70	4355	17	19	Breech delivery: version, internal podalic, position or presentation immediately prior
1798..NB-55	71	4355	20	21	Breech delivery: version, internal podalic, indication, 1st

Data Items Referencing Form NR-55, Delivery Report

DATA ITEM ID		ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1799..	NR-55	71	4355	22	23	Breech delivery: version, internal podalic, indication, 2nd
1800..	NR-55	72	4355	24	24	Breech delivery: version, internal podalic, indication, further
1801..	NR-55	73	4355	25	25	Breech delivery, attitude of breech
1802..	NR-55	74	4355	26	26	Breech delivery, complications
1803..	NR-55	75	4355	27	27	Breech delivery, fundal pressure
1804..	NR-55	76	4355	28	28	Breech delivery, of head
1805..	NR-55	77	4355	29	29	Breech delivery, of body
1806..	NR-55	78	4355	30	30	Breech delivery, decomposition
1807..	NR-55	79	4355	31	31	Breech delivery, difficulty of partial extraction
1808..	NR-55	80	4355	32	32	Breech delivery, difficulty of total extraction
1809..	NR-55	81	4355	33	33	Breech delivery, difficulty of manual delivery of head
1810..	NR-55	82	4355	34	34	Breech delivery: forceps delivery of head, difficulty
1811..	NR-55	83	4355	35	36	Breech delivery, indications for total extraction, first
1812..	NR-55	83	4355	37	37	Breech delivery, indications for total extraction, further
1813.....			4355	38	80	Blank
1814.....			5355	1	5	Card number (sequence, form type, form number, revision number)
1815.....			5355	6	14	NINDB case number
1816..	NR-55	2	5355	15	15	Fetus number
1817..	NR-55	84	5355	16	16	Cesarean section following attempt at vaginal delivery
1818..	NR-55	85	5355	17	17	Cesarean section, uterine incision type
1819..	NR-55	86	5355	18	18	Cesarean section, placenta underlying incision
1820..	NR-55	87	5355	19	19	Cesarean section, delivery of head
1821..	NR-55	88	5355	20	20	Cesarean section, delivery of body
1822..	NR-55	89	5355	21	21	Cesarean section, difficulty of delivery, head
1823..	NR-55	90	5355	22	22	Cesarean section, difficulty of delivery, body
1824..	NR-55	91	5355	23	23	Cesarean section, indication, previous section
1825..	NR-55	92	5355	24	24	Cesarean section, indication: myomectomy, previous
1826..	NR-55	92	5355	25	25	Cesarean section, indication: cephalopelvic disproportion
1827..	NR-55	92	5355	26	26	Cesarean section, indication, following failed pelvic procedure
1828..	NR-55	92	5355	27	27	Cesarean section, indication: transverse lie
1829..	NR-55	92	5355	28	28	Cesarean section, indication: malpresentation, other
1830..	NR-55	92	5355	29	29	Cesarean section, indication: uterine dysfunction
1831..	NR-55	92	5355	30	30	Cesarean section, indication: fetal distress
1832..	NR-55	92	5355	31	31	Cesarean section, indication: prolapsed cord
1833..	NR-55	92	5355	32	32	Cesarean section, indication: placenta previa
1834..	NR-55	92	5355	33	33	Cesarean section, indication: abruptio placentae
1835..	NR-55	92	5355	34	34	Cesarean section, indication, elderly primipara
1836..	NR-55	92	5355	35	35	Cesarean section, indication, poor obstetric history
1837..	NR-55	92	5355	36	36	Cesarean section, indication, tumor, obstructing
1838..	NR-55	92	5355	37	37	Cesarean section, indication: toxemia
1839..	NR-55	92	5355	38	38	Cesarean section, indication: diabetes mellitus
1840..	NR-55	92	5355	39	40	Cesarean section, indication, other first
1841..	NR-55	92	5355	41	41	Cesarean section, indication, other

Data Items Referencing Form OB-55, Delivery Report

DATA ITEM ID	TYPE OF TYPE	CARD NUM	FROM	TO	DATA TYPE NAME
1842..OB-55	93	5355	42	43	Cesarean section, indication, primary
1843..OB-55	94	5355	44	47	Cesarean section, blood loss (cc)
1844..OB-55	95	5355	48	48	Cesarean section; tubal ligation
1845..OB-55	96	5355	49	49	Cesarean section; appendectomy
1846..OB-55	97	5355	50	50	Cesarean section; ovarian surgery
1847..OB-55	98	5355	51	51	Cesarean section; hysterectomy
1848..OB-55	99	5355	52	52	Cesarean section; surgery, other
1849.....		5355	53	80	Blank
1850.....		6355	1	5	Card number (sequence, form type, form number, revision number)
1851.....		6355	6	14	MINOB case number
1852..OB-55	2	6355	15	15	Fetus number
1853..OB-55	96	6355	16	16	Placenta delivery
1854..OB-55		6355	17	17	Placenta, condition at delivery
1855..OB-55		6355	18	19	Oxytocic for placenta
1856..OB-55		6355	20	20	Umbilical cord, stripped/not stripped
1857..OB-55	100	6355	21	21	Prolapsed cord, location
1858..OB-55	101	6355	22	22	Prolapsed cord, first noted
1859..OB-55	102	6355	23	23	Prolapsed cord, treatment, replacement
1860..OB-55	103	6355	24	24	Prolapsed cord, treatment, displacement of presenting part
1861..OB-55	104	6355	25	25	Prolapsed cord, treatment, knee chest position
1862..OB-55	105	6355	26	26	Prolapsed cord, treatment, Trendelenburg position
1863..OB-55	106	6355	27	27	Prolapsed cord, treatment, maternal oxygen
1864..OB-55	107	6355	28	28	Prolapsed cord, treatment, other
1865..OB-55	108	6355	29	29	Cord pathology; around neck, tight
1866..OB-55	109	6355	30	30	Cord pathology; around neck, loose
1867..OB-55	110	6355	31	31	Cord pathology; around body or extremities
1868..OB-55	111	6355	32	32	Cord pathology; true knot
1869..OB-55	112	6355	33	33	Cord pathology; velamentous insertion
1870..OB-55	113	6355	34	34	Cord pathology; vasa previa
1871..OB-55	114	6355	35	35	Cord pathology; ruptured cord vessel
1872..OB-55	115	6355	36	36	Cord pathology, other
1873..OB-55	116	6355	37	37	Episiotomy
1874..OB-55	117	6355	38	38	Placenta previa
1875..OB-55	118	6355	39	39	Abruptio placenta
1876..OB-55	119	6355	40	40	Placenta; marginal sinus rupture
1877..OB-55	120	6355	41	41	Placenta, retained
1878..OB-55	121	6355	42	42	Placenta abnormalities, other
1879..OB-55	122	6355	43	45	Placenta, weight (gms)
1880..OB-55	123	6355	46	49	Bleeding before cord clamped, amount (cc)
1881..OB-55	124	6355	50	50	Bleeding before cord clamped, cause, unknown
1882..OB-55	125	6355	51	51	Bleeding before cord clamped, cause; placenta previa
1883..OB-55	126	6355	52	52	Bleeding before cord clamped, cause; abruptio placentae
1884..OB-55	127	6355	53	53	Bleeding before cord clamped, cause; marginal sinus rupture

Data Items Referencing Form OB-55, Delivery Report

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1885..OB-55	112	6355	54	54	Bleeding before cord clamped, cause: episiotomy
1886..OB-55	112	6355	55	55	Bleeding before cord clamped, cause: lacerations
1887..OB-55	112	6355	56	56	Bleeding before cord clamped, cause, other
1888..OB-55	113	6355	57	60	Bleeding after cord clamped, amount (cc)
1889..OB-55	114	6355	61	61	Bleeding after cord clamped, cause: uterine atony
1890..OB-55	114	6355	62	62	Bleeding after cord clamped, cause: episiotomy
1891..OB-55	114	6355	63	63	Bleeding after cord clamped, cause: lacerations
1892..OB-55	114	6355	64	64	Bleeding after cord clamped, cause, retained secundines
1893..OB-55	114	6355	65	65	Bleeding after cord clamped, cause, other
1894..OB-55	115	6355	66	66	Toxemia: hypertension, chronic
1895..OB-55	116	6355	67	67	Toxemia, acute
1896..OB-55	117	6355	68	68	Toxemia, hypertension, transient intrapartum
1897..OB-55	118	6355	69	69	Fetal death, intrauterine
1898..OB-55	119	6355	70	70	Heart rate abnormal
1899..OB-55	119	6355	71	71	Heart rhythm abnormal
1900..OB-55	119	6355	72	72	Meconium and/or meconium staining
1901..OB-55	119	6355	73	74	Lacerations
1902.....		6355	75	80	Blank
1903.....		7355	1	5	Card number (sequence, form type, form number, revision number)
1904.....		7355	6	14	NINDB case number
1905..OB-55	2	7355	15	15	Fetus number
1906..OB-55	120	7355	16	16	Version, external
1907..OB-55	120	7355	17	17	Blood administered
1908..OB-55	120	7355	18	18	Amniocentesis, abdominal
1909..OB-55	120	7355	19	19	Labor, attempt to inhibit
1910..OB-55	120	7355	20	20	Uterus therapy, maternal
1911..OB-55	120	7355	21	21	Procedure, other, 1st
1912..OB-55	120	7355	22	22	Procedure, other, 2nd
1913..OB-55	120	7355	23	23	Procedure, other, further
1914..OB-55	121	7355	24	24	Shock, intrapartum
1915..OB-55	121	7355	25	25	Dystocia, shoulder
1916..OB-55	121	7355	26	26	Fever, intrapartum
1917..OB-55	121	7355	27	27	Coagulation defect
1918..OB-55	121	7355	28	28	Polyhydramnios
1919..OB-55	121	7355	29	29	Uterus, ruptured
1920..OB-55	121	7355	30	30	Complication, other, 1st
1921..OB-55	121	7355	31	31	Complication, other, 2nd
1922..OB-55	121	7355	32	32	Complication, other, further
1926.....		7355	33	80	Blank
6000....VAR			22	22	Labor and delivery switch (1=OB-34, 2=OB-55)
6018....VAR			1304	1304	Records present: labor and delivery
6041....VAR			1307	1307	Labor, arrested progress: uterine dysfunction (OB-34)
6042....VAR			1308	1308	Cord pathology: true knot

Data Items Referencing Form OB-55, Delivery Report

DATA ITEM ID	ITEM NO. FORM	CARD NUM	FROM	TO	DATA ITEM NAME
6043....VAR			1309	1309	Cord pathology: velamentous insertion (OB-55)
6044....VAR			1310	1310	Cord pathology: vasa previa, vertices (OB-55)
6045....VAR			1311	1311	Cord pathology: ruptured cord vessel
6046....VAR			1312	1312	Cord pathology - other abnormality (OB-55)
6047....VAR			1313	1313	Cord pathology: cord around body
6048....VAR			1314	1314	Cord pathology: cord around neck, loose, number
6049....VAR	101		1315	1315	Cord pathology: cord around neck, tight, number
6050....VAR	121		1316	1316	Dystocia, shoulder
6051....VAR	8		1317	1317	Labor onset, spontaneous or induced
6052....VAR	25		1318	1318	Oxytocic use
6053....VAR	107		1319	1319	Placenta previa, degree
6055....VAR			132	1323	Presentation of fetus at delivery
6057....VAR			1325	1325	Cord: prolapsed, degree
6059....VAR			1327	1327	Rupture of membranes, reason
6060....VAR			1328	1328	Toxemia: hypertension, chronic (OB-36)
6061....VAR			1329	1329	Vertex delivery: forceps application
6062....VAR	65		1330	1330	Vertex delivery: vacuum extraction (OB-55)
6063....VAR			1331	1331	Toxemia, acute
6064....VAR	39		1332	1333	Labor, arrested progress: malpresentation
6066....VAR	39		1334	1334	Labor, arrested progress: fetopelvic disproportion; cephalopelvic disproportion
6067....VAR	39		1335	1335	Labor, arrested progress, other causes
6068....VAR	39		1336	1336	Labor, arrested progress, shape and stage
6069....VAR	120		1337	1337	Blood: transfusion
6070....VAR	111		1338	1341	Bleeding after cord clamped (cc)
6071....VAR			1342	1345	Bleeding before cord clamped (cc)
6072....VAR			1346	1346	Hypertension, chronic disease
6073....VAR			1347	1347	Breech delivery: version, internal bandalic, difficulty code
6075....VAR			1348	1348	Breech delivery: presentation
6076....VAR			1350	1350	Breech delivery procedures attempted for delivery of body
6077....VAR			1351	1351	Breech delivery procedures attempted for delivery of head
6078....VAR			1352	1352	Breech delivery difficulty with decomposition
6079....VAR			1353	1353	Breech delivery difficulty of partial extraction
6080....VAR			1354	1354	Breech delivery difficulty of total extraction
6081....VAR	40		1355	1355	Breech delivery difficulty of manual delivery of head
6082....VAR			1356	1356	Breech delivery: forceps delivery of head, difficulty
6083....VAR			1357	1357	Vertex delivery: forceps, difficulty of traction
6084....VAR			1358	1358	Vertex delivery: forceps, difficulty of application
6085....VAR			1359	1359	Vertex delivery: forceps, difficulty of rotation
6086....VAR			1360	1360	Vertex delivery: forceps, difficulty of conversion
6087....VAR			1361	1361	Vertex delivery: forceps, difficulty
6088....VAR	119		1362	1362	Lacerations, perineal, degree
6089....VAR	119		1363	1363	Lacerations, site

Data Items Referencing Form OB-55, Delivery Record

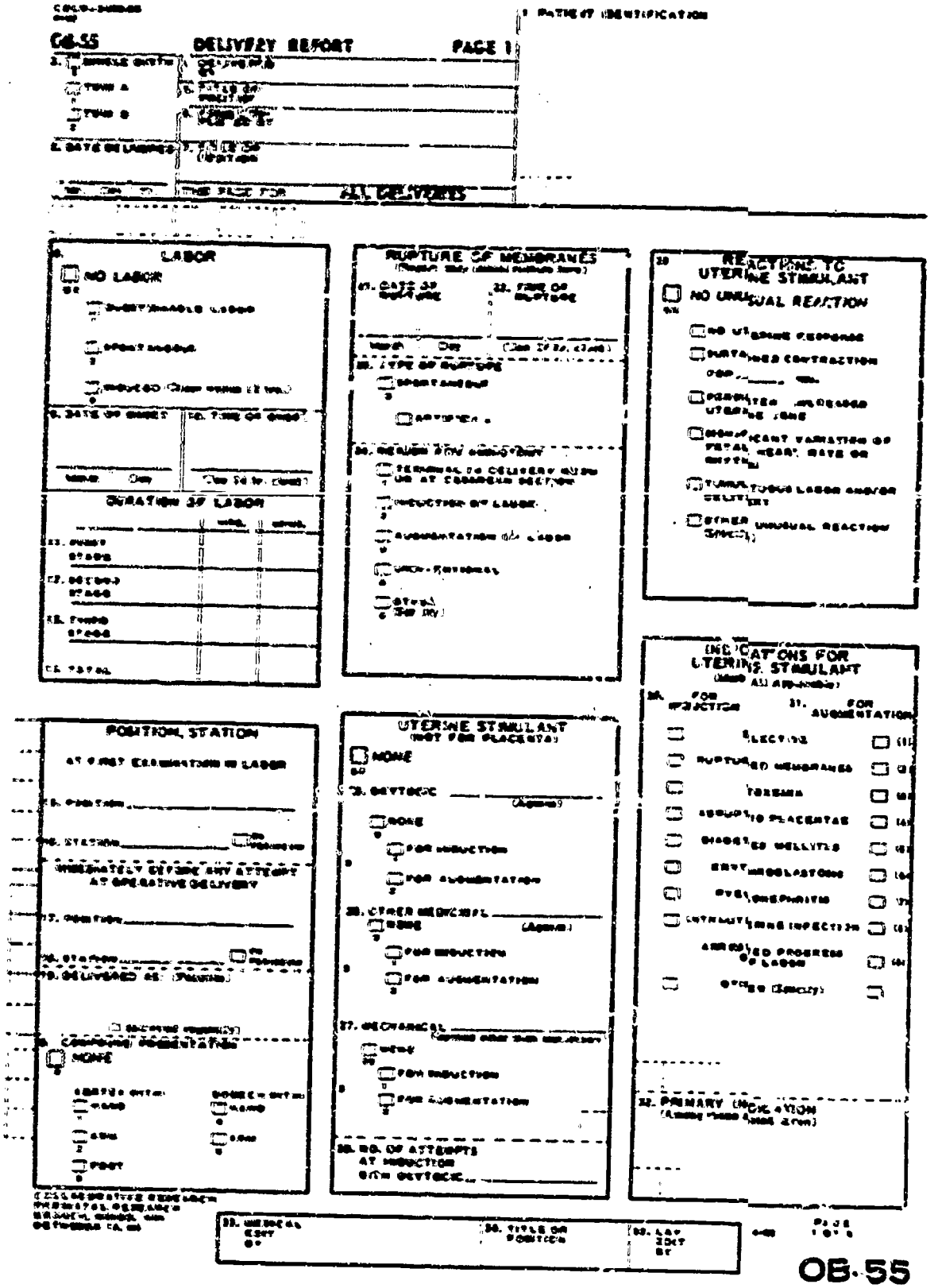
DATA ITEM ID	ITEM IN FIRM	CARD SUB	FROM	TO	DATA ITEM NAME
6090....VAR			1364	1364	Mechanical stimulant, use of (OB 55)
6091....VAR	121		1365	1365	Polyhydramnios
6092....VAR	121		1366	1366	Uterine rupture
6093....VAR			1367	1367	Uterine stimulant, reaction to
6106....VAR			1380	1380	Cesarean section, delivery of body
6107....VAR			1381	1381	Cesarean section, delivery of head
6108....VAR			1382	1382	Cesarean section; uterine incision type
6109....VAR			1383	1383	Cesarean section, indication, primary (OB-34)
6110....VAR	91		1385	1386	Cesarean section, indication, primary (OB-55)
6111....VAR			1387	1387	Cesarean section, following attempt at vaginal delivery
6112....VAR			1388	1388	Cesarean section, difficulty of head delivery
6113....VAR			1389	1389	Cesarean section, difficulty of body delivery
6114....VAR			1390	1390	Cesarean section, indication, previous cesarean section (OB-34)
6115....VAR			1391	1391	Cesarean section, indication; fetal distress (OB-34)
6116....VAR			1392	1392	Cesarean section, indication; cephalopelvic disproportion (OB-34)
6117....VAR			1393	1393	Cesarean section, indication; breech primigravida (OB-34)
6118....VAR			1394	1394	Cesarean section, indication, elderly primigravida (OB-34)
6119....VAR			1395	1395	Cesarean section, indication; transverse lie (OB-34)
6120....VAR			1396	1396	Cesarean section, indication; prolapsed cord (OB-34)
6121....VAR			1397	1397	Cesarean section, indication; eclampsia, uterine (OB-34)
6122....VAR			1398	1398	Cesarean section, indication; surgery, previous pelvic or cervical repair (OB-34)
6123....VAR			1399	1399	Cesarean section, indication; diabetes mellitus (OB-34)
6124....VAR			1400	1400	Cesarean section, indication; toxemia (OB-34)
6125....VAR			1401	1401	Cesarean section, indication; abruptio placenta (OB-34)
6126....VAR			1402	1402	Cesarean section, indication; placenta previa (OB-34)
6127....VAR			1403	1403	Cesarean section, indication; forceps delivery failed (OB-34)
6128....VAR			1404	1404	Cesarean section, indication; uterine dysfunction (OB-34)
6129....VAR			1405	1405	Cesarean section, indication, other (OB-34)
6130....VAR			1406	1406	Cesarean section, indication; previous cesarean section (OB-55)
6131....VAR			1407	1407	Cesarean section, indication; myomectomy, 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	92		1413	1413	Cesarean section, indication; fetal distress (OB-55)
6138....VAR			1415	1415	Cesarean section, indication; placenta previa (OB-55)
6140....VAR			1416	1416	Cesarean section, indication; abruptio placenta (OB-55)
6141....VAR			1417	1417	Cesarean section, indication, elderly primigravida (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 Items Referencing Page 08-55, Delivery Header

DATA ITEM ID	ITEM IN PAGE	CARD NUM	PAGE	TO	DATA ITEM NAME
A144....VAR			1420	1420	Cesarean section, indication: toxemia (08-55)
A145....VAR			1421	1421	Cesarean section, indication: diabetes mellitus (08-55)
A146....VAR			1422	1425	Labor, duration of first stage (hrs/mins)
A149....VAR			1427	1430	Labor, duration of second stage (hrs/mins)
A150....VAR			1431	1436	Labor, duration of third stage (coded)
A151....VAR			1437	1440	Labor, duration of first and second stages (hrs/mins)
A153....VAR			1442	1445	Labor, total duration, first, second and third stages (hrs/mins)
A155....VAR	0-10		1447	1450	Rupture of membranes, interval from ROM to onset of labor
A156....VAR			1451	1451	Uterine stimulant, no response
A157....VAR			1452	1452	Uterine stimulant, sustained contraction
A158....VAR	20		1453	1453	Uterine stimulant, persistent increased uterine tone
A159....VAR			1454	1454	Uterine stimulant, significant variation of fetal heart rate or rhythm
A160....VAR			1455	1455	Uterine stimulant, fulminitunus labor and/or delivery
A161....VAR			1456	1456	Uterine stimulant, other unusual reaction
A162....VAR	21-22		1457	1460	Rupture of membranes, interval: INACCURATE DO NOT USE
A165....VAR			1464	1464	Uterine dysfunction
A166....VAR	9		1467	1472	Labor, date of onset (mo/day/yr)
A169....VAR			1473	1473	Uterine stimulant: induction indication: elective
A170....VAR			1474	1474	Uterine stimulant: induction indication: ruptured membranes
A171....VAR			1475	1475	Uterine stimulant: induction indication: toxemia
A172....VAR			1476	1476	Uterine stimulant: induction indication: abruptio placenta
A173....VAR			1477	1477	Uterine stimulant: induction indication: diabetes mellitus
A174....VAR			1478	1478	Uterine stimulant: induction indication: erythroblastosis
A175....VAR			1479	1479	Uterine stimulant: induction indication: pyelonephritis
A176....VAR			1480	1480	Uterine stimulant: induction indication: infection, intrauterine
A177....VAR	50		1481	1481	Uterine stimulant: induction indication, other

Data Items Referencing Form OB-56, Obstetric Summary

DATA ITEM ID	ITEM OR PROC	CARD NUM	PROC	FD	DATA ITEM NAME
1923..OB-5A	4	7155	11	34	Gestation (wks)
1924..OB-5A	5	7155	15	35	Liveborn
1925..OB-5A	6	7155	16	36	Pregnancy termination, place
1927.....		9155	1	5	Card number (sequence, form type, form number, revision number)
1928.....		9155	6	14	NINDB case number
1929..OB-5A	2	9155	15	15	Fetus number
1930..OB-5A	3	9155	16	17	Pregnancy termination date (mo)
1931..OB-5A	3	9155	18	18	Pregnancy termination date (day)
1932..OB-5A	3	9155	20	21	Pregnancy termination date (yr)
1933..OB-5A	4	9155	22	23	Gestation (wks)
1934..OB-5A	5	9155	24	24	Liveborn
1935..OB-5A	6	9155	25	25	Pregnancy termination, place
1936..OB-5A	7	9155	26	78	Form OB-5A data not coded, reason
1937.....		9155	27	80	Blank


OB-55
DELIVERY REPORT
PAGE 1
PATIENT IDENTIFICATION
LABOR
NO LABOR
RUPTURE OF MEMBRANES
REACTIONS TO UTERINE STIMULANT
NO UNUSUAL REACTION
DURATION OF LABOR
POSITION, STATION
UTERINE STIMULANT
NONE
INDICATIONS FOR UTERINE STIMULANT
OB-55

COLR-[illegible]

OB-55 **DELIVERY REPORT** PAGE 2

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

37. ☐ TWIN A ☐ TWIN B

38. PATIENT IDENTIFICATION

38. ARRESTED PROGRESS OF LABOR

☐ NONE DEFINED

☐ LATENT PHASE – [illegible]

☐ ACTIVE PHASE – [illegible]

☐ SECOND STAGE – [illegible]

39. PROBABLE CAUSE(S): [illegible]

☐ FETOPELVIC DISPROPORTION

☐ MALPRESENTATION

☐ ABNORMAL UTERINE ACTIVITY

OTHER:

VAGINAL VERTEX PROCEDURES AND/OR DELIVERY

☐ NOT APPLICABLE

40. DELIVERY OF HEAD

☐ UNCONTROLLED

☐ CONTROLLED MANUALLY

☐ CONTROLLED WITH FORCEPS

41. FUNDAL PRESSURE (FOR DELIVERY OF HEAD)

☐ NONE ☐ MODERATE

☐ SLIGHT ☐ STRONG

MANUAL ROTATION

☐ NOT ATTEMPTED

FROM ______

TO ______

DIFFICULTY OF ROTATION

(1) OBS.	(2) DIFF.	(3) [illegible]	(4) FAILED

MANUAL CONVERSION

☐ NOT ATTEMPTED

FROM ______

TO ______

47. DIFFICULTY OF CONVERSION

(1) OBS.	(2) DIFF.	(3) [illegible]	(4) FAILED

USE OF FORCEPS

☐ NOT USED

NUMBER OF APPLICATIONS ______

FIRST APPLICATION OF FORCEPS

☐ CLASS I (OUTLET) [illegible]

☐ CLASS II (LOW) [illegible]

☐ CLASS III (MID) [illegible]

☐ CLASS IV (HIGH) [illegible]

FORCEPS ROTATION

☐ NOT ATTEMPTED

FROM ______

TO ______

FORCEPS CONVERSION

☐ NOT ATTEMPTED

FROM ______

TO ______

TYPE(S) OF FORCEPS USED

AXIS TRACTION ATTACHMENT

☐ NOT USED ☐ USED

DIFFICULTY OF FORCEPS PROCEDURES

	(1) OBS.	(2) DIFF.	(3) [illegible]	(4) FAILED
APPLICATION				
ROTATION				
CONVERSION				
TRACTION				

INDICATIONS FOR USE OF FORCEPS

☐ ELECTIVE

VACUUM EXTRACTOR

☐ NOT USED

WHEN FIRST APPLIED:

DILATATION ______

POSITION ______

STATION ______

HIGHEST VACUUM ATTAINED

☐ KG/CM² ☐ MM. HG.

DELIVERY WITH VACUUM EXTRACTOR

☐ YES

NO, BECAUSE OF:

☐ UNSATISFACTORY APPLICATION

☐ FAILURE TO ROTATE

☐ FAILURE TO DESCEND

☐ OTHER (Specify)

INDICATIONS FOR USE

☐ ELECTIVE

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PAGE 2 OF 3

OB-55

COLR-COM-00

OB-55 **DELIVERY REPORT** PAGE 1

67. PATIENT IDENTIFICATION

NOTE: THROUGHOUT THIS FORM MARK ALL ITEMS APPLICABLE TO THIS CASE.

☐ TWIN A
☐ TWIN B

BREECH DELIVERY (INCLUDING VERSION AND EXTRACTION)

☐ NOT APPLICABLE

INTERNAL PODALIC VERSION

☐ NOT ATTEMPTED

69. DIFFICULTY OF VERSION

	(1) AVG.	(2) DIFF.	(3) V. DIFF.	(4) FAILED

70. POSITION OR PRESENTATION IMMEDIATELY PRIOR TO VERSION:

71. INDICATIONS FOR VERSION

☐ ELECTIVE

72. ATTITUDE OF BREECH (before attempts at delivery)

☐ NOT APPLICABLE (Version)
☐ FRANK
☐ FULL OR COMPLETE
☐ SINGLE FOOTLING OR KNEE
☐ DOUBLE FOOTLING OR KNEE
☐ UNKNOWN

73. COMPLICATIONS OF BREECH

☐ NONE LISTED
☐ NUCHAL ARM
☐ HYPEREXTENDED HEAD

74. FUNDAL PRESSURE (SECOND STAGE)

☐ NONE
☐ SLIGHT
☐ MODERATE
☐ STRONG

75. PROCEDURES ATTEMPTED FOR DELIVERY OF HEAD

☐ NONE (SPONTANEOUS)
☐ MANUAL CONTROL
☐ FORCEPS

76. PROCEDURES ATTEMPTED FOR DELIVERY OF BODY

☐ NONE (SPONTANEOUS)
☐ DECOMPOSITION
☐ PARTIAL EXTRACTION
☐ TOTAL EXTRACTION

DIFFICULTY OF BREECH DELIVERY PROCEDURES
(in each difficult column)

	(1) AVG.	(2) DIFF.	(3) V. DIFF.	(4) FAILED
77. DECOMPOSITION				
78. PARTIAL EXTRACTION				
79. TOTAL EXTRACTION				
80. MANUAL DEL. OF HEAD				
81. FORCEPS DEL. OF HEAD				

82. INDICATION FOR TOTAL EXTRACTION

☐ NOT APPLICABLE
☐ FOLLOWING VERSION
☐ ELECTIVE
INDICATED (Specify)

CESAREAN SECTION

☐ NOT APPLICABLE

83. SECTION FOLLOWING

☐ NO ATTEMPT AT VAGINAL DELIVERY

ATTEMPTS AT VAGINAL DELIVERY:
☐ AS VERTEX
☐ AS BREECH
(Complete all applicable parts of this form)

84. TYPE OF UTERINE INCISION

☐ LOW, TRANSVERSE
☐ LOW, VERTICAL
☐ CLASSICAL
☐ EXTRA-PERITONEAL
☐ OTHER, INCLUDING T-INCISION (Specify)

85. PLACENTA UNDERLYING INCISION:
☐ NO
☐ YES

DELIVERY OF INFANT AT CESAREAN SECTION

86. HEAD:
☐ MANUAL
☐ SINGLE VECTIS
☐ FORCEPS

87. BODY:
☐ FOLLOWING THE VERTEX
☐ BREECH EXTRACTION
☐ VERSION AND EXTRACTION

DIFFICULTY OF DELIVERY AT CESAREAN SECTION

	(1) AVG.	(2) DIFF.	(3) V. DIFF.
88. HEAD			
89. BODY			

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PAGE 2 OF 2

OB-55

OB-55 DELIVERY REPORT PAGE 4

28. PATIENT IDENTIFICATION

TWIN A
TWIN B

29. INDICATIONS FOR CESAREAN SECTION (MARK ALL APPLICABLE)

- PREVIOUS SECTION
- PREVIOUS HYSTERECTOMY
- CEPHALOPELVIC DISPROPORTION
- FOLLOWING FAILED PELVIC PROCEDURE
- TRANSVERSE LIE
- OTHER MALPRESENTATION
- UTERINE CONTRACTION
- FETAL DISTRESS
- PROLAPSED CORD
- PLACENTA PREVIA
- ABRUPTIO PLACENTAE
- ELDERLY PRIMIPARA
- POOR OBSTETRIC HISTORY
- OBSTRUCTING TUMOR
- TOXEMIA
- DIABETES MELLITUS
- OTHER INDICATION (Specify)

30. PRIMARY INDICATION (AMONG THOSE NOTED ABOVE)

31. OTHER PROCEDURES AT SECTION

- NONE
- TUBAL LIGATION
- APPENDECTOMY
- OVARIAN SURGERY (Specify)
- CESAREAN HYSTERECTOMY: TOTAL / SUBTOTAL
- OTHER SURGERY (Specify)

ALL DELIVERIES

32. PLACENTA

- SPONTANEOUS DELIVERY
- MANUAL SEPARATION AND EXTRACTION
- MANUAL EXTRACTION ONLY

33. CONDITION OF PLACENTA AT DELIVERY

- INTACT
- NOT INTACT (Describe)

34. OXYTOCIC FOR PLACENTA

NONE

	SYNTOCINON LIKE	ERGOTRATE LIKE
I. V.		
I. M.		

35. OPERATIVE BLOOD LOSS

TOTAL: _____ cc

36. UMBILICAL CORD

- NOT STRIPPED
- STRIPPED

36A. PROLAPSED CORD

- NO PROLAPSE
- OCCULT
- INTO VAGINA
- THRU INTROITUS

36B. FORCEPS USED

- PULLATING
- NOT PULLATING

36C. TREATMENT PRIOR TO DELIVERY

- NO TREATMENT
- DISPLACEMENT
- DISPLACEMENT OF PRESENTING PART
- SHOCK-SHEET POSITION
- TROMBELENBURG POSITION
- MATERNAL OXYGEN THERAPY
- OTHER (Specify)

36D. CORD PATHOLOGY

NONE

AROUND NECK: _____ TIMES RIGHT, _____ TIMES LOOSE
AROUND BODY OR EXTREMITIES: LOOSE / TIGHT
TRUE KNOT: LOOSE / TIGHT

- VELAMENTOUS INSERTION
- VASA PREVIA
- RUPTURED CORD VESSEL
- OTHER (Specify)

36E. EPISIOTOMY

NONE

- MEDIO-LATERAL
- MEDIAN

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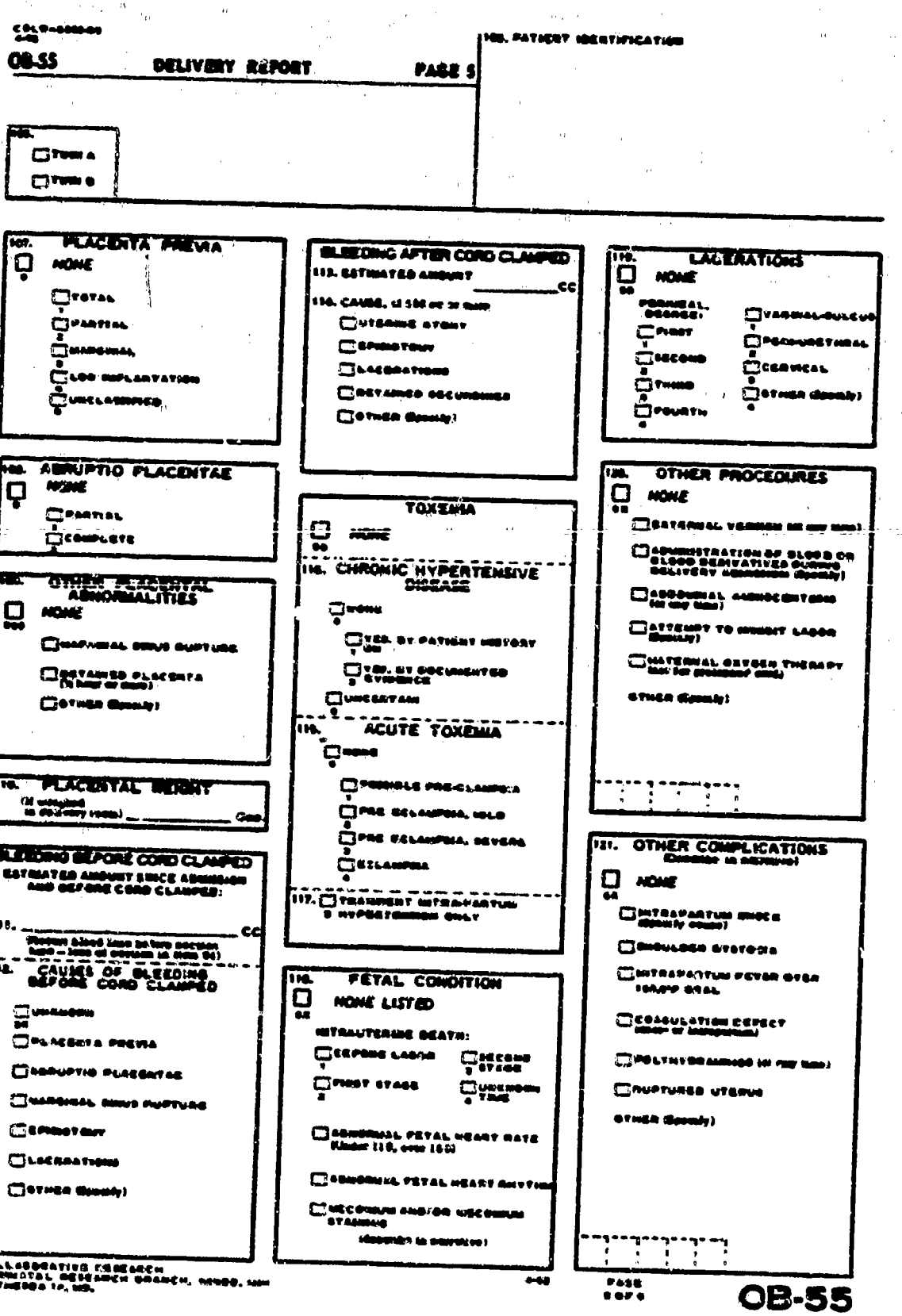

OB-55 DELIVERY REPORT PAGE 5

105. PATIENT IDENTIFICATION

106. TWIN A / TWIN B

107. PLACENTA PREVIA — NONE; TOTAL; PARTIAL; MARGINAL; LOW IMPLANTATION; UNCLASSIFIED

108. ABRUPTIO PLACENTAE — NONE; PARTIAL; COMPLETE

109. OTHER MATERNAL ABNORMALITIES — NONE; MARGINAL SINUS RUPTURE; RETAINED PLACENTA; OTHER (Specify)

110. PLACENTAL WEIGHT — (If weighed in delivery room) _____ Gms.

111. BLEEDING BEFORE CORD CLAMPED — ESTIMATED AMOUNT SINCE ADMISSION AND BEFORE CORD CLAMPED: 115. _____ cc

112. CAUSES OF BLEEDING BEFORE CORD CLAMPED — UNKNOWN; PLACENTA PREVIA; ABRUPTIO PLACENTAE; MARGINAL SINUS RUPTURE; EPISIOTOMY; LACERATIONS; OTHER (Specify)

113. BLEEDING AFTER CORD CLAMPED — ESTIMATED AMOUNT _____ cc

114. CAUSE, if 500 cc or more — UTERINE ATONY; EPISIOTOMY; LACERATIONS; RETAINED PLACENTA; OTHER (Specify)

115. TOXEMIA — NONE

116. CHRONIC HYPERTENSIVE DISEASE — NONE; YES, BY PATIENT HISTORY; YES, BY DOCUMENTED EVIDENCE; UNCERTAIN

117. ACUTE TOXEMIA — NONE; POSSIBLE PRE-ECLAMPSIA; PRE ECLAMPSIA, MILD; PRE ECLAMPSIA, SEVERE; ECLAMPSIA

117. TREATMENT INTRAPARTUM IN HYPERTENSION ONLY

118. FETAL CONDITION — NONE LISTED

INTRAUTERINE DEATH: ELAPSING LABOR; SECOND STAGE; FIRST STAGE; UNKNOWN TIME

ABNORMAL FETAL HEART RATE (Under 110, over 160)

ABNORMAL FETAL HEART RHYTHM

MECONIUM AND/OR MECONIUM STAINING (Observed in delivery)

119. LACERATIONS — NONE

PERINEAL: FIRST; SECOND; THIRD; FOURTH

VAGINAL-VULVAL; PERI-URETHRAL; CERVICAL; OTHER (Specify)

120. OTHER PROCEDURES — NONE

EXTERNAL VERSION (In any time)

ADMINISTRATION OF BLOOD OR BLOOD DERIVATIVES DURING DELIVERY ADMISSION (Specify)

ABDOMINAL AMNIOCENTESIS (In any time)

ATTEMPT TO ARREST LABOR (Specify)

MATERNAL OXYGEN THERAPY (Not for discomfort only)

OTHER (Specify)

121. OTHER COMPLICATIONS (Describe in narrative) — NONE

INTRAPARTUM SHOCK (Specify cause)

SHOULDER DYSTOCIA

INTRAPARTUM FEVER OVER 100.4°F ORAL

COAGULATION DEFECT (Name or description)

POLYHYDRAMNIOS (In any form)

RUPTURED UTERUS

OTHER (Specify)

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OB-55

[illegible]

OB-56 OBSTETRIC SUMMARY

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

(2) For other uses as specified in manual.

[illegible] PATIENT IDENTIFICATION

[illegible] DELIVERED	[illegible] SUMMARY	
[illegible] DELIVERY	[illegible] TITLE OR POSITION	[illegible] THIS SUMMARY BY: / 7. TITLE OR POSITION
[illegible] AS ESTIMATED AFTER DELIVERY:	OUTCOME [illegible]	[illegible] LIVEBORN ☐ YES ☐ NO / 10. SEX ☐ M ☐ F ☐ UNK. / 11. ☐ YES ☐ NO / 12. ☐ M ☐ F ☐ UNK.

[illegible] MEDICAL [illegible] ☐ [illegible] HOSPITAL CHART ☐ [illegible] HOSPITAL CHART	[illegible] MEDICAL EDIT BY	15. TITLE OR POSITION	PAGE
[illegible]	17. [illegible] COMPLETED ☐ YES ☐ NO	[illegible] ☐ ABSTRACTS OR SUMMARIES ATTACHED	

COLLABORATIVE RESEARCH
[illegible] RESEARCH BRANCH, [illegible]
BETHESDA 14, MD.

OB-56

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
6070....VAR			1338	1341	Bleeding after cord clamped (cc)
6071....VAR			1342	1345	Bleeding before cord clamped (cc)
6069....VAR			1337	1337	Blood: transfusion
6081....VAR			1355	1355	Breech delivery difficulty of manual delivery of head
6079....VAR			1353	1353	Breech delivery difficulty of partial extraction
6080....VAR			1354	1354	Breech delivery difficulty of total extraction
6078....VAR			1352	1352	Breech delivery difficulty with decomposition
6076....VAR			1350	1350	Breech delivery procedures attempted for delivery of body
6077....VAR			1351	1351	Breech delivery procedures attempted for delivery of head
6082....VAR			1356	1356	Breech delivery: forceps delivery of head, difficulty
6075....VAR			1349	1349	Breech delivery: presentation
6073....VAR			1347	1347	Breech delivery: version, internal podalic, difficulty code
6106....VAR			1380	1380	Cesarean section, delivery of body
6107....VAR			1381	1381	Cesarean section, delivery of head
6113....VAR			1389	1389	Cesarean section, difficulty of body delivery
6112....VAR			1388	1388	Cesarean section, difficulty of head delivery
6111....VAR			1387	1387	Cesarean section, following attempt at vaginal delivery
6118....VAR			1394	1394	Cesarean section, indication, elderly primigravida (OB-34)
6141....VAR			1417	1417	Cesarean section, indication, elderly primigravida (OB-55)
6139....VAR			1409	1409	Cesarean section, indication, following failed pelvic procedure (OB-55)
6120....VAR			1405	1405	Cesarean section, indication, other (OB-34)
6114....VAR			1390	1390	Cesarean section, indication, previous cesarean section (OB-34)
6109....VAR			1383	1384	Cesarean section, indication, primary (OB-34)
6110....VAR			1385	1386	Cesarean section, indication, primary (OB-55)
6142....VAR			1418	1418	Cesarean section, indication, prior OB history (OB-55)
6125....VAR			1401	1401	Cesarean section, indication: abruptio placenta (OB-34)
6140....VAR			1416	1416	Cesarean section, indication: abruptio placenta (OB-55)
6117....VAR			1393	1393	Cesarean section, indication: breech primigravida (OB-34)
6132....VAR			1408	1408	Cesarean section, indication: cephalopelvic disproportion (OB-55)
6116....VAR			1392	1392	Cesarean section, indication: cephalopelvic disproportion (OB-34)
6129....VAR			1399	1399	Cesarean section, indication: diabetes mellitus (OB-34)
6145....VAR			1421	1421	Cesarean section, indication: diabetes mellitus (OB-55)
6115....VAR			1391	1391	Cesarean section, indication: fetal distress (OB-34)
6137....VAR			1413	1413	Cesarean section, indication: fetal distress (OB-55)
6127....VAR			1403	1403	Cesarean section, indication: forceps delivery failed (OB-34)
6135....VAR			1411	1411	Cesarean section, indication: malpresentation, other (OB-55
6121....VAR			1397	1397	Cesarean section, indication: myomata, uterine (OB-34)
6126....VAR			1402	1402	Cesarean section, indication: placenta previa (OB-34)
6138....VAR			1415	1415	Cesarean section, indication: placenta previa (OB-55)
6128....VAR			1396	1396	Cesarean section, indication: prolonged cord (OB-34)
6122....VAR			1398	1398	Cesarean section, indication: surgery, previous pelvic or cervical repair (OB-34)

II.B.147

OB-5556

Form item numbers linked to data items on OR-55, Delivery Report

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	6124....VAR		1400	1400	Cesarean section, indication; toxemia (OB-34)
	6144....VAR		1420	1420	Cesarean section, indication; toxemia (OB-55)
	6119....VAR		1395	1395	Cesarean section, indication; transverse lie (OB-34)
	6134....VAR		1410	1410	Cesarean section, indication; transverse lie (OB-55)
	6143....VAR		1419	1419	Cesarean section, indication; tumor obstructing (OB-55)
	612A....VAR		1404	1404	Cesarean section, indication; uterine dysfunction (OB-34)
	610A....VAR		1382	1382	Cesarean section; uterine incision type
	6131....VAR		1407	1407	Cesarian section, indication; myomectomy, previous (OB-55)
	6130....VAR		1406	1406	Cesarian section, indication; previous cesarean section (OB-55)
	6136....VAR		1412	1412	Cesarian section, indication; uterine dysfunction (OB-55)
	6047....VAR		1313	1313	Cord pathology; cord around body
	604A....VAR		1314	1314	Cord pathology; cord around neck, loose, number
	6049....VAR		1315	1315	Cord pathology; cord around neck, tight, number
	6046....VAR		1312	1312	Cord pathology; other abnormality (OB-55)
	6045....VAR		1311	1311	Cord pathology; ruptured cord vessel
	6042....VAR		1308	1308	Cord pathology; true knot
	6044....VAR		1310	1310	Cord pathology; vasa previa, varices (OB-55)
	6043....VAR		1309	1309	Cord pathology; velamentous insertion (OB-55)
	6057....VAR		1325	1325	Cord; prolapsed, degree
	6050....VAR		1316	1316	Dystocia, shoulder
	6077....VAR		1346	1346	Hypertension, chronic disease
	4060....VAR		22	22	Labor and delivery switch (1=OB-34, 2=OB-55)
	6051....VAR		1317	1317	Labor onset, spontaneous or induced
	6067....VAR		1335	1335	Labor, arrested progress, other causes
	606A....VAR		1336	1336	Labor, arrested progress, phase and stage
	6066....VAR		1334	1334	Labor, arrested progress; fetopelvic disproportion; cephalopelvic disproportion
	6064....VAR		1332	1332	Labor, arrested progress; malpresentation
	6061....VAR		1307	1307	Labor, arrested progress; uterine dysfunction (OB-34)
1697	..OB-55	1354	49	50	Labor, duration combined first & second stage (hrs)
1698	..OB-55	1354	51	52	Labor, duration combined first & second stage (mins)
	6151....VAR		1437	1440	Labor, duration of first and second stages (hrs/mins)
	6146....VAR		1422	1425	Labor, duration of first stage (hrs/mins)
	614A....VAR		1427	1430	Labor, duration of second stage (hrs/mins)
	6150....VAR		1433	1436	Labor, duration of third stage (coded)
	6153....VAR		1442	1445	Labor, total duration, first, second and third stages (hrs/mins)
	608A....VAR		1362	1362	Lacerations, perineal, degree
	6089....VAR		1361	1361	Lacerations, site
	6090....VAR		1364	1364	Mechanical stimulant, use of (OB 55)
1855	..OB-55	6354	18	19	Oxytocic for placenta
	6052....VAR		1318	1318	Oxytocic use
	6053....VAR		1319	1319	Placenta previa, degree
1856	..OB-55	6354	17	17	Placenta, condition at delivery

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	6091....VAR		1365	1365	Polyhydramnios
	6055....VAR		1321	1323	Presentation of fetus at delivery
	6038....VAR		1304	1304	Records present: labor and delivery
	6056....VAR		1327	1327	Rupture of membranes, reason
	6063....VAR		1331	1331	Toxemia, acute
	6060....VAR		1328	1328	Toxemia: hypertension, chronic (OB-14)
	1856..OB-55	6155	2^	2U	Umbilical cord, stripped/not stripped
	6105....VAR		1464	1464	Uterine dysfunction
	6092....VAR		1366	1366	Uterine rupture
	1746..OB-55	2155	53	54	Uterine stimulant indication, other, first
	1747..OB-55	2155	55	55	Uterine stimulant indications, other, further
	6156....VAR		1451	1451	Uterine stimulant, no response
	6161....VAR		1456	1456	Uterine stimulant, other unusual reaction
	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, tumultuous labor and/or delivery
	6177....VAR		1481	1481	Uterine stimulant: induction indication, other
	6172....VAR		1476	1476	Uterine stimulant: induction indication: abruptio placenta
	6173....VAR		1477	1477	Uterine stimulant: induction indication: diabetes mellitus
	6169....VAR		1473	1473	Uterine stimulant: induction indication: eclective
	6174....VAR		1478	1478	Uterine stimulant: induction indication: erythroblastosis
	6176....VAR		1480	1480	Uterine stimulant: induction indication: infection, intrauterine
	6175....VAR		1479	1479	Uterine stimulant: induction indication: pyelonephritis
	6170....VAR		1474	1474	Uterine stimulant: induction indication: ruptured membranes
	6171....VAR		1475	1475	Uterine stimulant: induction indication: toxemia
	6061....VAR		1329	1329	Vertex delivery: forceps application
	6087....VAR		1361	1361	Vertex delivery: forceps, difficulty
	6084....VAR		1358	1358	Vertex delivery: forceps, difficulty of application
	6086....VAR		1360	1360	Vertex delivery: forceps, difficulty of conversion
	6085....VAR		1359	1359	Vertex delivery: forceps, difficulty of rotation
	6083....VAR		1357	1357	Vertex delivery: forceps, difficulty of traction
	6062....VAR		1330	1330	Vertex delivery: vacuum extraction (OB-55)
2	1713..OB-55	2155	14	15	Fetus number
2	1795..OB-55	4155	14	15	Fetus number
2	1678..OB-55	1155	14	15	Fetus number
2	1816..OB-55	5155	14	15	Fetus number
2	1750..OB-55	3155	14	15	Fetus number
2	1805..OB-55	7155	14	15	Fetus number
2	1852..OB-55	6155	14	15	Fetus number
1	1680..OB-55	1155	16	17	Delivery date (day)
1	1679..OB-55	1155	16	17	Delivery date (mo)

Form Item Numbers linked to Data Items on 03-55, Delivery Report

ITEM ON FORM	DATA ITEM ID		CARD NUM	FROM	TO	DATA ITEM NAME
1	1681..	03-55	1355	20	21	Delivery date (yr)
2	1682..	03-55	1355	22	22	Delivered by
3	6051....	VAR		1313	1317	Labor onset, spontaneous or induced
3	1684..	03-55	1355	24	24	Labor, spontaneous/induced
4	6168....	VAR		1467	1472	Labor, date of onset (mn/day/yr)
4	1686..	03-55	1355	27	28	Labor, onset, date (day)
5	1685..	03-55	1355	25	26	Labor, onset, date (mn)
6-10	6155....	VAR		1447	1450	Rupture of membranes, interval from ROM to onset of labor
10	1687..	03-55	1355	29	30	Labor, onset, time (hr)
10	1688..	03-55	1355	31	32	Labor, onset, time (min)
11	1689..	03-55	1355	33	34	Labor, duration first stage (hrs)
11	1690..	03-55	1355	35	36	Labor, duration first stage (mins)
11-12	6146....	VAR		1422	1425	Labor, duration of first stage (hrs/mins)
12	6151....	VAR		1437	1440	Labor, duration of first and second stages (hrs/mins)
12	6148....	VAR		1429	1430	Labor, duration of second stage (hrs/mins)
12	1691..	03-55	1355	37	38	Labor, duration second stage (hrs)
12	1692..	03-55	1355	39	40	Labor, duration second stage (mins)
13	6150....	VAR		1431	1436	Labor, duration of third stage (hrs/mins)
13	1693..	03-55	1355	41	42	Labor, duration third stage (hrs)
13	1694..	03-55	1355	43	44	Labor, duration third stage (mins)
14	1695..	03-55	1355	45	46	Labor, duration total (hrs)
14	1696..	03-55	1355	47	48	Labor, duration total (mins)
14	6151....	VAR		1442	1445	Labor, total duration, first, second and third stages (hrs/mins)
15	1699..	03-55	1355	53	55	Position at first exam
16	1700..	03-55	1355	56	57	Station at first exam
17	1701..	03-55	1355	58	60	Position before attempt at operative delivery
17	6055....	VAR		1321	1323	Presentation of fetus at delivery
18	1702..	03-55	1355	61	62	Station before attempt at operative delivery
19	1703..	03-55	1355	63	65	Position at delivery
20	6075....	VAR		1369	1369	Breech delivery: presentation
20	1704..	03-55	1355	66	66	Presentation, compound
21	1706..	03-55	1355	69	70	Rupture of membranes date (day)
21	1705..	03-55	1355	67	68	Rupture of membranes date (mo)
21-22	6155....	VAR		1447	1450	Rupture of membranes, interval from ROM to onset of labor
22	1707..	03-55	1355	71	72	Rupture of membranes, interval; INACCURATE DO NOT USE
23	1708..	03-55	1355	73	74	Rupture of membranes time (hrs)
23	6059....	VAR		1327	1327	Rupture of membranes time (min)
23	1709..	03-55	1355	75	75	Rupture of membranes, reason
25	6052....	VAR		1318	1318	Rupture of membranes, type: amniotomy
25	1715..	03-55	2355	17	18	Oxytocic use
25	1714..	03-55	2355	16	16	Uterine stimulant: Oxytocic, agent
26	1717..	03-55	2355	20	22	Uterine stimulant: medication, other, agent

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
26	1716..OB-55	2355	19	19	Uterine stimulant; medication, other, use
27	1719..OB-55	2355	24	26	Uterine stimulant, mechanical, method
28	1718..OB-55	2355	23	23	Uterine stimulant, mechanical, use
29	1720..OB-55	2355	27	27	Uterine stimulant, number of attempts at induction
29	6156....VAR		1451	1451	Uterine stimulant, no response
29	6161....VAR		1456	1456	Uterine stimulant, other unusual reaction
29	6158....VAR		1453	1453	Uterine stimulant, persistent increased uterine tone
29	6093....VAR		1367	1367	Uterine stimulant, reaction to
29	1721..OB-55	2355	28	28	Uterine stimulant, reactions, no uterine response
29	1726..OB-55	2355	33	33	Uterine stimulant, reactions, other unusual reaction
29	1723..OB-55	2355	30	30	Uterine stimulant, reactions, persistent increased uterine tone
29	1724..OB-55	2355	31	31	Uterine stimulant, reactions, significant variation of fetal heart
29	1722..OB-55	2355	29	29	Uterine stimulant, reactions, sustained contraction
29	1725..OB-55	2355	32	32	Uterine stimulant, reactions, tumultuous labor/delivery
29	6159....VAR		1454	1454	Uterine stimulant, significant variation of fetal heart rate or rhythm
29	6157....VAR		1452	1452	Uterine stimulant, sustained contraction
30	6160....VAR		1455	1455	Uterine stimulant, tumultuous labor and/or delivery
30	6177....VAR		1481	1481	Uterine stimulant; induction indication, other
30	1735..OB-55	2355	42	42	Uterine stimulant; induction indication, other
30	1730..OB-55	2355	37	37	Uterine stimulant; induction indication; abruptio placenta
30	6172....VAR		1476	1476	Uterine stimulant; induction indication; abruptio placenta
30	6173....VAR		1477	1477	Uterine stimulant; induction indication; diabetes mellitus
30	1731..OB-55	2355	38	38	Uterine stimulant; induction indication; diabetes mellitus
30	6169....VAR		1473	1473	Uterine stimulant; induction indication; elective
30	6174....VAR		1478	1478	Uterine stimulant; induction indication; erythroblastosis
30	1732..OB-55	2355	39	39	Uterine stimulant; induction indication; erythroblastosis
30	1736..OB-55	2355	41	41	Uterine stimulant; induction indication; infection, intra uterine
30	6176....VAR		1480	1480	Uterine stimulant; induction indication; infection, intrauterine
30	6175....VAR		1479	1479	Uterine stimulant; induction indication; pyelonephritis
30	1733..OB-55	2355	40	40	Uterine stimulant; induction indication; pyelonephritis
30	1728..OB-55	2355	35	35	Uterine stimulant; induction indication; ruptured membrane
30	6170....VAR		1474	1474	Uterine stimulant; induction indication; ruptured membranes
30	6171....VAR		1475	1475	Uterine stimulant; induction indication; toxemia
30	1729..OB-55	2355	36	36	Uterine stimulant; induction indication; toxemia
30	1727..OB-55	2355	34	34	Uterine stimulant; induction indicator, elective
31	1736..OB-55	2355	43	43	Uterine stimulant; augmentation indication, elective
31	1745..OB-55	2355	52	52	Uterine stimulant; augmentation indication, other
31	1738..OB-55	2355	44	44	Uterine stimulant; augmentation indication; abruptio placenta
31	1740..OB-55	2355	47	47	Uterine stimulant; augmentation indication; diabetes mellitus
31	1741..OB-55	2355	48	48	Uterine stimulant; augmentation indication; erythroblastosis
31	1749..OB-55	2355	50	50	Uterine stimulant; augmentation indication; infection, intra uterine

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
31	1744..OR-55	2355	51	51	Uterine stimulant: augmentation indications: labor, arrested progress
31	1742..OR-55	2355	49	49	Uterine stimulant: augmentation indications: pyelonephritis
31	1737..OR-55	2355	44	44	Uterine stimulant: augmentation indications: ruptured membranes
32	1738..OR-55	2355	45	45	Uterine stimulant: augmentation indications: toxemia
3H	1748..OR-55	2355	56	57	Uterine stimulant indication, primary
3H	1750..OR-55	2355	58	59	Labor, arrested progress, active phase
3H	1749..OR-55	2355	57	58	Labor, arrested progress, latent phase
3H	6068....VAR		1336	1336	Labor, arrested progress, phase and stage
3H	1751..OR-55	2355	60	60	Labor, arrested progress, second phase
3H	6065....VAR		1464	1464	Uterine dysfunction
39	1755..OR-55	2355	64	64	Labor, arrested progress, probable cause, other
39	1752..OR-55	2355	61	61	Labor, arrested progress, probable cause: fetopelvic disproportion
39	1753..OR-55	2355	62	62	Labor, arrested progress, probable cause: malpresentation
39	1754..OR-55	2355	63	63	Labor, arrested progress, probable cause: uterine activity abnormal
39	6066....VAR		1334	1334	Labor, arrested progress: fetopelvic disproportion: cephalopelvic disproportion
39	6064....VAR		1332	1332	Labor, arrested progress: malpresentation
40	1760..OR-55	2355	14	16	Vertex delivery, of head
41	1761..OR-55	2355	17	17	Vertex delivery, fundal pressure
42	1762..OR-55	2355	18	20	Vertex delivery, manual rotation from
43	1763..OR-55	2355	21	23	Vertex delivery, manual rotation to
44	1764..OR-55	2355	24	24	Vertex delivery, manual rotation difficulty
45	1765..OR-55	2355	25	27	Vertex delivery, manual conversion from
46	1766..OR-55	2355	28	30	Vertex delivery, manual conversion to
47	1767..OR-55	2355	31	31	Vertex delivery, manual conversion difficulty
48	1768..OR-55	2355	32	32	Vertex delivery: forceps, number of blades
49	6061....VAR		1328	1329	Vertex delivery: forceps application
49	1769..OR-55	2355	33	33	Vertex delivery: forceps, first application
50	1770..OR-55	2355	34	36	Vertex delivery: forceps, rotation from
51	1771..OR-55	2355	37	39	Vertex delivery: forceps, rotation to
52	1772..OR-55	2355	40	42	Vertex delivery: forceps, conversion from
53	1773..OR-55	2355	43	45	Vertex delivery: forceps, conversion to
54	1774..OR-55	2355	46	47	Vertex delivery: forceps, type first
55	1775..OR-55	2355	48	49	Vertex delivery: forceps, type second
56	1776..OR-55	2355	50	50	Vertex delivery: forceps, axis traction attachment
56	1777..OR-55	2355	51	51	Vertex delivery: forceps, difficulty of application
56	6064....VAR		1358	1358	Vertex delivery: forceps, difficulty of application
57	6065....VAR		1359	1359	Vertex delivery: forceps, difficulty of rotation
57	1778..OR-55	2355	52	52	Vertex delivery: forceps, difficulty of rotation
58	1779..OR-55	2355	53	53	Vertex delivery: forceps, difficulty of conversion
58	6086....VAR		1360	1360	Vertex delivery: forceps, difficulty of conversion
59	6087....VAR		1357	1357	Vertex delivery: forceps, difficulty of traction

Form Item Numbers linked to Data Items on OR-55, Delivery Record

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
59	1780..OR-55	3355	54	54	Vertex delivery: forceps, difficulty of traction
60	1781..OR-55	3355	55	56	Vertex delivery: forceps, indication, 1st
60	1782..OR-55	3355	57	58	Vertex delivery: forceps, indication, 2nd
61	1783..OR-55	3355	59	59	Vertex delivery: forceps, indication, further
62	1784..OR-55	3355	60	61	Vertex delivery: vacuum extractor, first application, dilitation (cm)
63	1785..OR-55	3355	62	64	Vertex delivery: vacuum extractor, first application, position
64	1786..OR-55	3355	65	66	Vertex delivery: vacuum extractor, first application, station
65	1787..OR-55	3355	67	68	Vertex delivery: vacuum extractor, highest vacuum attained (kn/cm**2)
65	6062....VAR		1330	1330	Vertex delivery: vacuum extraction (OR-55)
66	1788..OR-55	3355	69	69	Vertex delivery: vacuum extractor
66	1789..OR-55	3355	70	71	Vertex delivery: vacuum extractor indication, 1st
66	1790..OR-55	3355	72	73	Vertex delivery: vacuum extractor indication, 2nd
66	1791..OR-55	3355	74	74	Vertex delivery: vacuum extractor indication, further
69	1796..OR-55	4355	16	16	Breech delivery: version, internal podalic, difficulty
69	6073....VAR		1347	1347	Breech delivery: version, internal podalic, difficulty code
71	17[illegible]..OR-55	4355	20	21	Breech delivery: version, internal podalic, indication, 1st
71	17[illegible]..OR-55	4355	22	23	Breech delivery: version, internal podalic, indication, 2nd
71	1800..OR-55	4355	24	24	Breech delivery: version, internal podalic, indication, further
72	1801..OR-55	4355	25	25	Breech delivery, attitude of breech
72	6075....VAR		1348	1348	Breech delivery: presentation
73	1802..OR-55	4355	26	26	Breech delivery, complications
74	1803..OR-55	4355	27	27	Breech delivery, fundal pressure
75	6077....VAR		1351	1351	Breech delivery procedures attempted for delivery of head
75	1804..OR-55	4355	28	28	Breech delivery, of head
76	6076....VAR		1350	1350	Breech delivery procedures attempted for delivery of body
76	1805..OR-55	4355	29	29	Breech delivery, of body
77	6078....VAR		1352	1352	Breech delivery difficulty with decomposition
77	1806..OR-55	4355	30	30	Breech delivery, decomposition
78	6079....VAR		1353	1353	Breech delivery difficulty of partial extraction
78	1807..OR-55	4355	31	31	Breech delivery, difficulty of partial extraction
79	6080....VAR		1354	1354	Breech delivery difficulty of total extraction
79	1808..OR-55	4355	32	32	Breech delivery, difficulty of total extraction
80	6081....VAR		1355	1355	Breech delivery difficulty of manual delivery of head
80	1809..OR-55	4355	33	33	Breech delivery, difficulty of manual delivery of head
81	1810..OR-55	4355	34	34	Breech delivery: forceps delivery of head, difficulty
81	6082....VAR		1356	1356	Breech delivery: forceps delivery of head, difficulty
82	1811..OR-55	4355	35	36	Breech delivery, indications for total extraction, first
82	1812..OR-55	4355	37	37	Breech delivery, indications for total extraction, further
83	1817..OR-55	5355	15	16	Cesarean section following attempt at vaginal delivery
83	6111....VAR		1387	1387	Cesarean section, following attempt at vaginal delivery
84	1818..OR-55	5355	17	17	Cesarean section, uterine incision type

Form item numbers linked to data items on OR-55, Delivery Report

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
84	6108....VAR		1382	1382	Cesarean section; uterine incision type
85	1819..OR-55	5154	18	18	Cesarean section, placenta underlying incision
86	1820..OR-55	5155	19	19	Cesarean section, delivery of head
86	6107....VAR		1381	1381	Cesarean section, delivery of head
87	6106....VAR		1380	1380	Cesarean section, delivery of body
87	1821..OR-55	5156	20	20	Cesarean section, delivery of body
88	1822..OR-55	5157	21	21	Cesarean section, difficulty of delivery, head
88	6112....VAR		1388	1388	Cesarean section, difficulty of head delivery
89	6113....VAR		1389	1389	Cesarean section, difficulty of body delivery
89	1823..OR-55	5158	22	22	Cesarean section, difficulty of delivery, body
92	6141....VAR		1417	1417	Cesarean section, indication, elderly primiprovide (OR-55)
92	1835..OR-55	5159	34	34	Cesarean section, indication, elderly primipara
92	1827..OR-55	5160	26	26	Cesarean section, indication, following failed pelvic procedure
92	6139....VAR		1409	1409	Cesarean section, indication, following failed pelvic procedure (OR-55)
92	1841..OR-55	5161	41	41	Cesarean section, indication, other
92	1840..OR-55	5162	39	40	Cesarean section, indication, other first
92	1836..OR-55	5163	35	35	Cesarean section, indication, poor obstetric history
92	1824..OR-55	5164	23	23	Cesarean section, indication, previous section
92	1837..OR-55	5165	36	36	Cesarean section, indication, tumor, obstructing
92	6140....VAR		1416	1416	Cesarean section, indication; abruptio placenta (OR-55)
92	1834..OR-55	5166	33	33	Cesarean section, indication; abruptio placentae
92	6132....VAR		1408	1408	Cesarean section, indication; cephalopelvic disproportion (OR-55)
92	1826..OR-55	5167	25	25	Cesarean section, indication; cephalopelvic disproportion
92	1838..OR-55	5168	38	38	Cesarean section, indication; diabetes mellitus
92	6145....VAR		1421	1421	Cesarean section, indication; diabetes mellitus (OR-55)
92	1831..OR-55	5169	30	30	Cesarean section, indication; fetal distress
92	6137....VAR		1411	1411	Cesarean section, indication; fetal distress (OR-55)
92	1829..OR-55	5170	28	28	Cesarean section, indication; malpresentation, other
92	6138....VAR		1411	1411	Cesarean section, indication; malpresentation, other (OR-55)
92	1825..OR-55	5171	24	24	Cesarean section, indication; myomectomy, previous
92	1833..OR-55	5172	32	32	Cesarean section, indication; placenta previa
92	1832..OR-55	5173	31	31	Cesarean section, indication; prolapsed cord
92	1828..OR-55	5174	27	27	Cesarean section, indication; toxemia
92	6143....VAR		1419	1419	Cesarean section, indication; transverse lie
92	1830..OR-55	5175	29	29	Cesarean section, indication; tumor obstructing (OR-55)
93	1842..OR-55	5176	42	45	Cesarean section, indication; uterine dysfunction
93	6110....VAR		1385	1386	Cesarean section, indication, primary
94	1843..OR-55	5177	44	47	Cesarean section, indication, primary (OR-55)
95	1845..OR-55	5178	48	49	Cesarean section, blood loss (cc)
95	1847..OR-55	5179	51	51	Cesarean section; appendectomy
95	1846..OR-55	5180	50	50	Cesarean section; hysterectomy
					Cesarean section; ovarian surgery

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
95	1848..OR-55	6355	52	52	Cesarean section; surgery, other
95	1846..OR-55	6355	48	48	Cesarean section; tubal ligation
96	1859..OR-55	6355	16	16	Placenta delivery
100	6057....VAR		1325	1325	Cord; prolapsed, degree
100	1857..OR-55	6355	21	21	Prolapsed cord, location
101	185R..OR-55	6355	22	22	Prolapsed cord, first noted
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, maternal oxygen
102	1864..OR-55	6355	28	28	Prolapsed cord, treatment, other
102	1858..OR-55	6355	23	23	Prolapsed cord, treatment, replacement
102	1862..OR-55	6355	26	26	Prolapsed cord, treatment, Trendelenburg position
103	1872..OR-55	6355	36	36	Cord pathology, other
103	1867..OR-55	6355	31	31	Cord pathology; around body or extremities
103	1866..OR-55	6355	30	30	Cord pathology; around neck, loose
103	1865..OR-55	6355	29	29	Cord pathology; around neck, tight
103	6047....VAR		1313	1313	Cord pathology; cord around body
103	6048....VAR		1314	1314	Cord pathology; cord around neck, loose, number
103	6049....VAR		1315	1315	Cord pathology; cord around neck, tight, number
103	6046....VAR		1312	1312	Cord pathology; other abnormality (OR-55)
103	6045....VAR		1311	1311	Cord pathology; ruptured cord vessel
103	1871..OR-55	6355	35	35	Cord pathology; ruptured cord vessel
103	186R..OR-55	6355	32	32	Cord pathology; true knot
103	6042....VAR		1308	1308	Cord pathology; true knot
103	1870..OR-55	6355	34	34	Cord pathology; vasa previa
103	6044....VAR		1310	1310	Cord pathology; vasa previa, varices (OR-55)
103	1869..OR-55	6355	33	33	Cord pathology; velamentous insertion
103	6043....VAR		1309	1309	Cord pathology; velamentous insertion (OR-55)
104	1873..OR-55	6355	37	37	Episiotomy
107	1874..OR-55	6355	38	38	Placenta previa
107	6053....VAR		1319	1319	Placenta previa, degree
109	187R..OR-55	6355	42	42	Placenta abnormalities, other
109	1877..OR-55	6355	41	41	Placenta, retained
109	1876..OR-55	6355	40	40	Placenta; marginal sinus rupture
110	1879..OR-55	6355	43	45	Placenta, weight (gms)
111	6071....VAR		1342	1345	Bleeding before cord clamped (cc)
111	1880..OR-55	6355	46	49	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

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
112	1882..OB-55	6355	51	51	Bleeding before cord clamped, cause: placenta previa
113	6076....VAR		1338	1341	Bleeding after cord clamped (cc)
113	1888..OB-55	6355	57	60	Bleeding after cord clamped, amount (cc)
114	1894..OB-55	6355	65	65	Bleeding after cord clamped, cause, other
114	1892..OB-55	6355	64	64	Bleeding after cord clamped, cause, retained secundines
114	1890..OB-55	6355	62	62	Bleeding after cord clamped, cause: episiotomy
114	1891..OB-55	6355	63	63	Bleeding after cord clamped, cause: lacerations
114	1889..OB-55	6355	61	61	Bleeding after cord clamped, cause: uterine atony
115	6077....VAR		1346	1346	Hypertension, chronic disease
116	1895..OB-55	6355	67	67	Toxemia, acute
116	6063....VAR		1331	1331	Toxemia, acute
117	1896..OB-55	6355	68	68	Toxemia, hypertension, transient intrapartum
118	1897..OB-55	6355	69	69	Fetal death, intrauterine
118	1898..OB-55	6355	70	70	Heart rate abnormal
118	1899..OB-55	6355	71	71	Heart rhythm abnormal
118	1900..OB-55	6355	72	72	Meconium and/or meconium staining
119	1901..OB-55	6355	73	74	Lacerations
119	6088....VAR		1362	1362	Lacerations, perineal, degree
119	6089....VAR		1363	1363	Lacerations, site
120	1906..OB-55	7355	18	18	Amniocentesis, abdominal
120	1907..OB-55	7355	17	17	Blood administered
120	6069....VAR		1337	1337	Blood transfusion
120	1909..OB-55	7355	19	19	Labor, attempt to inhibit
120	1910..OB-55	7355	20	20	Oxygen therapy, external
120	1911..OB-55	7355	21	21	Procedure, other, 1st
120	1912..OB-55	7355	22	22	Procedure, other, 2nd
120	1913..OB-55	7355	23	23	Procedure, other, further
120	1906..OB-55	7355	16	16	Version, external
121	1917..OB-55	7355	27	27	Coagulation defect
121	1920..OB-55	7355	30	30	Complication, other, 1st
121	1921..OB-55	7355	31	31	Complication, other, 2nd
121	1922..OB-55	7355	32	32	Complication, other, further
121	1915..OB-55	7355	25	25	Dystocia, shoulder
121	6050....VAR		1316	1316	Dystocia, shoulder
121	1916..OB-55	7355	26	26	Fever, intrapartum
121	6091....VAR		1365	1365	Polyhydramnios
121	1918..OB-55	7355	28	28	Polyhydramnios
121	1914..OB-55	7355	24	24	Shock, intrapartum
121	1919..OB-55	7355	29	29	Uterus, ruptured

Form item numbers linked to data items on OB-56, Obstetric Summary

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
2	1929..OB-56	9355	15	15	Fetus number
3	1931..OB-56	9355	16	19	Pregnancy termination date (day)
3	1930..OB-56	9355	16	17	Pregnancy termination date (mo)
3	1932..OB-56	9355	20	21	Pregnancy termination date (yr)
4	1933..OB-56	9355	22	23	Gestation (wks)
4	1923..OB-56	7355	33	34	Gestation (wks)
5	1934..OB-56	9355	24	24	Liveborn
5	1924..OB-56	7355	35	35	Liveborn
6	1925..OB-56	7355	36	36	Pregnancy termination, place
6	1935..OB-56	9355	25	25	Pregnancy termination, place
7	1936..OB-56	9355	26	26	Form OB-55 data not coded, reason

DEFINITION OF CODES
DELIVERY REPORT
FORM OB-55 CARD 1355

FIELD		CARD COLUMN
1.	**Card Number** Code: 1	1
2.	**Form Number** Code: 355	2-4
3.	**Revision Number** Code: 2 - Form Dated: 4/62 3 - Form Dated: 4/62 "not according to protocol"	5
4.	**NINDB Number** Item 1 Nine digit number for Patient Identification Code: As given	6-14
5.	**Fetus Number** 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.	**Date Delivered** 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.	**Delivered By** Item 5 Code: 1 - Obstetrician 2 - Resident 3 - Intern 4 - Medical student 5 - Physician 6 - Nurse, midwife 8 - Other 9 - Unknown	22
8.	**Type of Delivery** Code: 1 - Vertex 2 - Breech 3 - Cesarean Section	23
	LABOR	
9.	**Labor** Item 8 Code: 0 - None 1 - Questionable 2 - Spontaneous 3 - Induced 4 - Present but unknown if spontaneous or induced 9 - Unknown	24
10.	**Date of Onset** Item 9 Four digit code for Month (cols. 25-26) and Day (cols. 27-28) Code: As given 0000 - No labor 99 - Month and/or day unknown	25-28
11.	**Time of Onset** Item 10 Code: 0000 - No labor 0001-2400 - As given based on 24-hour clock 99 - Unknown hour and/or minutes	29-32

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	33-36
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	37-40
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	41-44
15.	**Total Duration of Labor** Item 14 Code: Same as in Field 12, cols. 33-36	45-48
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	49-52

FIELD		CARD COLUMN
	POSITION, STATION	
17.	Position at First Examination 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.	Station at First Examination Item 16 Code: See Attachment "Station Codes", page OB-55 - 34	56-57
19.	Position before Operative Delivery Attempt 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.	Station before Operative Delivery Attempt Item 18 Code: Same as in Field 18	61-62
21.	Delivered As 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

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
	RUPTURE OF MEMBRANES	
23.	**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 2355

FIELD		CARD COLUMN
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 Three-digit code for: Use (col. 16) 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	16-18
4.	Other Medicinal Item 26 Four-digit code for: Use (col. 19) Code: Same as in Field 3, col. 16 Agent (cols. 20-22) Code for col. 20: 0 - None listed 1 - Sparteine, Tocosamine, Spartocin 2 - Castor Oil 3 - Combination of codes 1 and 2 9 - Unknown	19-22

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 Note: 0's in entire field = not used	19-22
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 Note: 0's in entire field = not used	23-26

DEFINITION OF CODES (Continued)

FORM OB-55
Card 2355

FIELD		CARD COLUMN
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 Six-digit code for: No Uterine Response (col. 28) Sustained Contraction (col. 29) Persistent Increased Uterine Tone (col. 30) Significant Variation of Fetal Rate (col. 31) Tumultuous Labor (col. 32) Other (col. 33) Code for each column: 0 - No 1 - Yes 9 - Unknown	28-33
8.	Indications for Uterine Stimulant for Induction Item 30 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	34-42
9.	Indications for Uterine Stimulant for Augmentation Item 31 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	43-52

FIELD		CARD COLUMN
10.	**Other Indications** Item 30, 31 Three-digit code for: First Indication (cols. 53-54): Code: See attachment "Other Indications", pages OB-33 - 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-33 - 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 Other Causes (col. 64) Code: 0 - No other causes 1 - Other causes 9 - Unknown	61-64

DEFINITION OF CODES (Continued)

FORM OB-55
Card 3355

FIELD		CARD COLUMN
1.	Card Number Code: 3	1
2.	Basic Data Code: Same as cols. 2-15 of card 1	2-15
	VERTEX DELIVERY	
3.	Delivery of Head Item 40 Code: 1 - Uncontrolled 2 - Controlled manually 3 - Controlled with forceps or vacuum extractor 9 - Unknown	16
4.	Fundal Pressure Item 41 Code: 0 - None 1 - Slight 2 - Moderate 3 - Strong 8 - Unknown degree 9 - Unknown	17
5.	Manual Rotation From 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

FIELD		CARD COLUMN
6.	Manual Rotation To Item 43 Code: Same as in Field 5 except 777 - Manual rotation attempted to an unspecified position	21-23
7.	Difficulty of Rotation 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.	Manual Conversion From 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.	Manual Conversion To Item 46 Code: Same as in Field 8 except 555 - Conversion attempted to compound presentation 777 - Conversion attempted to unknown position	28-30
10.	Difficulty of Conversion Item 47 Code: Same as in Field 7 except 0 - Conversion not attempted; not applicable	31

FIELD		CARD COLUMN
	USE OF FORCEPS	
11.	Number of Applications: Blades Item 48 Code: 0 - None 1-6 - As given 7 - 7 or more blades 8 - Forceps used, number of applications unknown 9 - Unknown	32
12.	First Application of Forceps Item 49 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	33
13.	Forceps Rotation From Item 50 Code: See Attachment "Position Codes", page OB-55 - 33 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	34-36
14.	Forceps Rotation To Item 51 Code: Same as in Field 13 except 777 - Forceps rotation attempted to an unknown position	37-39

FIELD		CARD COLUMN
15.	**Forceps Conversion From** Item 52 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	40-42
16.	**Forceps Conversion To** Item 53 Code: Same as in Field 15 except 555 - Conversion attempted to compound presentation 777 - Conversion attempted to unknown presentation	43-45
17.	**Type of Forceps Used** Item 54 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	46-49

DEFINITION OF CODES (Continued)

FORM OB-5
Card 3355

FIELD		CARD COLUMN
17.	Type of Forceps Used (continued) 16 - Luikart 17 - Luikart-Tarnier 18 - Labenstein-Tarnier 19 - Shwarz 20 - Simpson 21 - Tarnier 22 - Tucker 23 - Tucker-McLean (Solid Blade Elliots) 24 - Piper 25 - Luikart-Tucker, T-M-L, Luikart-McLean 26 - Gillespie 77 - Type other than above 99 - Unknown Additional code for cols. 48-49: 88 - 3 or more types	46-49
18.	Axis-Traction Attachment Item 55 Code: 0 - Not used 1 - Used 9 - Unknown	50
19.	Difficulty of Forceps Procedures Item 56 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)	51-54
20.	Indication for Use of Forceps 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	55-59

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

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

DEFINITION OF CODES (Continued)

FORM OB-55
Card 4355

FIELD		CARD COLUMN
1.	Card Number Code: 4	1
2.	Basic Data Code: Same as in cols. 2-15 of Card 1	2-15
	BIRTH DELIVERY	
3.	Difficulty of Version Item 69 Code: 0 - Not attempted 1 - Average 2 - Difficult 3 - Very difficult 4 - Failed (at all attempts) 8 - Difficulty unknown - version attempted 9 - Unknown	16
4.	Position Prior to Version Item 70 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	17-19
5.	Indication for Version Item 71 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	20-24

DEFINITION OF CODES (Continued)

FORM OB-55
Card 4355

FIELD		CARD COLUMN
6.	Attitude of Breech 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.	Complications of Breech Item 73 Code: 0 - None 1 - Nuchal arm 2 - Hyperextended head 3 - Combination of codes 1 and 2 9 - Unknown	26
8.	Fundal Pressure Item 74 Code: 0 - None 1 - Slight 2 - Moderate 3 - Strong 8 - Unknown degree 9 - Unknown	27
9.	Procedures Attempted for Delivery of Head Item 75 Code: 0 - None - spontaneous 1 - Manual control 2 - Forceps 3 - Combination of codes 1 and 2 9 - Unknown	28
10.	Procedures Attempted for Delivery of Body 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

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

FIELD		CARD COLUMN
1.	Card Number Code: 5	1
2.	Basic Data Code: Same as in cols. 2-15 of card 1	2-15
	CESAREAN SECTION	
3.	Section Following 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.	Type of Uterine Incision 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.	Placenta Underlying Incision Item 85 Code: 0 - No 1 - Yes 9 - Unknown	18
6.	Delivery of Infant: Head 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-SS
Card 5[illegible]

FIELD		CARD COLUMN
7.	**Delivery of Infant: Body** Item 57 Code: 0 - Not applicable 1 - Following the vertex 2 - Breech extraction 3 - Version and extraction 9 - Unknown method	20
8.	**Difficulty of Delivery: Head** Item 58 Code: 0 - Not applicable 1 - Average 2 - Difficult 3 - Very difficult 9 - Unknown	21
9.	**Difficulty of Delivery: Body** Item 59 Code: Same as in Field 8	22
10.	**Indications for Cesarean Section** Item 52 Nineteen-digit code for: Previous Section (col. 23) Previous Myomectomy (col. 24) Cephalopelvic Disproportion (col. 25) Following Failed Pelvic Procedures (col. 26) Nulliparous Pts (col. 27) Other Malpresentation (col. 28) Uterine Dysfunction (col. 29) Fetal Distress (col. 30) Prolapsed Cord (col. 31) Placenta Previa (col. 32) Abruptio Placentae (col. 33) Elderly Primipara (col. 34) Poor OB History (col. 35) Obstetrical Other (col. 36) Toxemia (col. 37) Diabetes Mellitus (col. 38) Code for each column: 0 - No 1 - Yes 9 - Unknown	23-41

FIELD | | CARD COLUMN

10. Other Indications (continued) — 37-41

First Indication (cols. 37-40)
Code: See attachment "Other Indications", pages OB-5[illegible] - 3[illegible], 36

Further Indications (col. 41)
Code: 0 - None
1 - More indications reported than coded
8 - Elective
9 - Unknown

11. [illegible] Indication — 42-43

Item [illegible]
Code: See attachment "Other Indications", pages OB-[illegible] - 3[illegible], 36

12. [illegible] Blood Loss — 44-47

Item [illegible]
Code: [illegible] - As given in cc.
[illegible] - Minimal
[illegible] - Moderate
[illegible]7 - Severe
[illegible]8 - Quantity reported other than cc.
[illegible] - Unknown

1[illegible]. Other Procedures at Section — 48-52

Item 95
Four-digit code for:
Tubal Ligation (col. 48)
Appendectomy (col. 49)
Ovarian Surgery (col. 50)
Other Surgery (col. [illegible])

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

Cesarean Hysterectomy (col. 51)
Code: 0 - Not done
1 - Total
2 - Sub-total
8 - Unknown type
9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-55
Card 6355

FIELD		CARD COLUMN
1.	**Card Number** Code: 6	1
2.	**Basic Data** Code: Same as in cols. 2-15 of Card 1	2-15
	PLACENTA	
3.	**Delivery of Placenta** 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.	**Condition of Placenta** Item 97 Code: 1 - Intact 2 - Not intact 8 - Not applicable (placenta not removed from uterine cavity) 9 - Unknown	17
5.	**Oxytocic for Placenta** Item 98 Two-digit code for: IV (col. 18) IM (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

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

FIELD		CARD COLUMN
10.	**Cord Pathology** Item 103 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 Velamentous 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	29-36
11.	**Episiotomy** Item 104 Code: 0 - None 1 - Medio-lateral 2 - Median 3 - Combination of codes 1 and 2 8 - Unknown type 9 - Unknown if done	37
12.	**Placenta Previa** Item 107 Code: 0 - None 1 - Total 2 - Partial 3 - Marginal 4 - Low implantation 8 - Unclassified type 9 - Unknown	38

DEFINITION OF CODES (Continued)

FORM CB-55
Card E355

FIELD		CARD COLUMN
13.	**Abruptio Placentae** Item 108 Code: 0 - None 1 - Partial 2 - Complete 8 - Unknown degree 9 - Unknown if occurred	39
14.	**Other Placental Abnormalities** Item 109 Three-digit code for: Marginal Sinus Rupture (col. 40) Retained Placenta (col. 41) Code for each column: 0 - No 1 - Yes 9 - Unknown Other (col. 42) Code: 0 - None 1 - Placenta accreta, increta, percreta 2 - Other 9 - Unknown	40-42
15.	**Placental Weight** Item 110 Code: 001-997 - As given in grams 998 - 998 grams or more 999 - Unknown	43-45
16.	**Estimated Bleeding before Cord Clamped** Item 111 Code: 0000 - None 0001-4000 - As given in cc. 9995 - Spotting 9996 - Moderate 9997 - Severe 9998 - Bleeding - quantity not specified 9999 - Unknown	46-49

FIELD		CARD COLUMN
17.	**Causes of Bleeding before Cord Clamped** Item 112 Seven-digit code for: Unknown (col. 50) Placenta Previa (col. 51) Abruptio Placentae (col. 52) Marginal Sinus Rupture (col. 53) Episiotomy (col. 54) Lacerations (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	50-56
18.	**Estimated Bleeding after Cord Clamped** Item 113 Code: 0000 - None 0001-4000 - As given in cc. 9995 - Spotting 9996 - Moderate 9997 - Severe 9998 - Bleeding - quantity not specified 9999 - Unknown	57-60
19.	**Cause of Bleeding after Cord Clamped** Item 114 Five-digit code for: Uterine Atony (col. 61) Episiotomy (col. 62) Lacerations (col. 63) Retained Secundines (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	61-65

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

DEFINITION OF CODES (Continued)

FORM OB-55
Card 6355

FIELD		CARD COLUMN
24.	Lacerations Item 119 Two-digit code for: Perineal Lacerations: Degree (col. 73) Code: 0 - None 1 - First degree 2 - Second degree 3 - Third degree 4 - Fourth degree 8 - Unknown degree 9 - Unknown Other than Perineal (col. 74) Code: 0 - not applicable, no lacerations 1 - Vaginal-sulcus 2 - Peri-urethral 3 - Cervical 4 - Other 7 - More than one site 9 - Unknown	73-74

DEFINITION OF CODES (Continued)

FORM OB-55
Card 7

FIELD		CARD COLUMN
1.	Card Number Code: 7	1
2.	Basic Data Code: Same as in cols. 2-15 of Card 1	2-15
3.	Other Procedures Item 120 Eight-digit code for: External Version (col. 16) Administration of Blood (col. 17) Abdominal Amniocentesis (col. 18) Attempt to Inhibit Labor (col. 19) Maternal Oxygen Therapy (col. 20) Code for each column: 0 - Not attempted 1 - Attempted 9 - Unknown Other Procedures than Above: First (col. 21) Other Procedures than Above: Second (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 Other Procedures than Above: Further (col. 23) 0 - Not applicable, only 2 other procedures attempted 1 - 3 or more other procedures attempted 9 - Unknown	15-23

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) Polyhramnios (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	24-32
5.	**Weeks of Gestation** Code: 01-50 - As given 88 - Term 99 - Unknown	33-34
6.	**Liveborn** Code: 1 - Yes 2 - No 9 - Unknown	35
7.	**Place of Termination of Pregnancy** Code: 0 - Study hospital 1 - Other hospital 2 - Not in hospital 9 - Unknown	36

DEFINITION OF CODES (Continued)

FORM OB-55-56
Card 9355

FIELD		CARD COLUMN
1.	Card Number Code: 9	1
2.	Basic Data 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.	Date of Termination* Item 3 Code: Same as in cols. 16-21 of card 1	16-21
4.	Weeks Gestation* Item 4 Code: 01-50 - As given 88 - Term 99 - Unknown	22-23
5.	Liveborn* Item 5 Code: 1 - Yes 2 - No 9 - Unknown	24
6.	Place of Termination of Pregnancy* Item 6 Code: 0 - Study hospital 1 - Other hospital 2 - Not in hospital 9 - Unknown	25
7.	Reason No OB-55 Coded* 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 - CT
013 - CP
020 - chin, face
021 - MA
022 - MT
023 - MP
030 - Brow
031 - Brow Anterior
061 - SA
062 - ST
063 - SP
080 - Shoulder

111 - LCA
112 - LCT
113 - LCP
121 - DMA
122 - DMT
123 - DMP
161 - LSA
162 - LST
163 - LSP
181 - LAA
183 - LAP

211 - RCA
212 - RCT
213 - RCP
221 - RMA, RFA
222 - RMT
223 - RMP
231 - R brow ant.
261 - RSA
262 - RST
263 - RSP
281 - RAA, RADA, RScA
283 - RAP, RADP, 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

ATTACHMENT C
OTHER INDICATIONS

Other Indications

00 - Not applicable
01 - Elective indication [Item 32 only (card 2: cols. 56-57)]
02 - Ruptured membranes
03 - Toxemia
04 - Abruptio placentae
05 - Diabetes mellitus (diagnosed)
06 - Erythroblastosis
07 - Pyelonephritic
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 - Poor 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

ATTACHMENT C
OTHER INDICATIONS (Cont.)

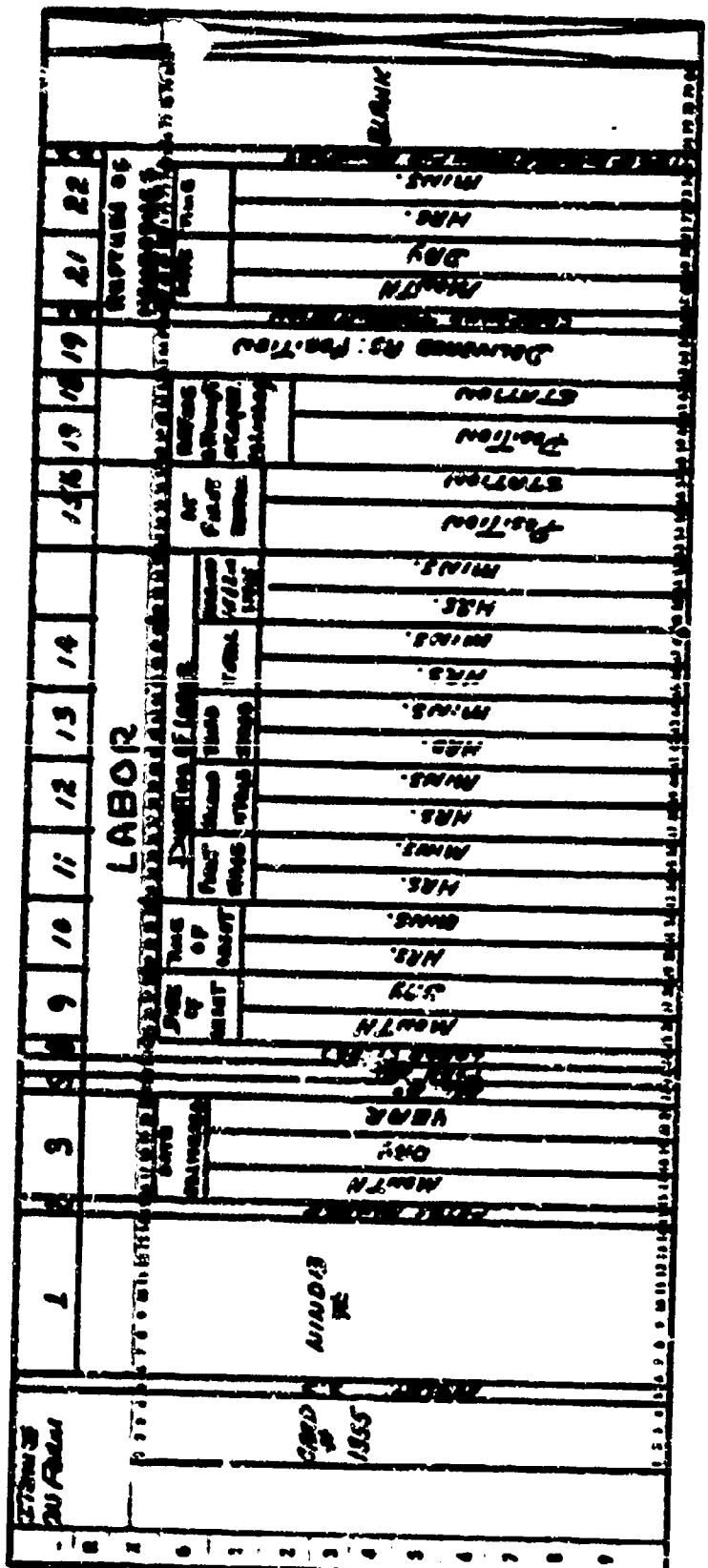
30 - Transverse arrest (R-T with or without arrest)
31 - Persistent posterior
32 - Anencephalia
34 - Second twin
35 - Prematurity
36 - Postmaturity
37 - Fetal death
38 - Fetal malformation
39 - Hydrocephalus

70 - Following internal version
77 - Other

88 - Elective [Not used for Item 32 (Card 2: Cols. 66-67)]

99 - Unknown indication

December 1964



OB-55 - 57

DELIVERY REPORT

OB-55

OB-55 - 38

VERTEX DELIVERY
USE OF FORCEPS
VACUUM EXTRACTOR
INDICATIONS FOR USE
INDICATIONS FOR USE
ROTATION
TYPE
MANUAL ROTATION
MANUAL EXTRACTION
FROM
TO
FROM
TO
FROM
TO
FROM
TO
BLANK

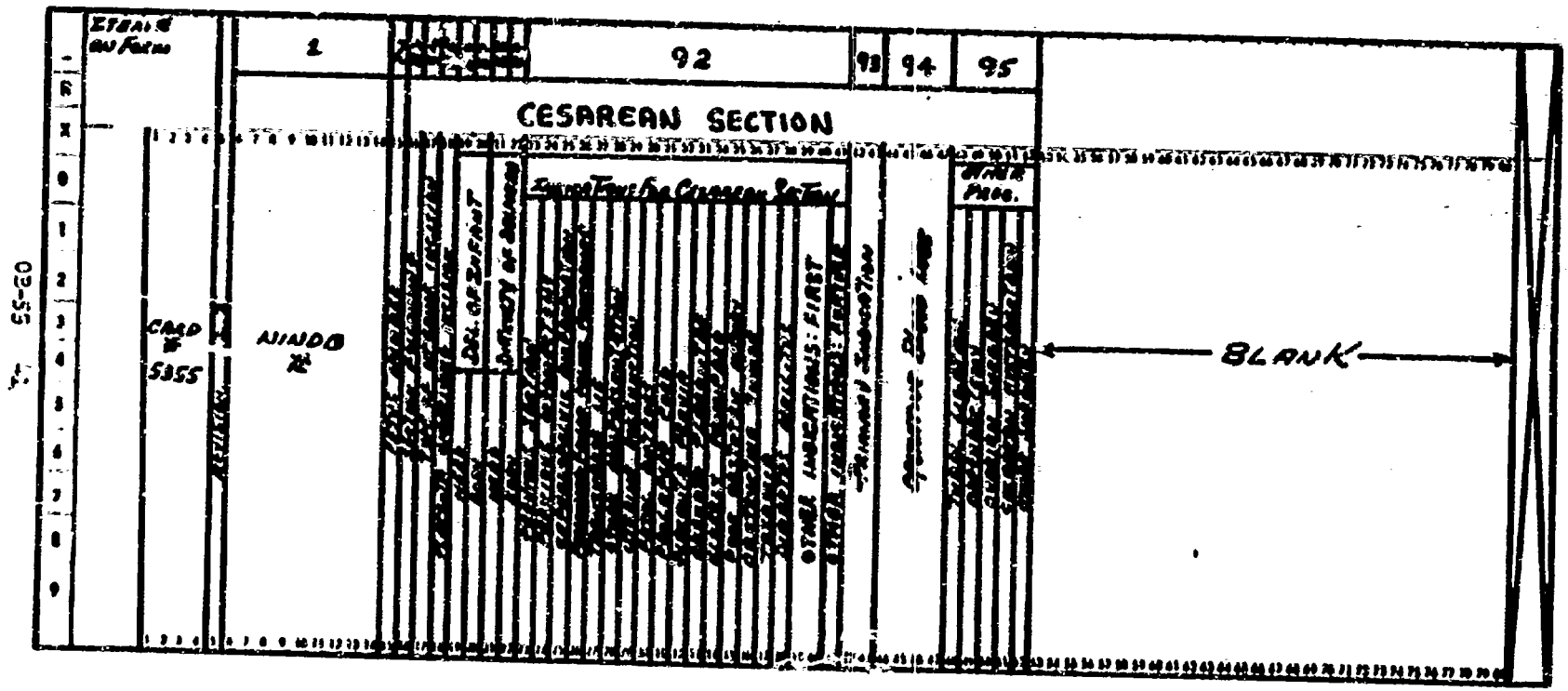
DELIVERY REPORT

OB-55

OB-55 - -C

DELIVERY REPORT

OB-55



OB-55

NI.B.198

OB-55&56

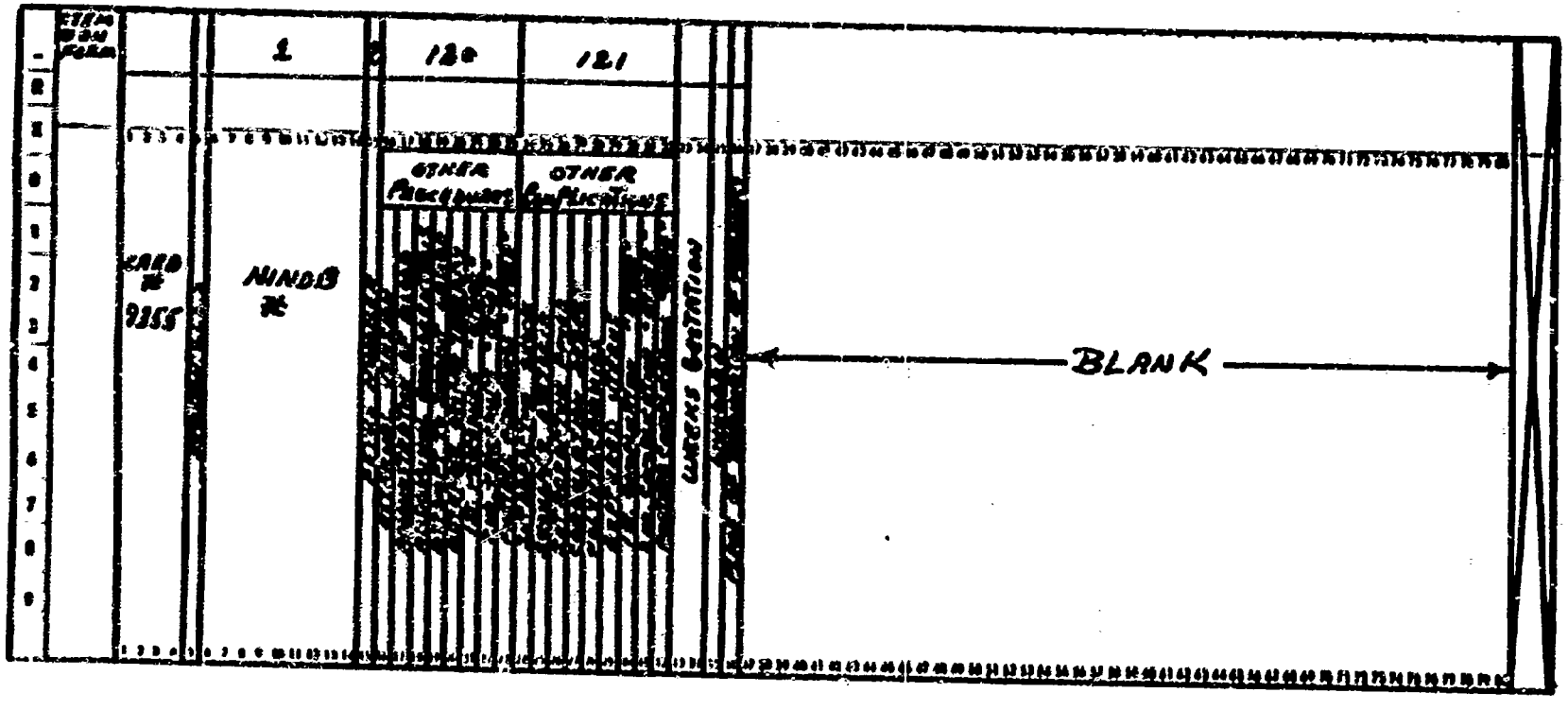
DELIVERY REPORT

OB-55

OB-55 - 42

DELIVERY REPORT

08-55



08-55 - 1.3

II.B.200

08-55456

DELIVERY REPORT
(OB-55 and OB-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 8-32: Complete for all deliveries.

LABOR

8. Onset of labor.

a. If no labor, so mark and go to item #15, leaving items #9-14 blank.

b. Mark "questionable labor" (and go to item #15) if, utilizing all information available, one is unable to determine the presence or absence of labor prior to Cesarean section.

c. Mark "induced" when labor has been successfully induced. Successful induction is defined as the onset of labor:

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

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

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

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

11-14. Duration of labor.

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

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".

OB-SS 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 #15b, 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.

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

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

27. 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 untoward 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 columns, "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 columns, "for augmentation" denoting the indications.

OB-55 DELIVERY REPORT (Continued)

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. Exclude 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.

Item Number

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. Fundal pressure. If fundal 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.

OB-55 DELIVERY REPORT (Continued)

Item Number

42,43. From, To.

a. Indicate in item #42 the position prior to manual rotation attempt, using standard terminology.

b. Indicate in item #43 the position to which head was rotated.

(1) If attempt was unsuccessful, leave item blank and record under item #44 that rotation failed.

(2) If, although rotation was accomplished, the position to which the head was rotated was not maintained, record here the position to which the head was rotated, and ALSO record under item #44 that rotation failed.

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

a. Average

b. Difficult (forceful)

c. Very difficult (extremely forceful) [1]

d. Failed (failed to rotate, or reverted).

MANUAL CONVERSION

a. Manual conversion refers to a change effected manually at the extremities of the head. Do not include spontaneous changes in attitude effected by maternal forces alone.

b. If not attempted, mark the box so labeled and leave items #45-49 blank.

45,46. From, To.

a. Indicate in item #45 the attitude prior to conversion attempt.

b. Indicate in item #46 the position to which the head was converted.

(1) If attempt was unsuccessful, leave item #46 blank and record under item #47 that conversion failed.

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 (forceful)

c. Very difficult (extremely forceful) [1]

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 #48-49 blank.

48. Number of applications.

a. Considering one forceps blade 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 #48 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 or, if application was unsuccessful, at the time of first attempt. This is to be compatible with items #17 and 18.

[1] 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.

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 **else** 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 **else** 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 **else** record under item #58 that conversion failed.

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.

1/ See footnote 1, page 32.

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 #69-82 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

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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.

    a. Spontaneous: use of maternal forces of Credé maneuver alone to express the placenta.

    b. Manual separation and extraction: introduction of the hand into the uterine cavity to remove a placenta adherent to the uterine wall.

    c. 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.

    a. If oxytocic agents were not administered to produce or accelerate placental separation and delivery, mark "none".

    b. 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.

    a. If prolapse was not present, mark "no prolapse" and leave items #101 and 102 blank.

    b. 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.

    a. 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.

    b. Report all procedures carried out. "Other" forms of treatment will include such things as internal version, manual dilatation of the cervix, Dührssen's incision, Cesarean section, Class III forceps delivery, etc.

103. Cord pathology. Mark all appropriate boxes.

    a. If there were no abnormalities of the cord, mark "none".

    b. Record the number of times the cord was wrapped about the neck tightly and/or loosely.

    c. Mark the box(es) descriptive of a cord wrapped around the infant's body or extremities.

    d. 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.

    e. Record ruptured varix as ruptured cord vessel.

    f. Other cord pathology:

        (1) Record here such conditions as hematoma, vasa previa without bleeding, short cord which interferes with delivery, etc.

        (2) 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.

OB-55 DELIVERY REPORT (Continued)

Item Number

106. 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-58.)

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

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 hypertension 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.

OB-55 DELIVERY REPORT (Continued)

Item Number

116. Acute toxemia (Continued).

(3) Proteinuria of "significant degree" (+1 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 specimen. (+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 b o t h 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 b o t h 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.

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 operat-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) Dilatation's incision

(4) Destructive operations

(5) Disengagement of impacted shoulders

(6) Unusual operative procedures, such as application of Willet 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.

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 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.

Item Number

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 especial 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 4/

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.

4/ See Procedure Manual for Study definition of abortion.

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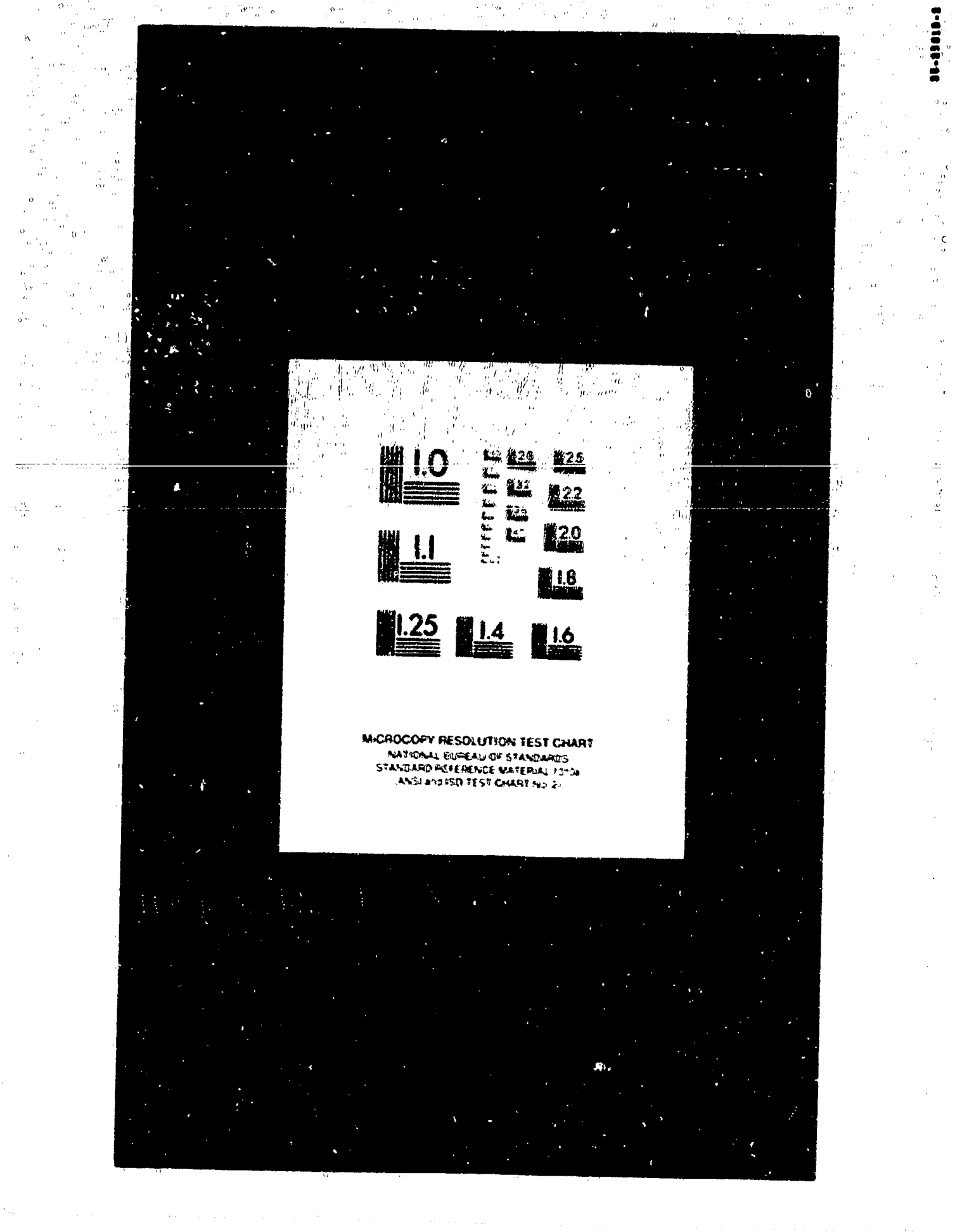
1.0
1.1
1.25
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1.6
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1.8
2.2
2.5
MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL

CONTINUED ON NEXT FICHE