

Term	Definition	Notes
ABRUPTION	Placental separation from the uterus with bleeding (concealed or vaginal) before fetal birth, with or without maternal/fetal compromise Does not apply if the following occurs: <ul style="list-style-type: none"> • Placenta previa 	
ANTENATAL STEROIDS INITIATED	At least one dose of corticosteroids was administered to accelerate fetal maturation	
CESAREAN RELATED DEFINITIONS		
CESAREAN BIRTH	Birth of the fetus(es) from the uterus through an abdominal incision Does not apply if any of the following occur: <ul style="list-style-type: none"> • Abdominal pregnancy • Ectopic Pregnancy 	Add separate data item to indicate presence of labor or no labor
LABOR AFTER CESAREAN	Labor in a woman who has had one or more previous cesarean births. Planned labor after cesarean occurs in a woman intending to achieve a vaginal birth. Unplanned labor after cesarean occurs in a woman intending a repeat cesarean birth.	Should qualify the intended route of birth on admission May result in a vaginal or cesarean birth
PRIMARY CESAREAN BIRTH	Birth of the fetus(es) from the uterus through an abdominal incision in a woman without a prior cesarean birth Does not apply if any of the following occur: <ul style="list-style-type: none"> • Abdominal pregnancy • Ectopic Pregnancy 	
REPEAT CESAREAN BIRTH	Birth of the fetus(es) from the uterus through an abdominal incision in a woman who had a cesarean birth in a previous pregnancy Does not apply if any of the following occur: <ul style="list-style-type: none"> • Abdominal pregnancy • Ectopic Pregnancy 	
VAGINAL BIRTH AFTER CESAREAN (VBAC)	A vaginal birth in a woman with one or more previous cesarean births	
CLINICAL CHORIOAMNIONITIS	Usually includes otherwise unexplained fever (at or above 38 degree C (100.4F)) with one or more of the following: <ul style="list-style-type: none"> • Uterine tenderness and/or irritability • Leukocytosis • Fetal tachycardia • Maternal tachycardia • Malodorous vaginal discharge 	Non-laboring, intact membranes with unexplained fever require additional testing. Clinical diagnosis could be supported by laboratory evaluation of amniotic fluid.
EARLY POSTPARTUM HEMORRHAGE	Cumulative blood loss of ≥ 1000 ml or blood loss accompanied by sign/symptoms of hypovolemia within 24 hours following the birth process (includes intrapartum loss).	Signs/symptoms of hypovolemia may include tachycardia, hypotension, tachypnea, oliguria, pallor, dizziness, or altered mental status. Cumulative blood loss of 500-999ml alone should trigger increased supervision and potential interventions as clinically indicated. A fall in hematocrit of $>10\%$ can be supportive data but generally does not make the diagnosis of postpartum hemorrhage alone. Further research is needed on blood loss for late postpartum hemorrhage

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ESTIMATED DUE DATE	The best Estimated Due Date is determined by: Last menstrual period if confirmed by early ultrasound or no ultrasound performed, or early ultrasound if no known last menstrual period or the ultrasound is not consistent with last menstrual period, or known date of fertilization (eg, assisted reproductive technology)	Ultrasound margin of error and “early” to be defined by the College. Pregnancy should not be re-dated by a later ultrasound after a best obstetrical estimate of Estimated Due Date has been established
FORCEPS ASSISTANCE	Application of forceps to the fetal head	Should specify whether successful or unsuccessful in achieving birth This includes both cesarean and vaginal births
GESTATIONAL AGE	Gestational age (written with both weeks and days, eg. 39 weeks and 0 days) is calculated using the best obstetrical EDD based on the following formula: Gestational Age = (280 - (EDD - Reference Date))/ 7	EDD: Estimated Due Date Reference Date: Date on which you are trying to determine gestational age
GRAVIDA	A woman who currently is pregnant or has been in the past, irrespective of the pregnancy outcome	
GRAVIDITY	The number of pregnancies, current and past, regardless of the pregnancy outcome	
HYPERTENSION RELATED DEFINITIONS		
Chronic Hypertension (existing prior to pregnancy)	See National Center for Health Statistics definition: Elevation of blood pressure above normal for age, gender, and physiological condition. Diagnosis prior to the onset of this pregnancy-does not include gestational hypertension (pregnancy induced hypertension).	
Chronic Hypertension Diagnosed During Current Pregnancy:	Hypertension diagnosed before the 20th week of current pregnancy.	
LABOR RELATED DEFINITIONS		
AUGMENTATION OF LABOR	The stimulation of uterine contractions using pharmacologic methods or artificial rupture of membranes to increase their frequency and/or strength following the onset of spontaneous labor or contractions following spontaneous rupture of membranes. Does not apply if the following is performed: <ul style="list-style-type: none"> • Induction of Labor 	
LABOR	Uterine contractions resulting in cervical change (dilation and/or effacement) Phases: Latent phase – from the onset of labor to the onset of the active phase Active phase – accelerated cervical dilation typically beginning at 6 cm	Avoid the term ‘prodromal labor’ Can be spontaneous in onset, spontaneous in onset and subsequently augmented, or induced
INDUCTION OF LABOR	The use of pharmacological and/or mechanical methods to initiate labor Examples of methods include but are not limited to: artificial rupture of membranes, balloons, oxytocin, prostaglandin, laminaria, or other cervical ripening agents Still applies even if any of the following are performed: <ul style="list-style-type: none"> • Unsuccessful attempts at initiating labor • Initiation of labor following spontaneous ruptured membranes without contractions 	



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SPONTANEOUS LABOR AND BIRTH	Initiation of labor without the use of pharmacological and/or mechanical interventions, resulting in a non-operative vaginal birth Does not apply if any of the following are used or performed: <ul style="list-style-type: none"> • Cervical ripening agents, mechanical dilators, or induction of labor • Forceps or vacuum assistance • Cesarean birth Still applies if any of the following are used or performed: <ul style="list-style-type: none"> • Augmentation of labor • Episiotomy • Regional anesthesia 	
SPONTANEOUS ONSET OF LABOR	Labor without the use of pharmacological and/or mechanical interventions to initiate labor Does not apply if the following is performed: <ul style="list-style-type: none"> • Artificial rupture of membranes before the onset of labor 	May occur at any gestational age
TIME OF THE ONSET OF LABOR	The time when regular uterine contractions began that resulted in labor with or without the use of pharmacological and/or mechanical interventions	
MALPRESENTATION	Any presentation other than a vertex presentation	Examples: Brow, face, compound, breech, hand, shoulder, etc.
MATERNAL WEIGHT GAIN DURING PREGNANCY	The last recorded maternal weight prior to birth minus the last recorded weight immediately prior to pregnancy	Weights used for the calculation should be from the best available information
NON-CESAREAN UTERINE SURGERY/SURGICAL SCAR	Surgery/injury and healing of the myometrium prior to birth other than from cesarean birth	
NULLIPAROUS	A woman with a parity of zero	
NUMBER OF CENTIMETERS DILATED ON ADMISSION	The last documented cervical dilation, in centimeters, when the provider orders admission	Cervical dilation may be unknown with: <ul style="list-style-type: none"> • Preterm labor • Rupture of membranes • Vaginal bleeding • Exam refusal by patient (decline) • Cervical assessment may be performed by any clinician
PARITY	The number of pregnancies reaching 20 weeks and 0 days of gestation or beyond, regardless of the number of fetuses or outcomes	In cases of multiple pregnancies, parity is only increased with birth of the last fetus

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PERINEAL LACERATIONS	1° - Injury to perineal skin only 2° - Injury to perineum involving perineal muscles but not involving anal sphincter 3° - Injury to perineum involving anal sphincter complex 3a: Less than 50% of External Anal Sphincter thickness torn 3b: More than 50% External Anal Sphincter thickness torn 3c: Both External Anal Sphincter & Internal Anal Sphincter torn 4° - Injury to perineum involving anal sphincter complex (External Anal Sphincter & Internal Anal Sphincter) and anal epithelium	
PHYSIOLOGIC CHILDBIRTH	Spontaneous labor and birth at term without the use of pharmacologic and/or mechanical interventions for labor stimulation or pain management throughout labor and birth Does not apply if any of the following are used or performed: <ul style="list-style-type: none"> • Opiates/nitrous oxide • Augmentation of labor • Regional anesthesia analgesia except for the purpose of spontaneous laceration repair • Artificial rupture of membranes • Episiotomy Still applies if any of the following are used: <ul style="list-style-type: none"> • Uterotonic medications in the 3rd stage of labor • Medications that do not stimulate labor or provide pain management (e.g. Antibiotics, medications to control chronic medical conditions) 	
PLACENTA ACCRETA	The clinical condition in which any part of the placenta invades and is inseparable from the uterine wall	Accreta may or may not be supported by pathologic findings
PLURALITY	The number of fetuses birthed live or dead at any time in a single pregnancy regardless of gestational age, and regardless of if the fetuses were birthed on different dates Does not apply if any of the following occur: <ul style="list-style-type: none"> • "Reabsorbed" fetus(es) (those that are not birthed separately from the placenta and membranes) • A reduction during the first trimester 	
POSITIVE GBS RISK STATUS	Rectal/vaginal culture positive within 5 weeks prior to birth, or urine GBS culture positive* or GBS bacteruria at any point in current pregnancy, or prior infant with invasive GBS disease	*As defined by the Centers for Disease Control and Prevention
PRE-GESTATIONAL DIABETES	Diabetes diagnosed before current pregnancy (coordinate with GDM).	
RUPTURE OF MEMBRANES RELATED DEFINITIONS		
ARTIFICIAL RUPTURE OF MEMBRANES	An intervention that perforates the amniotic sac. Applies even if the rupture of membranes occurs during or immediately following a procedure or exam not intended to cause artificial rupture of membranes Does not apply if rupture of membranes occurs during cesarean birth	
DURATION OF RUPTURED MEMBRANES	Duration from rupture of membranes to birth (in hours and minutes)	
PRE-LABOR RUPTURE OF MEMBRANES	Spontaneous rupture of membranes that occurs before the onset of labor	Modified by gestational age categories (eg, preterm, term)



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SPONTANEOUS RUPTURE OF MEMBRANES	A rupture of the amniotic sac that is not concurrent with or immediately following a digital exam or other transvaginal intervention involving the amniotic membrane Does not apply if the following is performed: <ul style="list-style-type: none"> Artificial rupture of membranes 	May occur at any gestational age
SHOULDER DYSTOCIA	A birth complication that requires additional maneuvers to relieve impaction of the fetal shoulder	
SPONTANEOUS VAGINAL BIRTH	Birth of the fetus through the vagina without the application of vacuum or forceps or any other instrument Does not apply if the following occurs: <ul style="list-style-type: none"> Breech extraction 	
TERM RELATED DEFINITIONS		
PRETERM	Less than 37 weeks and 0 days Late Preterm is 34 weeks and 0 days through 36 weeks and 6 days	
TERM	Greater than or equal to 37 weeks and 0 days using best EDD. It is divided into the following categories: Early Term - 37 weeks and 0 days through 38 weeks and 6 days Full Term - 39 weeks and 0 days through 40 weeks and 6 days Late Term - 41 weeks and 0 days through 41 weeks and 6 days Post Term - Greater than or equal to 42 weeks and 0 days	
VACUUM ASSISTANCE	Application of vacuum to the fetal head	Should specify whether successful or unsuccessful in achieving birth This includes both cesarean and vaginal births
VERTEX PRESENTATION	A fetal presentation where the head is presenting first in the pelvic inlet Does not apply if compound or breech presentation or if brow, face, hand, shoulder, etc., present first in the pelvic inlet	Should specify whether position is anterior, posterior, or transverse.