

PROMOTING PRIMARY VAGINAL DELIVERIES (PROVIDE)

Completion Guide for Key Birth Certificate Data Reporting

The variables included in this manual are required to calculate several measures for PROVIDE. Please review this manual and collaborate with your teams and data abstractors to improve the completeness and accuracy of these birth certificate variables.



Partnering to Improve Health Care Quality
for Mothers and Babies

Adapted from: - the NCHS- "Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death" (2016 Revision)
- the Florida DOH "Electronic Birth Registration System Manual & Birth Registration Handbook" (2016 Revision)

PROVIDE BIRTH CERTIFICATE VARIABLES

SECTION	ITEM	SUBITEM	SOURCES
Pregnancy History	Previous Live Births	Number Now Living	1 st Prenatal care record 2 nd Labor and delivery nursing admission triage form 3 rd Admission history and physical (H&P)
		Number Now Dead	1 st Prenatal care record 2 nd Admission history and physical (H&P)
Medical and Health Information	Characteristics of Labor and Delivery	Induction of labor	1 st Delivery record 2 nd Physician progress note 3 rd Labor and delivery nursing admission triage form
		Augmentation of labor	1 st Delivery record under: 2 nd Physician progress note
	Method of Delivery	Fetal presentation at birth: - Cephalic - Breech - Other	1 st Delivery record
		Final Route and method of delivery - Vaginal/Spontaneous - Vaginal/Forceps - Vaginal/Vacuum - Cesarean	1 st Delivery record under 2 nd Newborn admission H&P 3 rd Recovery room record
Newborn	Obstetric Estimate of Gestation		1 st OB admission H&P
	Plurality		1 st Delivery record 2 nd Admission history and physical (H&P)
	Apgar score	5 minutes	1 st Delivery record

DEFINITION	BC ITEM #	TIPS FOR ENTRY	KEYWORDS AND ABBREVIATIONS	NCHS RECOMMENDED SOURCE
1. Previous Live Birth				
<p>a. Number now living- total number of previous live-born infants who are still living.</p>	# 42a	<p><u>DO NOT</u> include this child</p> <p>Do not include abortions (spontaneous miscarriages or therapeutic or elective abortions), fetal deaths/stillbirths.</p> <p>For multiple deliveries: Include all live-born infants before this infant in this pregnancy. If the first born, do not include this infant. If the second born, include the first born, etc. If no previous live-born infant now alive enter 00.</p>	<p>L–Now living G–Gravida–Total number of pregnancies P–Para–Previous live births and fetal deaths > 28 weeks of gestation T–Term–Delivered at 37 to 40 weeks gestation</p>	<p>1st Prenatal care record under:</p> <ul style="list-style-type: none"> - Intake information - Gravida section–L (living)–last number in series - Para section–L–last number in series - Pregnancy history information - Previous OB history - Past pregnancy history <p>2nd Labor and delivery nursing admission triage form under:</p> <ul style="list-style-type: none"> - Patient data <p>3rd Admission history and physical-H&P</p>
<p>b. Number now dead- total number of previous live-born infants who are now dead.</p>	# 42b	<p><u>DO NOT</u> include this child</p> <p>Do not include abortions (spontaneous miscarriages or therapeutic or elective abortions), fetal deaths/stillbirths.</p> <p>For multiple deliveries: Include all infants who were born alive before this infant in the pregnancy who are now dead. If the first born, do not include this infant. If the second born, include the first born, etc. If no previous live-born infant now dead enter 00.</p>	<p>G–Gravida–Total number of pregnancies P–Para–Previous live births and fetal deaths > 28 weeks of gestation Expired</p>	<p>1st Prenatal care record under</p> <ul style="list-style-type: none"> - Pregnancy history information (comments, complications) - Previous OB history (comments, complications) - Past pregnancy history (comments, complications) <p>2nd Admission history and physical (H&P)</p>

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2. Induction of labor				
<p><u>Initiation of uterine contractions</u> by medical or surgical means for the purpose of delivery <u>BEFORE labor has begun.</u></p>	# 47	<p>Please note: Some of the same techniques and medications that are used to induce labor are also the same as those used to augment labor. Examples are Pitocin (oxytocin) and artificial rupture of membranes (AROM). Check whether labor has begun before deciding which category is correct. If this information is unclear or unavailable, check with the birth attendant. Induction of labor should be checked even if the attempt to initiate labor is not successful or the induction follows a spontaneous rupture of the membrane without contractions.</p>	<p>IOL–Induction of labor Pit Ind–Pitocin induction ROM/NIL- induction for rupture of membranes, not in labor Amniotomy induction AROM–Artificial rupture of membranes done before labor Balloons Oxytocin Prostaglandin Laminaria; Cervidil</p>	<p>1st Delivery record <i>under</i>:</p> <ul style="list-style-type: none"> - Maternal OB/labor summary - Labor and delivery admission history - Labor summary record <p>2nd Physician progress note</p> <p>3rd Labor and delivery nursing admission triage form</p>
3. Augmentation of labor				
<p><u>Stimulation of uterine contractions</u> by drug or manipulative technique with the intent to reduce the time of delivery. Stimulation is done <u>AFTER labor has begun.</u></p>	# 47	<p>Remember: Some of the same medications and treatments that are used to induce labor are also the same as those used to augment labor. Examples are Pitocin (oxytocin) and artificial rupture of membranes (AROM). Be certain to check whether labor has begun before deciding which category is correct.</p>	<p>Pit stim–Pitocin stimulation Pit aug–Pit augmentation AROM–Artificial rupture of membranes done during labor Cervidil</p>	<p>1st Delivery record <i>under</i>:</p> <ul style="list-style-type: none"> - Maternal OB/labor summary - Labor and delivery admission history - Labor summary record <p>2nd Physician progress note</p>

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4. Fetal presentation at birth				
<p>Fetal presentation refers to the part of the body of the fetus that is closer to the birth canal. The following options are possible:</p> <p>Cephalic (head first): presenting part of the fetus listed as vertex, occiput anterior (OA), or occiput posterior (OP).</p> <p>Breech (buttocks or feet first): presenting part of the fetus listed as breech, complete breech, frank breech, or footling breech.</p> <p>Other: any other presentation not listed above.</p>	#48a	<p>Select fetal presentation at birth from the dropdown list or type the first letter to get a match. (Breech, Cephalic, Other, Unknown).</p> <p>This field cannot be blank. VERTEX is same as CEPHALIC.</p> <p>Check only the final presentation at birth.</p>	<p>Cephalic: Vertex–OA, OP, LOA, ROA, LOP, ROP, LOT, ROT Face–LMA, LMT, LMP, RMA, RMP, RMT Brow Sinciput Mentum–chin</p> <p>Breech: (Buttocks, sacrum) Frank breech–LSA, LST, LSP, RSP, RST Single footling breech Double footling breech Complete breech</p> <p>Other: Shoulder Transverse lie Funis Compound</p>	<p>1ST Delivery record under: - Fetal birth presentation</p>

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5. Final route and method of deliver				
<p><u>Vaginal/Spontaneous:</u> Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.</p> <p><u>Vaginal/Forceps:</u> Delivery of the fetal head through the vagina by the application of obstetrical forceps to the fetal head.</p> <p><u>Vaginal/Vacuum:</u> Delivery of the fetal head through the vagina by the application of a vacuum cup or ventouse to the fetal head.</p> <p><u>Cesarean:</u> Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.</p> <p>If cesarean, was a trial of labor attempted? Click “yes” if labor was allowed, augmented, or induced with plans for a vaginal delivery. Otherwise Click “no”.</p>	#48b	Select Final route and method of delivery from the dropdown list or type the first letter to get a match. (<u>C</u> esarean, <u>F</u> orceps, <u>S</u> pontaneous, <u>U</u> nknown, <u>V</u> acuum).	<p>Vaginal/spontaneous: VAG Del–Vaginal delivery SVD–Spontaneous vaginal delivery</p> <p>Vaginal/forceps: LFD–Low forceps delivery</p> <p>Vaginal/vacuum: Vac Ext Vacuum</p> <p>Cesarean: C/S–Cesarean section LSTCS–Low segment transverse</p> <p>TOL–Trial of labor TOLAC - Trial of labor after cesarean</p>	<p>1ST Delivery record under: - Method of delivery</p> <p>2nd Newborn admission H&P</p> <p>3rd Recovery room record under: - Maternal data–Delivered</p>

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6. Obstetric estimate of gestation				
The best estimate of the infant's gestation in completed weeks based on the prenatal care provider's estimate of gestation. Ultrasound completed in 1st trimester is preferred. This estimate of gestation should be determined by all perinatal factors and assessments but NOT the neonatal exam.	#50	When entering this number, NEVER round up . Enter number of completed weeks. If the infant is 36 weeks and 6 days, you should only report 36 weeks.	Gestation____weeks (wks) ____ weeks gestational age GA-Gestational age EGA-Estimated gestational age	1 st OB admission H&P under: - Weeks - Gestational age
7. Plurality				
The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age , or if the fetuses were delivered at different dates in the pregnancy. "Reabsorbed" fetuses (those that are not delivered: expelled or extracted from the mother) <u>should not be counted</u> .	#51a	Select Plurality from the dropdown list or type the first few letters to get a match. (S ingle, T riplet, T win, Q uadruplet, Q uintuplet, S eptuplet, S extuplet, O ctuplet, U nknown). If a pregnancy started as a twin pregnancy and one of the fetuses is reabsorbed, do not count the reabsorbed fetus and choose Single .	Single Twin, triplet, quadruplet, etc. Multiple (a, b, c ...) or (1, 2, 3 ...)	1 st Delivery record 2 nd Admission history and physical (H&P)
8. Apgar score				
A quick assessment for evaluating the physical conditions of the infant at specific intervals following birth (1 minute, 5 minutes, and sometimes at 10 minutes).	#53	Enter the infant's Apgar score at 5 minutes If the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes.		1 st Delivery record under: - Infant data